

High Quality Colonoscopy? Prove it!



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Dr. Saunders joined Lancaster Gastroenterology, Inc., (LGI) in 1990 and serves as managing partner. He attended Union College in Lincoln, Nebraska, and earned his medical degree at Loma Linda University in California, with postdoctoral work at the University of Washington Hospitals. Prior to joining LGI, Dr. Saunders was Director and Chief of the Gastroenterology Laboratory at Presbyterian University of Pennsylvania (Penn) Hospital where he also served as Clinical Associate Professor of Medicine specializing in Therapeutic Endoscopy. Dr. Saunders was also a long-time Professor of Medicine at Loma Linda University. In recognition of his significant clinical and academic contributions, Dr. Saunders earned the title of "Fellow" from the American College of Physicians (FACP), and the American College of Gastroenterology (FACG). He enjoys photography, playing golf and travel.

My partners and I have always said that we provide the highest quality of care, but as a patient in our practice, *how do you know that what we claim is true?*

What does high quality mean when getting a colonoscopy?

Concerns have been raised by two Canadian studies presented widely on national media suggesting that colonoscopy was much less effective than claimed. The death rate from right-sided colon cancer was not reduced by colonoscopy in Canada.

American physicians voiced concern about the skill of those permitted to perform colonoscopy in these Canadian studies. More than half were poorly-trained endoscopists who didn't perform the procedure regularly.

Nevertheless, many other studies confirmed that right colon polyps are different: they are flat and more difficult to identify. Gastroenterologists have also discovered a unique variety of flat precancerous polyps called sessile serrated adenoma (SSA). Hurried, inexpert colonoscopy could miss these and other polyps.

Most colon cancers develop in precancerous polyps called adenomas. Fortunately, only one in three polyps deteriorate taking five to ten years to convert into cancer. Thus, an advantageous **window of opportunity** becomes available to discover and remove these polyps before they transform into a cancer.

To be effective in preventing your colon cancer, your gastroenterologist must find these adenomas and remove them during your colonoscopy. He or she must also identify

and remove the difficult to see flat polyps in the right colon.

In addition, flat polyps in the right colon may be mislabeled as non-precancerous unless analyzed by a specialty-trained GI pathologist. Inaccurately labeled polyps may not lead to the thorough management needed later. Polyps removed at Lancaster Gastroenterology Procedure Center are examined by a GI fellowship-trained pathologist.

With a renewed emphasis on quality in today's healthcare environment, I have spent the past six months delving into published data regarding colonoscopy to determine how well my partners and I meet national standards. I compared those standards with the findings from 970 consecutive patients undergoing routine screening colonoscopy in 2011 by our physicians at Lancaster Gastroenterology Procedure Center.

Based on national standards, gastroenterologists should:

1. Perform a careful and deliberate examination especially during the withdrawal of the colonoscope. Withdrawal should last at least 6-minutes in order to thoroughly examine all surfaces of the colon.¹ **Our physicians averaged 10 minutes during the critical colonoscopy withdrawal period.**

2. Stay alert for hard-to-identify right colon sessile serrated adenomas (SSA). Find adenomas in 26-27% of patients screened.^{2,3}

Our physicians found adenomas in 30.3% of patients.

3. Find adenomas in at least 15% of women, 25% of men and find SSA's in an additional 4.5% of healthy men and women over age 50.⁴

Our physicians found adenomas in 24.1% of women and 36.6% of men and SSAs in 6% of those newly examined.

Based on this data, you can request your screening colonoscopy at Lancaster Gastroenterology with full confidence. Our success at Lancaster Gastroenterology Procedure Center in finding precancerous polyps equals or exceeds the published standards in University Centers. Our Center is fully accredited by the Accreditation Association for Ambulatory Care and has met the highest nationally recognized standards for quality.

Ask your primary care doctor about quality standards for colonoscopy in our community. To schedule a confidential appointment, call LGI at 717-544.3500.



**LANCASTER
GASTROENTEROLOGY
PROCEDURE CENTER, LLC**

REFERENCES

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⁴ Kahi et al. High colonoscopic prevalence of proximal colon serrated polyps in average-risk men and women. GIE. In press October 2011.