GISCoR
gruppo italiano screening colorettale

XII CONGRESSO NAZIONALE 2017
7-8 Novembre 2017

CORSO PRE-CONGRESSO
7 Novembre 2017

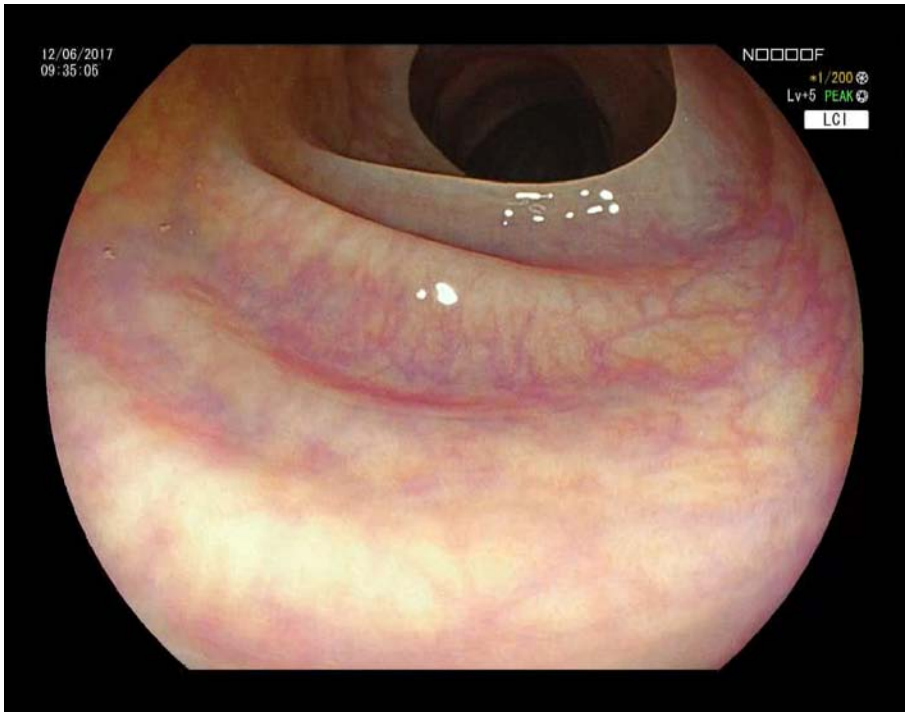
Qualità complessiva del II livello

Why ESGE?

- ESGE Quality Commettee
  - **Quality is universal**
  - Strong methodology
  - Synthetic output

- **BASIC colonoscopy - NOT BASIC**
  - Competence (training/education)
  - Tehnique/Technology
  - Organization

Colonoscopy operator-dependant

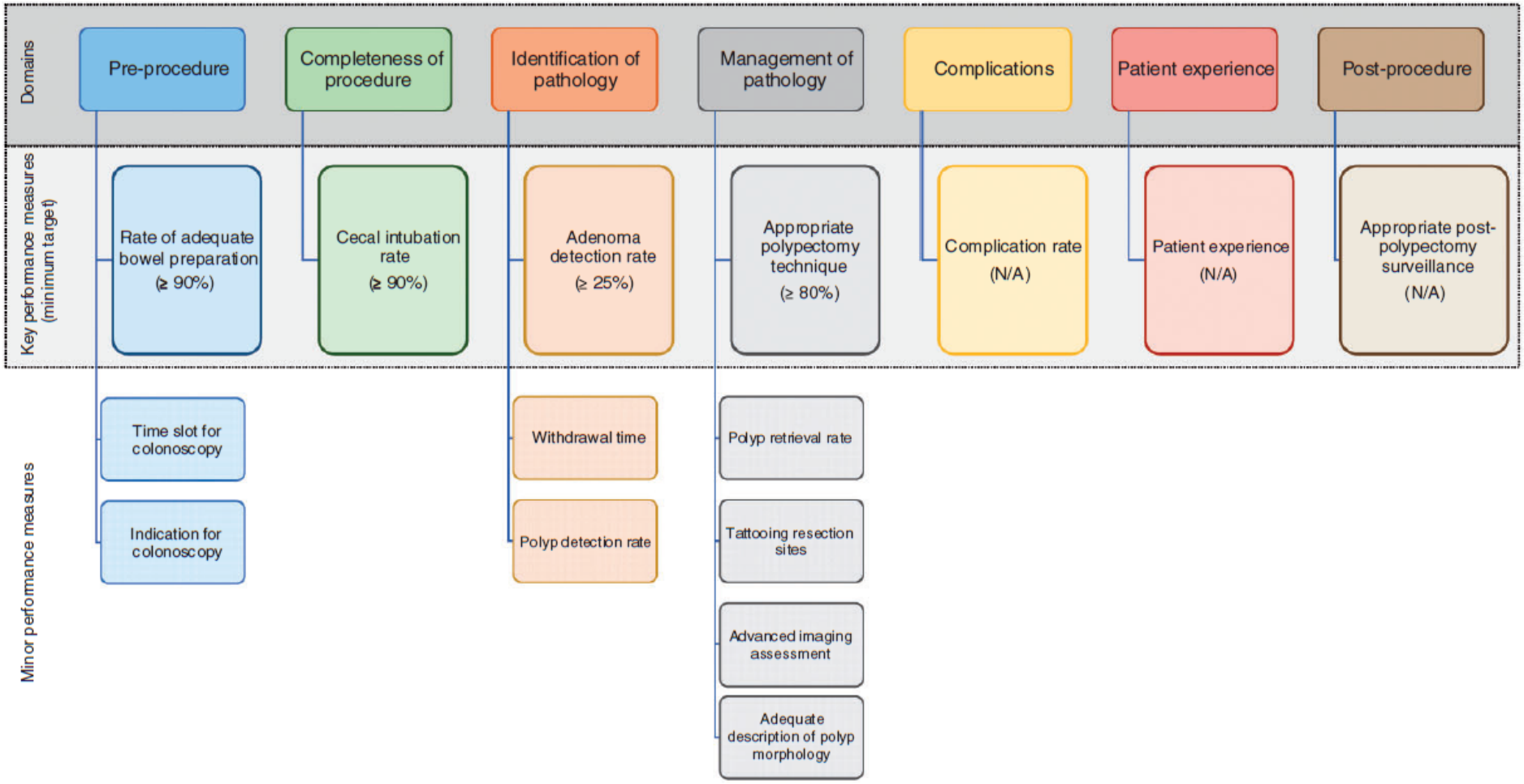


Small

Flat

ESGE Lower-GI Key-Quality Ind. (KQI)

