

## Compliance with Colorectal Cancer Screening in Patients with an episode of Acute Diverticulitis in the East Orange Veterans Affairs Hospital

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### Background

Incidence rates of acute diverticulitis (AD) have been increasing rapidly in recent decades. AD has been associated with an increased risk of colorectal cancer (CRC). The majority of guidelines recommend screening with colonoscopy after an episode. Our aim was to identify the compliance rate of colonoscopy for CRC screening, in patients presenting with an episode of AD from 10/01/2015 to 6/30/2019.

### Methods

We randomly selected 149 patients who were admitted to the East Orange Veterans Affairs Hospital (EOVA) for AD from 10/01/2015 to 6/30/2018. Patient's charts were reviewed to look for computed tomography (CT) scan confirmed diverticulitis, complications (abscess, perforation, fistula, obstruction) and post discharge follow up. Primary outcomes were the compliance rates of post discharge follow up and colonoscopy. Secondary outcomes were the time interval between discharge and outpatient follow up, and documentation if incomplete.

### Results

91% of our patients were male with a mean age of 62.8 years and BMI of 29.1. Sixty three percent of patients had CT scan confirmed diverticulitis, with 94% occurring in the left colon, and 85.6% occurring without complications. Of those with CT confirmed disease, 69.2% received outpatient follow up and 36.3% had colonoscopy follow up after the acute event. 33% had colonoscopy within 48 months. The mean follow-up interval was 7.4 months. For patients who did not receive colonoscopy, 18% of patients had documentation on why it was not performed, most commonly due to the patient declining.

### Conclusions

Nearly 70% of patients who were admitted to EOVA for CT confirmed AD had post discharge follow up within 8 months. However, the colonoscopy compliance rate within 2 years was lower than national average rate. The reason for non-compliance was not well documented. Further prospective studies will be needed to identify the reason for non-compliance.