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Summary

Quality in endoscopy: Helping the poor or improving the best?

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UEG Postgraduate Teaching Programme 2023 | Presentation

Education & Training | Endoscopy | IBD

October 14, 2023

Quality improvement efforts in colonoscopy should prioritize bringing poor performers up to high standards rather than incrementally improving already high-performing endoscopists, as the patient benefit is larger and training is more effective in this group.

KEY POINTS

- The speaker presented data suggesting a threshold effect for post-colonoscopy colorectal cancer, with cases accumulating among endoscopists with adenoma detection rates below 35% in one study and below 45% in another, rather than a linear relationship across all performance levels.
- An analysis of over 400,000 colonoscopies showed that post-colonoscopy colorectal cancer rates at eight years decreased from 0.6% at 5-10% adenoma detection rate to 0.1% at approximately 50% adenoma detection rate, but never reached zero.
- Training data presented by the speaker indicated that immediate training effects were larger among endoscopists below median adenoma detection rate compared to those already above median, suggesting it is easier to help poor performers improve.
- The speaker stated that poor performers must improve significantly to reach threshold levels to benefit patients, and that bringing them up by only 5-10% in adenoma detection rate was insufficient.
- Dutch data presented showed that even high adenoma detectors can improve outcomes by better detecting proximal serrated polyps, as poor serrated polyp detection still exposed patients to increased post-colonoscopy colorectal cancer risk.
- The speaker recommended continued monitoring of all endoscopists and stated that training colonoscopy leaders can spread skills to other doctors in their centres.

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