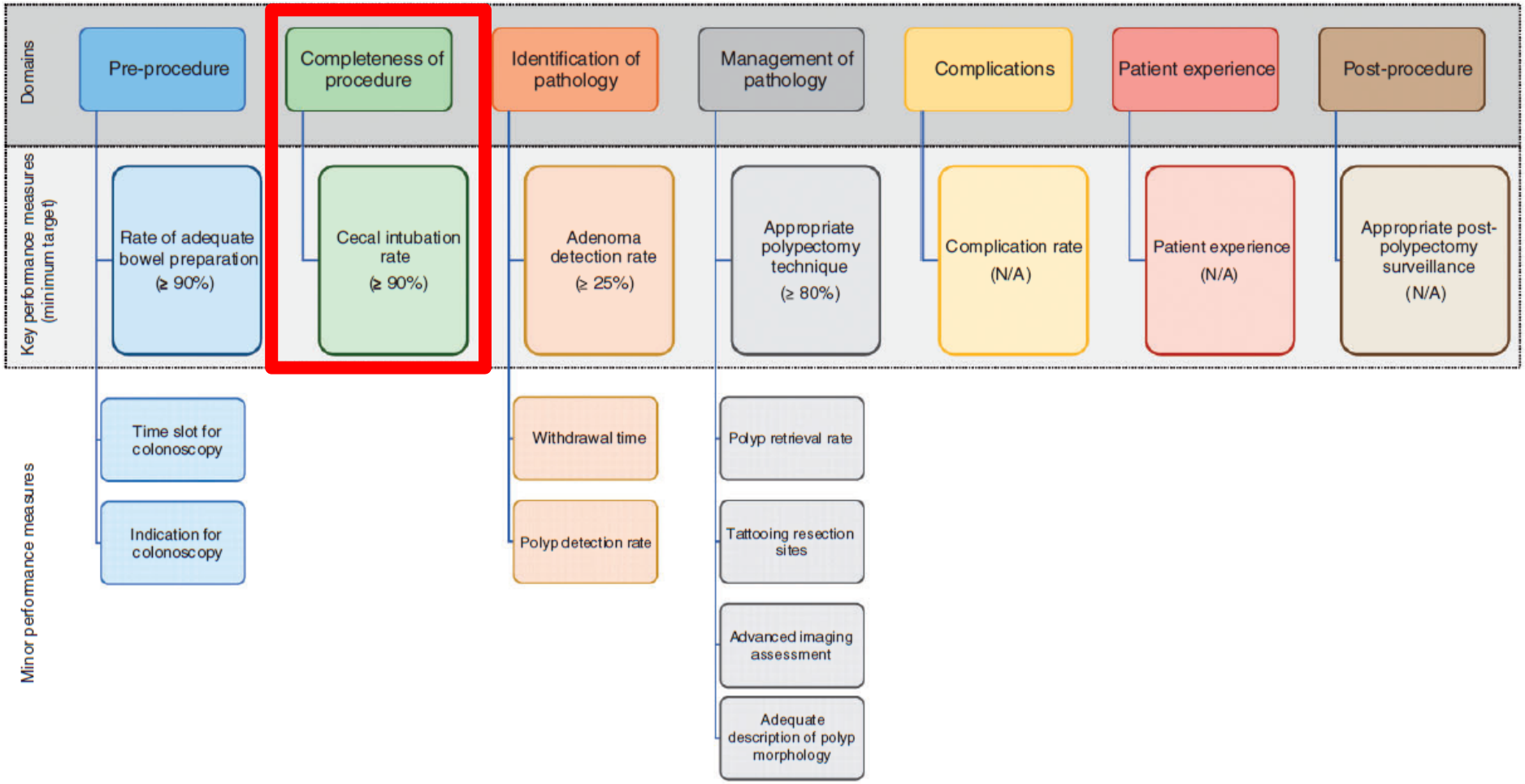
ESGE Lower-GI KQI - Synthetic



Why ESGE-KQI in organized (FIT) program?

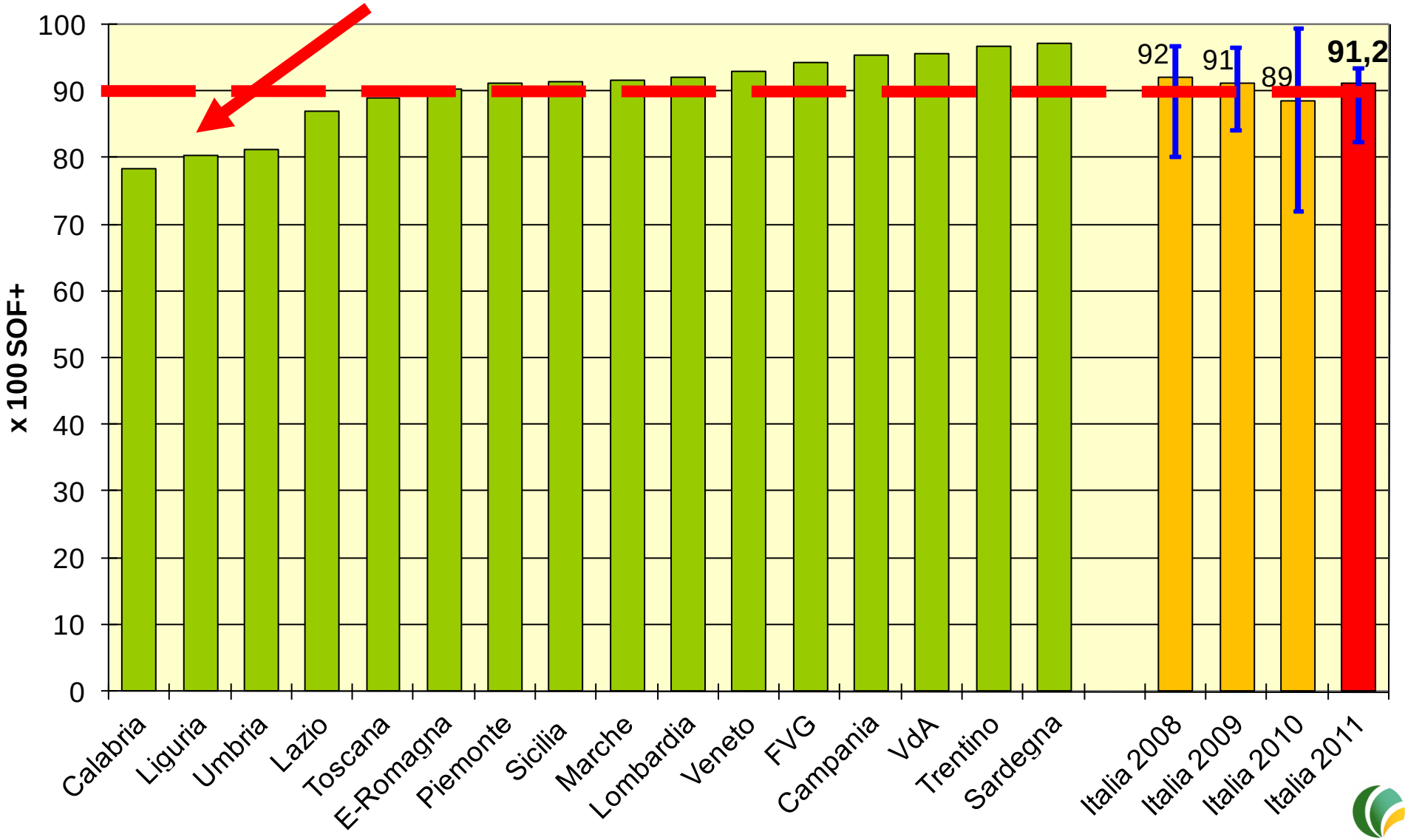
- Individual **variability** → **Programmatic variability**

