

Come back in 10 years, An analysis of the timeliness of screening colonoscopy follow-up at the East Orange VA

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Introduction

The USPSTF recommends CRC screening beginning at age 50. Follow-up can range from 1 year to 10 years; timely follow-up improves patient outcomes and morbidity. Our intention was to analyze patients within the V.A. NJ Healthcare System who underwent screening colonoscopy and see if follow-up colonoscopy was done in an appropriate amount of time.

Methods

- Patients with an ICD-9 code of V76.51 at the EOVA from January 1, 2001 - December 31, 2015, were queried and separated into two groups based on date of initial colonoscopy (Group A = 2001-2008; Group B 2009-2015).
- 160 cases were randomly selected from each group. Chart review was performed, and patients were excluded if they met exclusion criteria.
- The mean, median, and standard deviation were calculated. A z-Test for two Sample means was used to assess for significance.

Exclusion Criteria

- Deceased before follow-up colonoscopy
- Follow-up colonoscopy never performed
- Diagnosis of malignancy on initial colonoscopy
- Diagnosis of malignancy before initial colonoscopy
- Initial or follow up colonoscopy done outside of EOVA
- Initial or follow up colonoscopy with poor prep
- Initial or follow-up colonoscopy performed for an indication other than screening
- Initial colonoscopy done before the age of 50.

Average Recommended Follow up

	Group A	Group B
Mean	51.39534884	54.19355
Standard Deviation	25.065	27.376
Observations	43	61
z	-2.7645991	
P(Z<=z) two-tail	0.005699279	

Average Difference between follow up Colonoscopy and Recommended follow up

	Group A	Group B
Mean	13.10310077	8.916393442
Standard Deviation	35.805	24.589
Observations	43	61
z	3.766199234	
P(Z<=z) two-tail	0.000165752	

Table 1: Results revealing average recommended Follow up at 51 months for Group A and 54 months in group B
 Table 2: Results revealing average difference between date of recommended repeat and actual repeat colonoscopy for group A to be 13 months and group B to be 9 months.

Discussion

- Between 2001-2008, follow-up on average was delayed by 12 months.
- Between 2009-2015, follow-up colonoscopy was performed within 9 months of recommended date.
- The improvement may be related to a shorter recommended duration between initial and follow-up colonoscopy from 2009-2015.
- As between 2001-2008, the average recommended follow-up interval was 59 months. It was contrasted to a significantly decreased interval of 52 between 2009-2015.

Conclusion

The interval between initial colonoscopy and follow-up colonoscopy has been improving, at the EOVA, with most follow-up being done within 9 months of the recommended time. Further studies are needed to continue to improve the timeliness of follow-up.

Results

A total of 35,762 cases were identified (Group A = 18,483, Group B = 17,279). 160 cases were randomly selected in each group. 104 cases met study criteria (43 in Group A, 61 in Group B). The recommended interval (months) for follow-up colonoscopy was significantly different between the two groups ($P < 0.00569$), with a mean of 59 (Standard deviation 25) in Group A and a mean of 52 (Standard deviation 27) in Group B. The interval (months) between recommended repeat and actual repeat colonoscopy was significantly different between the two groups ($P < 0.000165752$) with a mean of 12 (Standard deviation 35) in Group A and a mean of 8.9 (Standard deviation 24) in Group B.