ESGE Lower-GI Key-Quality Ind. (KQI)

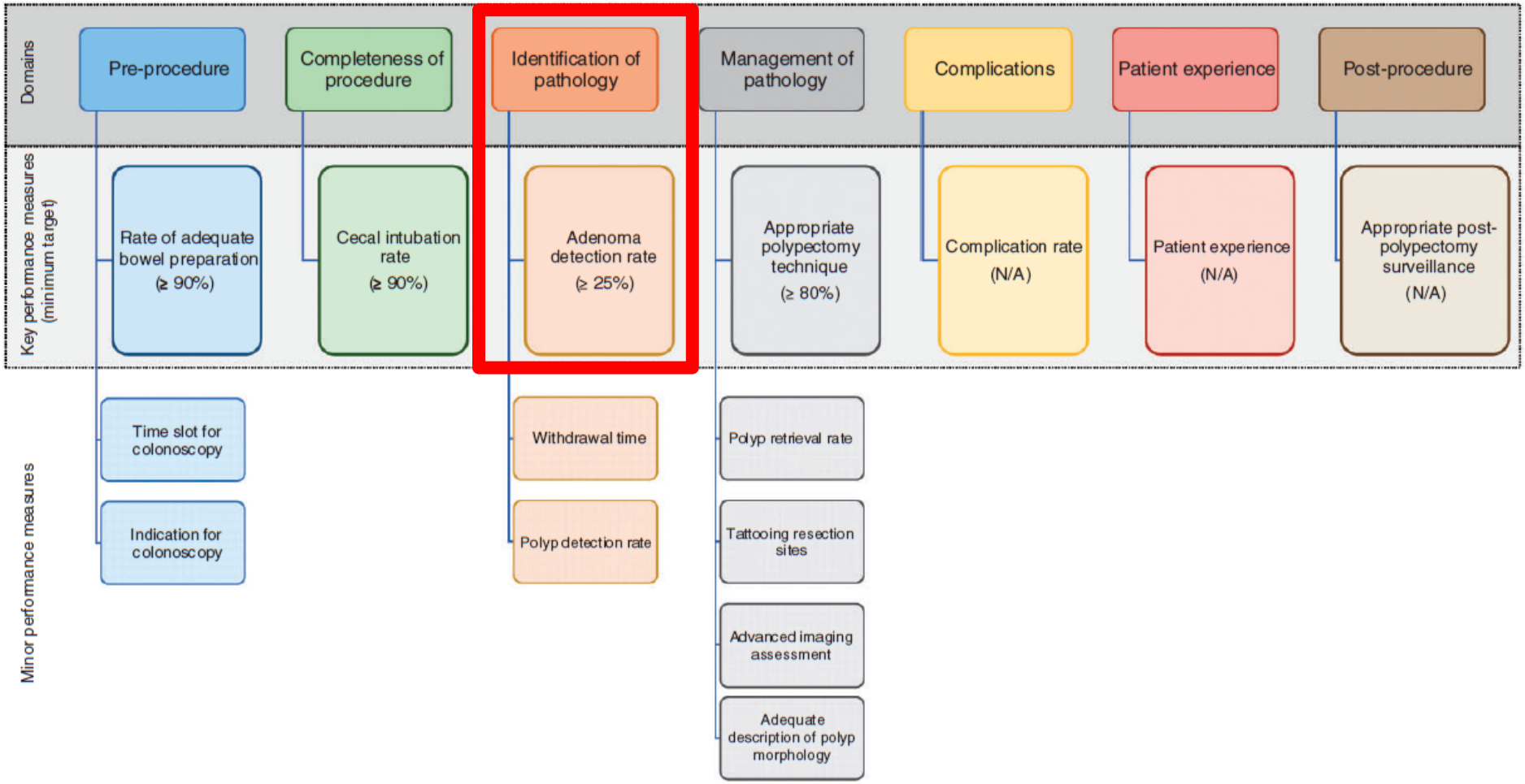


Programmatic Caecal Intubation Rate

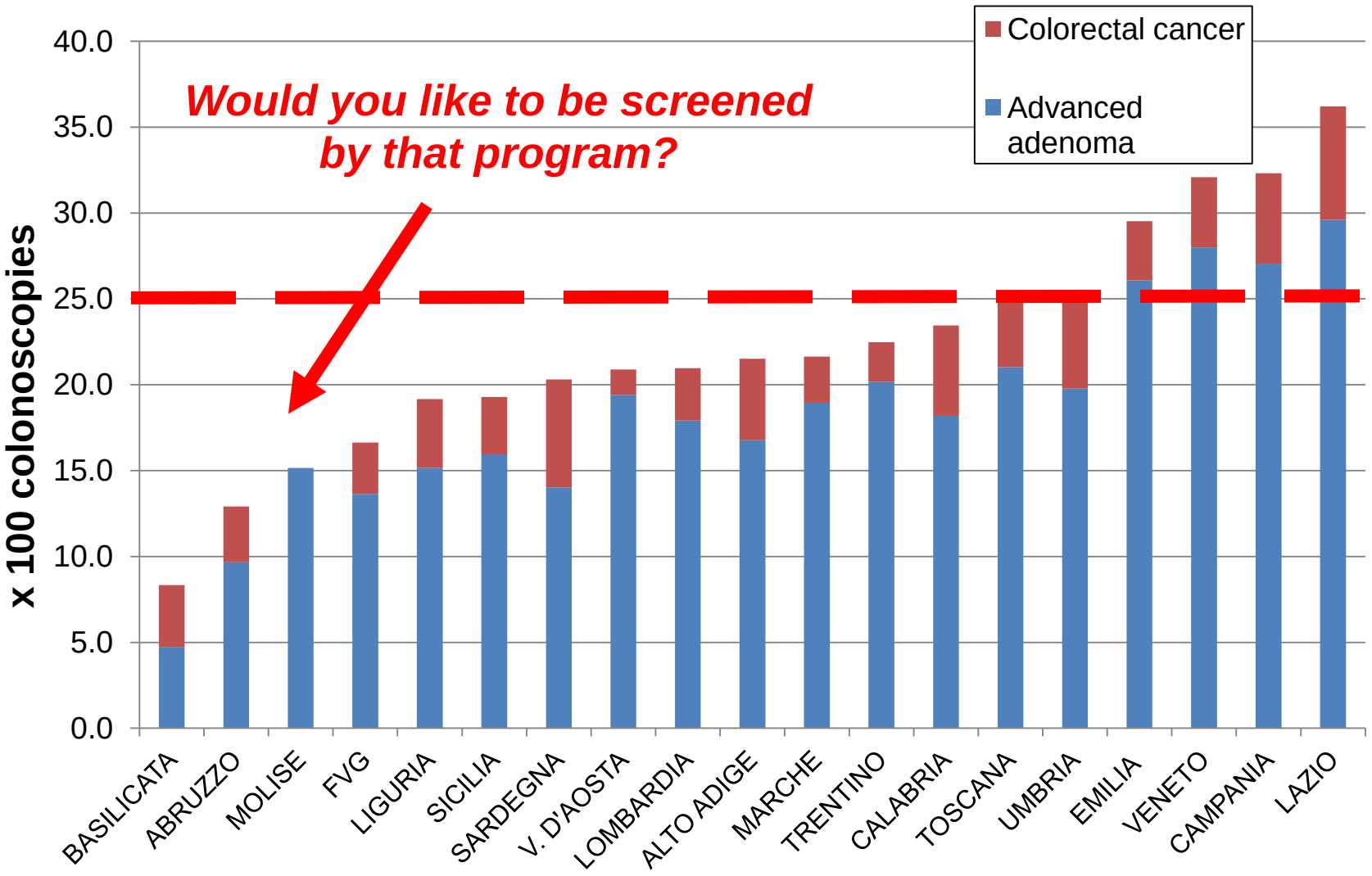
Would you like to be screened by that program?



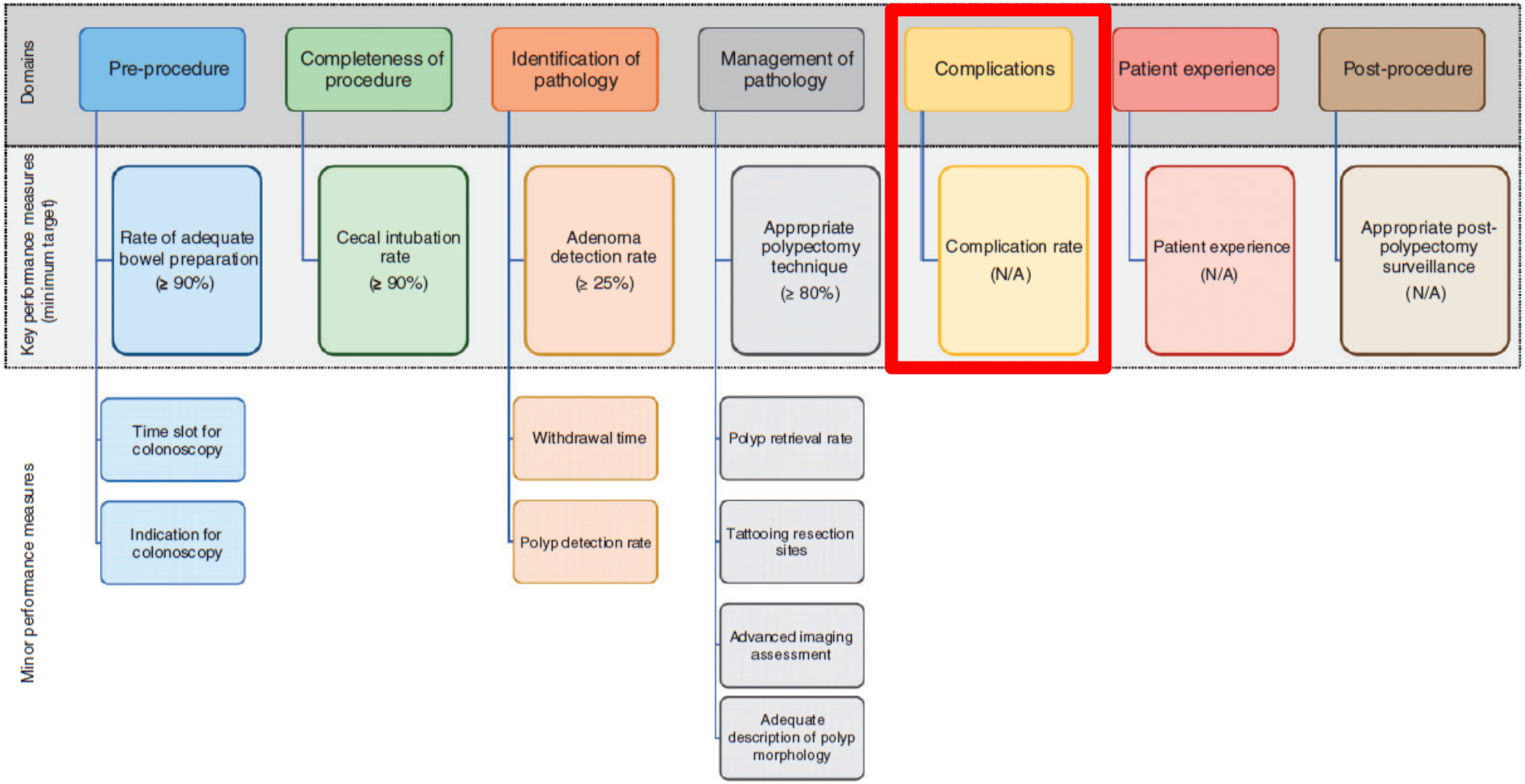
ESGE Lower-GI Key-Quality Ind. (KQI)



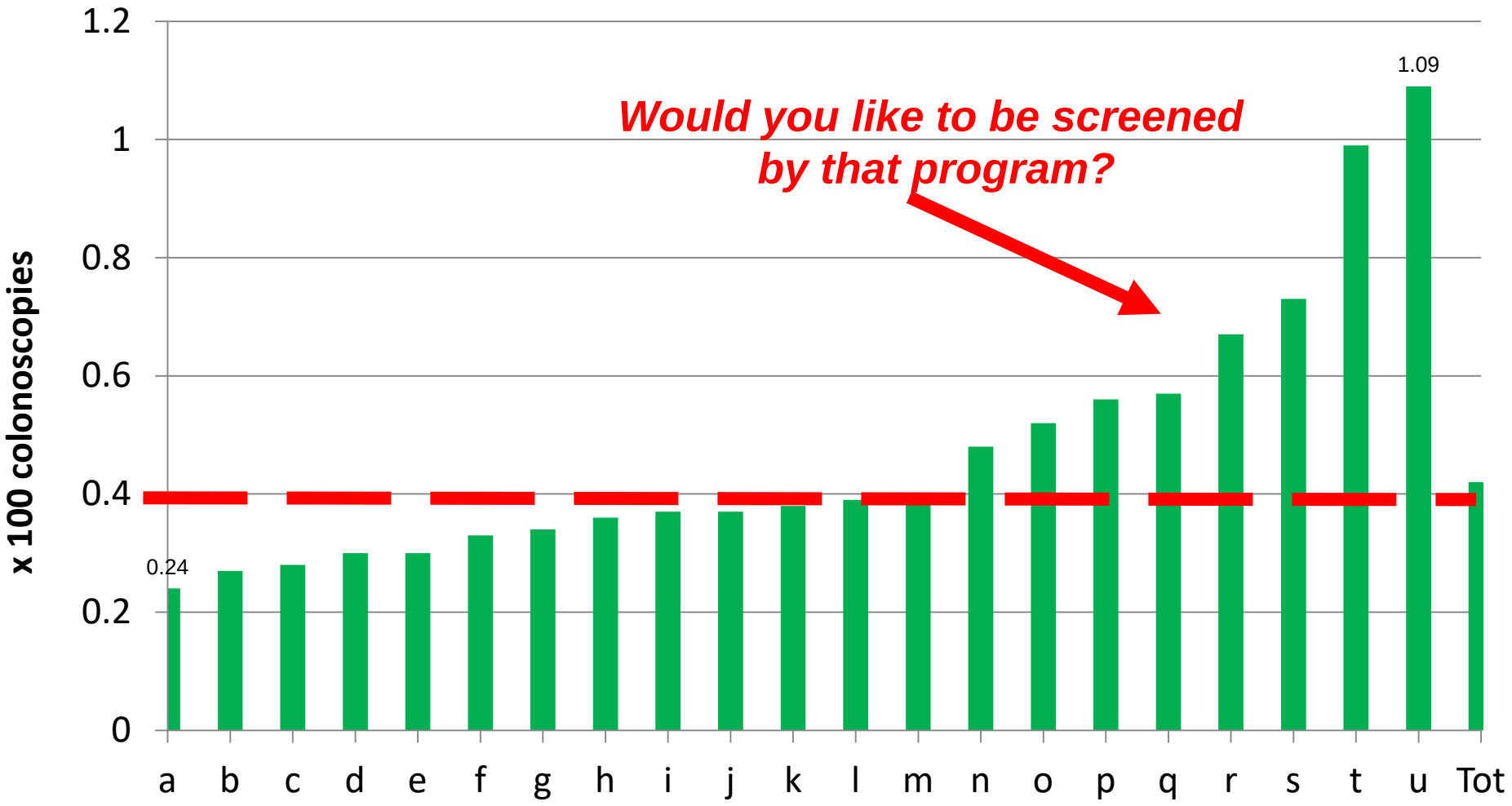
Programmatic Detection Rate – FIT program



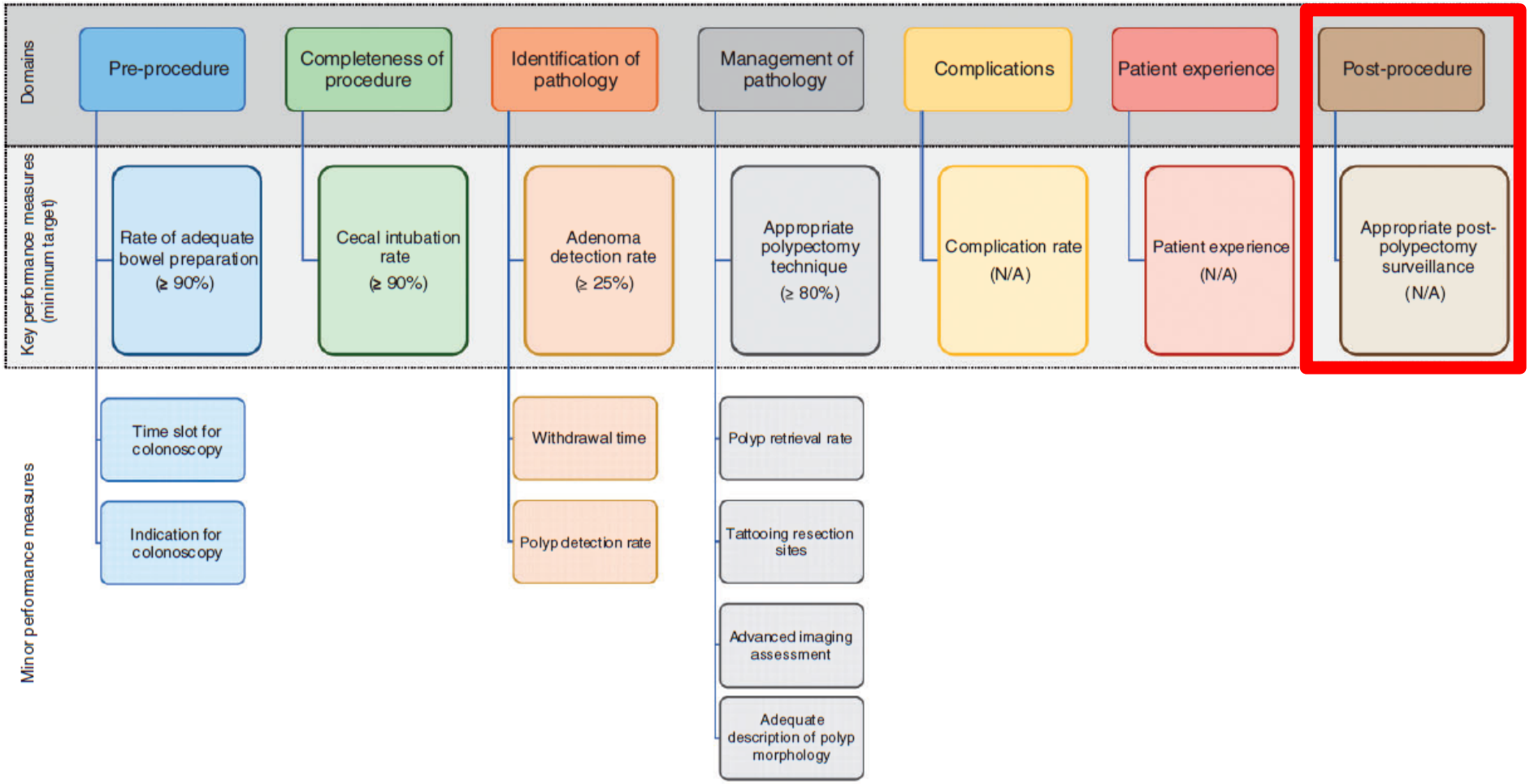
ESGE Lower-GI Key-Quality Ind. (KQI)



Programmatic Complication rates



ESGE Lower-GI Key-Quality Ind. (KQI)



ORIGINAL ARTICLE

Appropriateness of endoscopic surveillance recommendations in organised colorectal cancer screening programmes based on the faecal immunochemical test

Manuel Zorzi,[1] Carlo Senore,[2] Anna Turrin,[3] Paola Mantellini,[4] Carmen Beatriz Visioli,[4] Carlo Naldoni,[5] Priscilla Sassoli de' Bianchi,[5] Chiara Fedato,[3] Emanuela Anghinoni,[6] Marco Zappa,[4] Cesare Hassan,[7] the Italian colorectal cancer screening survey group

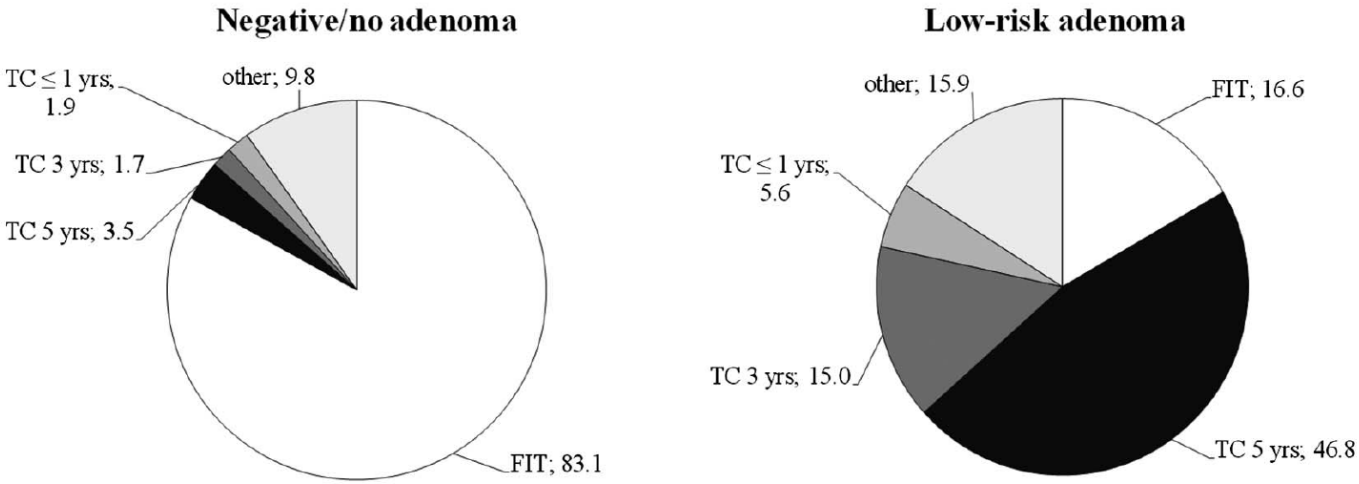


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Table 4 Comparison of the number of observed recommendations for a TC and of expected recommendations according to the EuGL, by type of diagnosis

Diagnosis	Recommended TC	Expected TC according to EuGL	Difference
Negative/ non-adenomatous polyp	1818	0	+1818
Low-risk adenoma	5146	0	+5146
Intermediate-risk adenoma	8444	8694	−250
High-risk adenoma	2452	2470	−18
Total	17 860	11 164	+6696

EuGL, European guidelines for quality assurance in colorectal cancer screening and diagnosis; TC, total colonoscopy.

Why ESGE-KQI in organized (FIT) program?

- Individual **variability** → **Programmatic variability**

Review Article

ESGE

UNITED EUROPEAN GASTROENTEROLOGY ueg journal

Performance measures for lower gastrointestinal endoscopy: a European Society of Gastrointestinal Endoscopy (ESGE) quality improvement initiative

United European Gastroenterology Journal 2017, Vol. 5(3) 309–334
This article is published simultaneously in the journals Endoscopy and the United European Gastroenterology Journal.

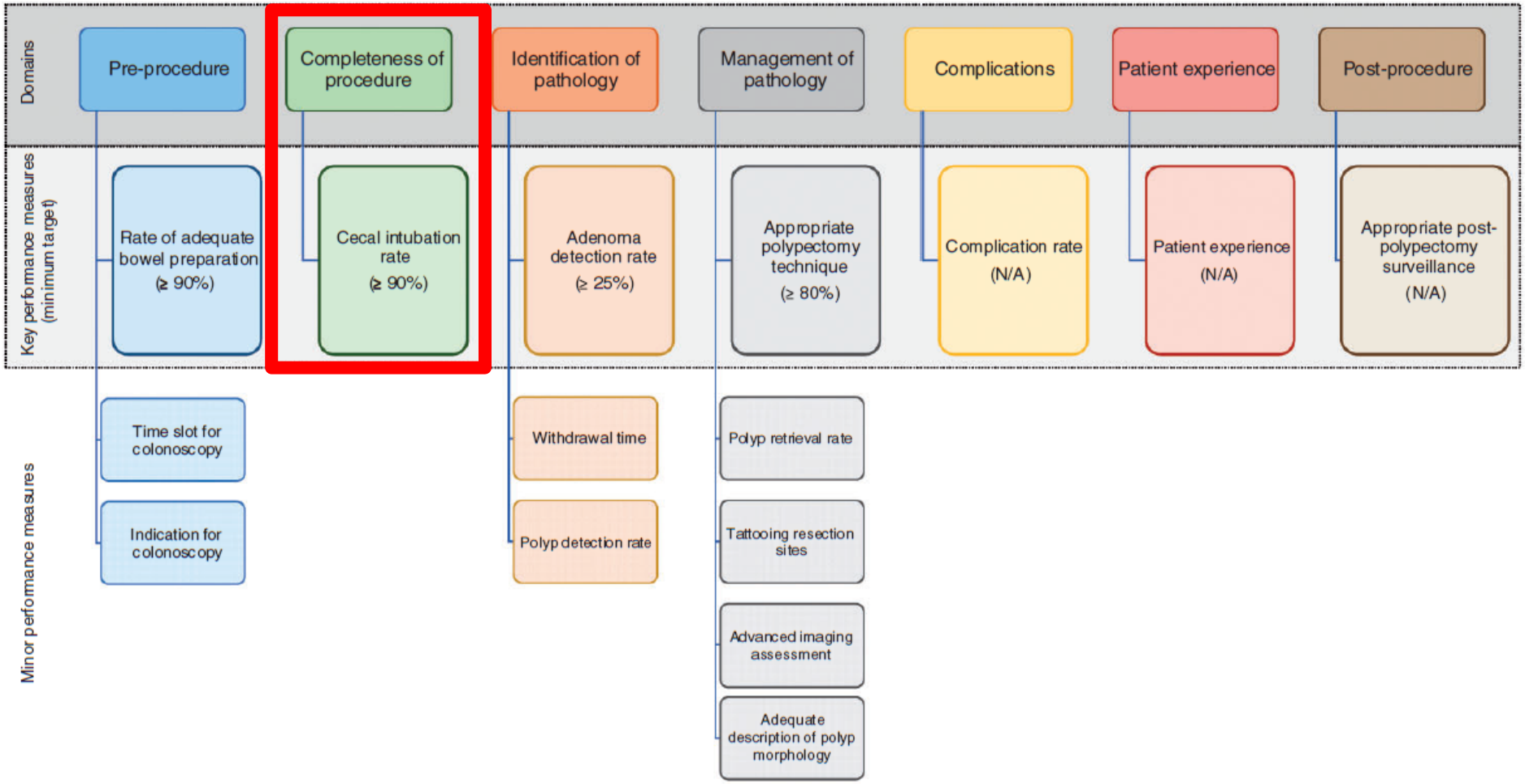
DOI: 10.1177/2050640617700014
journals.sagepub.com/home/ueg

At a service level, the implementation of key performance measures may well require investment in hardware to accommodate a more efficient auditing process. We want to encourage hospital management to support the implementation of these performance measures in their endoscopy services. We think that, in an era where general hospital accreditation has become increasingly important, hospital administrations will be more susceptible to support such actions. Moreover, we owe it to our patients to overcome individual or financial barriers to ensure that endoscopy

Why ESGE-KQI in organized (FIT) program?

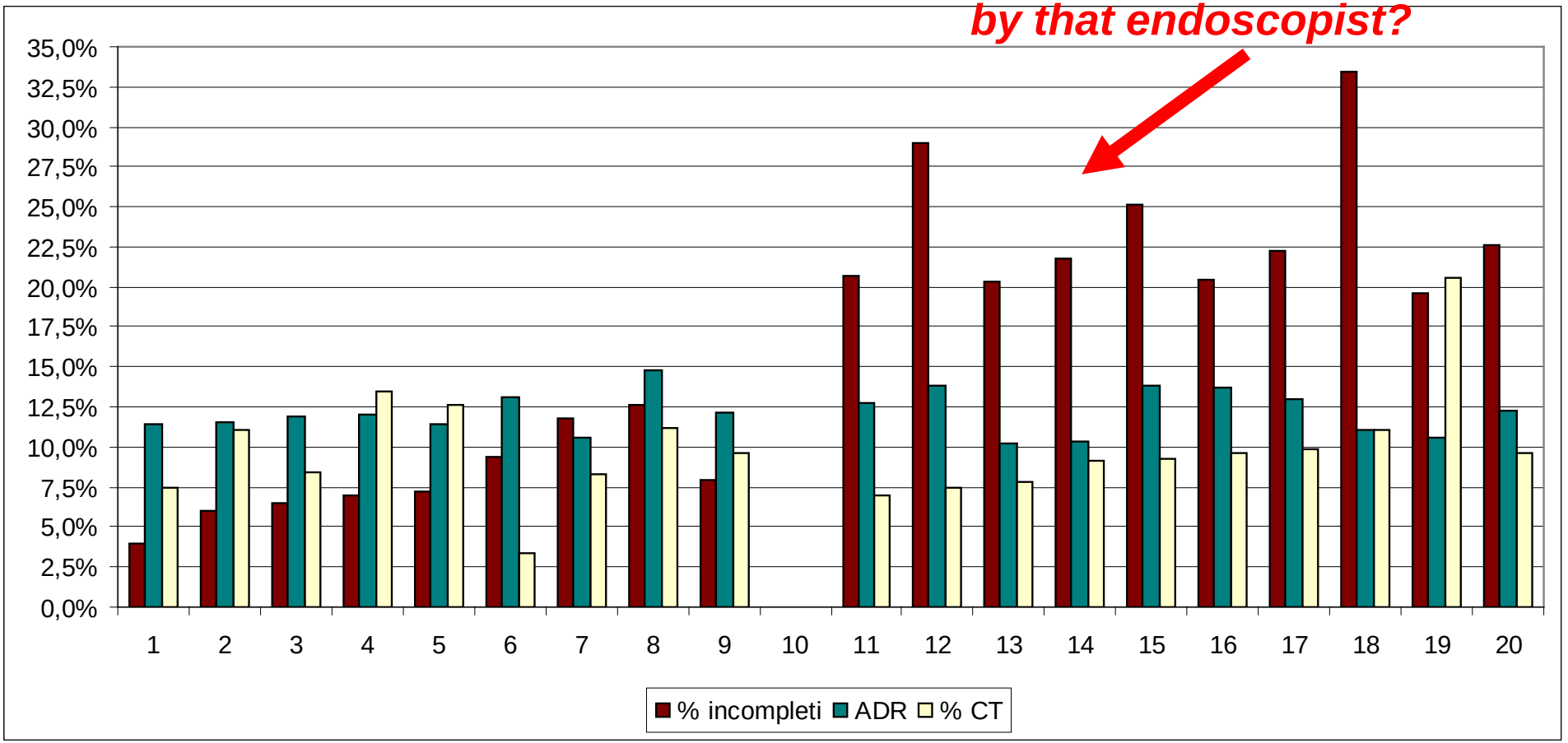
- Setting....IDEAL!
  - Continuous
  - **Standardized enriched-disease setting**
  - Endoscopy+histology
  - Indications

ESGE Lower-GI Key-Quality Ind. (KQI)

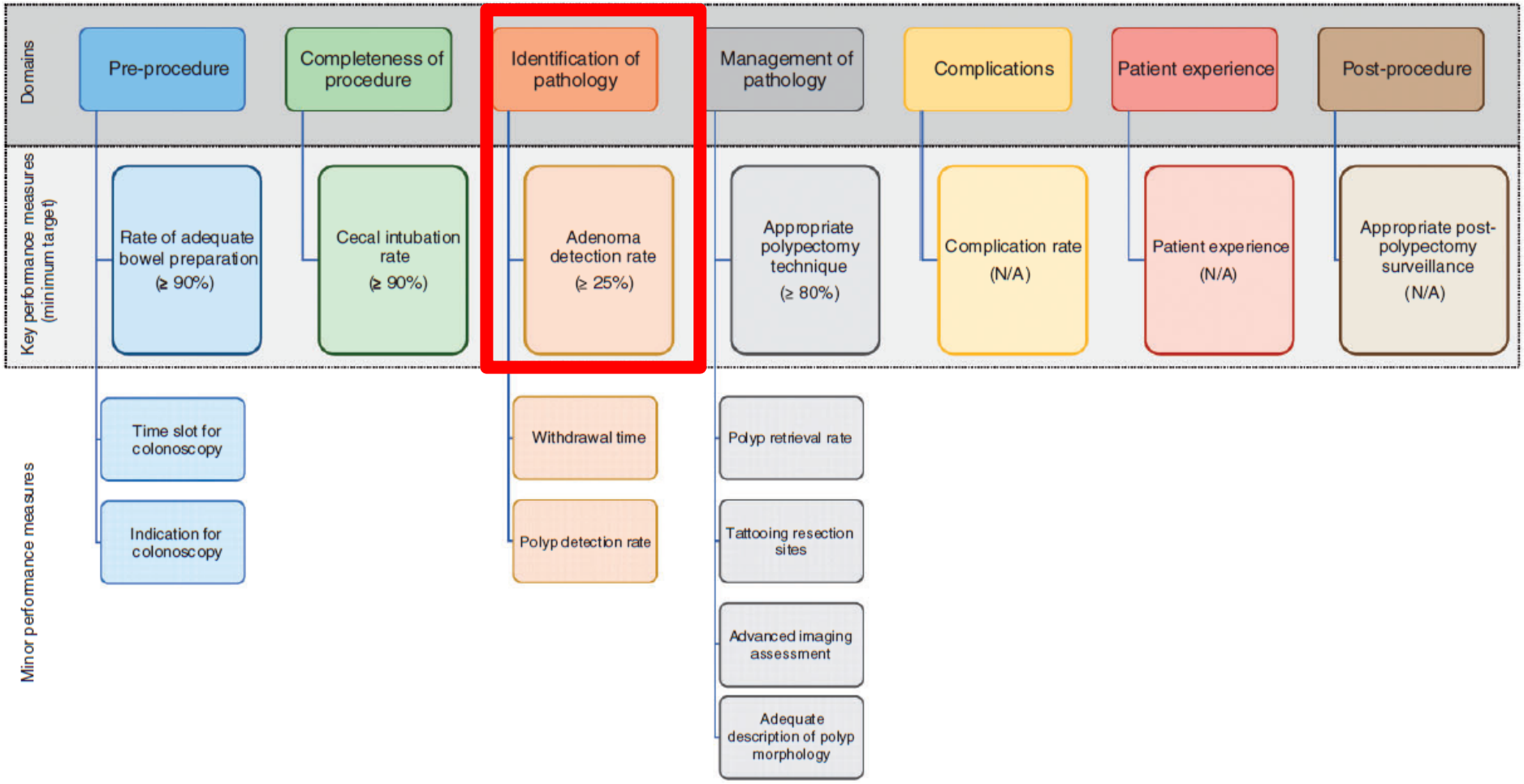


Sigmoidoscopy - intubation rate

Would you like to be screened by that endoscopist?



ESGE Lower-GI Key-Quality Ind. (KQI)



Standardized setting

DETECTION RATE

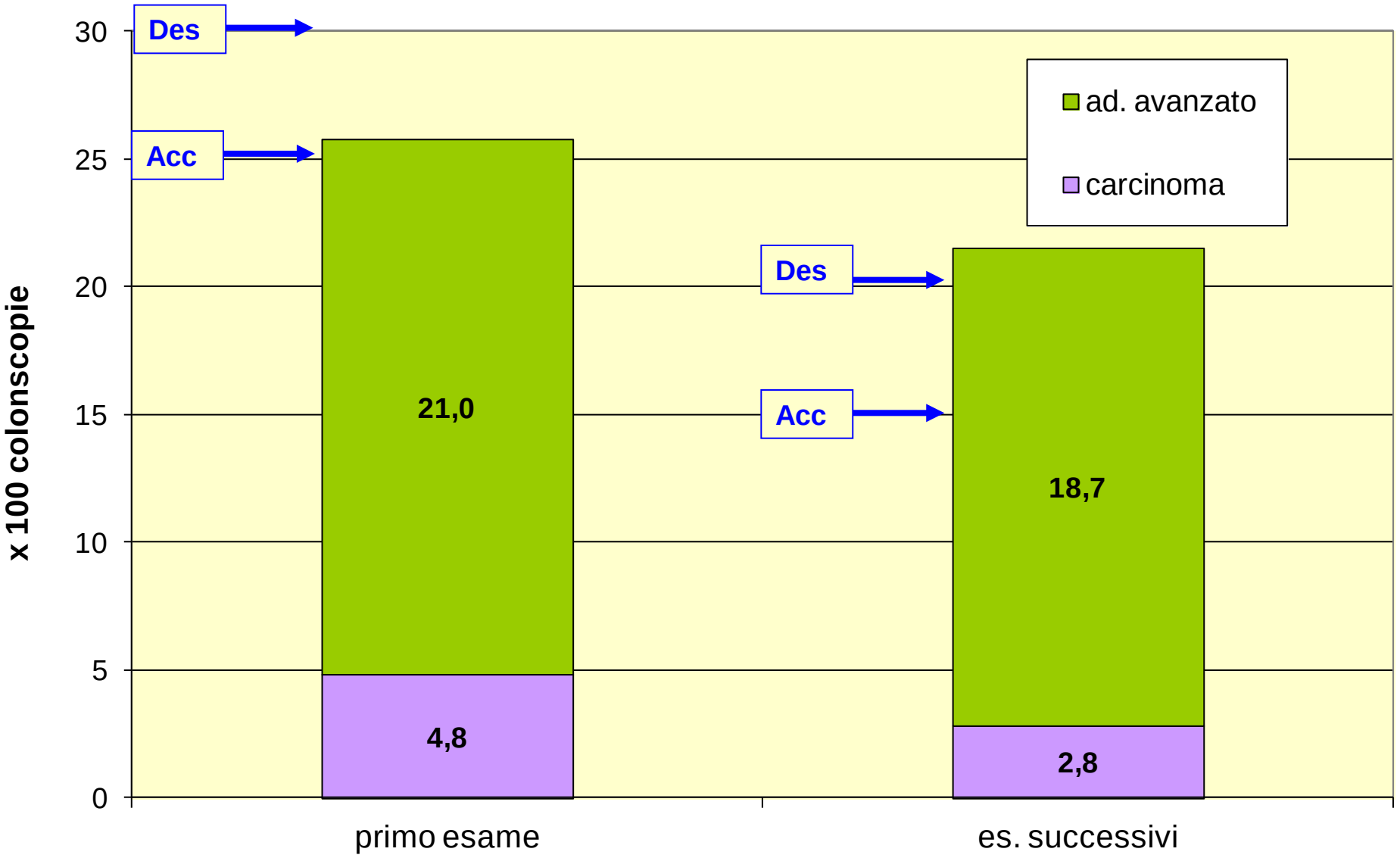
PREVALENCE

ACCURACY

FIT+

ENDOSCOPIST

Detection rate in FIT+ colonoscopy

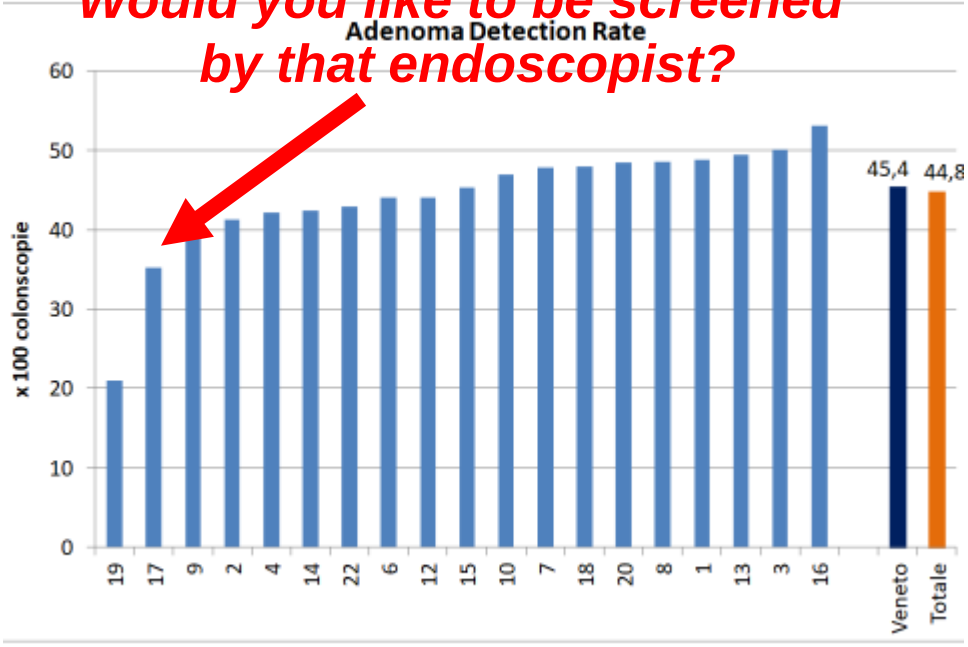


ORIGINAL ARTICLE

Quality of colonoscopy in an organised colorectal cancer screening programme with immunochemical faecal occult blood test: the EQuIPE study (Evaluating Quality Indicators of the Performance of Endoscopy)

Manuel Zorzi,[1] Carlo Senore,[2] Filippo Da Re,[3] Alessandra Barca,[4] Luigina Ada Bonelli,[5] Renato Cannizzaro,[6] Renato Fasoli,[7] Lucia Di Furia,[8] Emilio Di Giulio,[9] Paola Mantellini,[10] Carlo Naldoni,[11] Romano Sassatelli,[12] Douglas Rex,[13] Cesare Hassan,[14] Marco Zappa,[15] the Equipe Working Group

Would you like to be screened by that endoscopist?

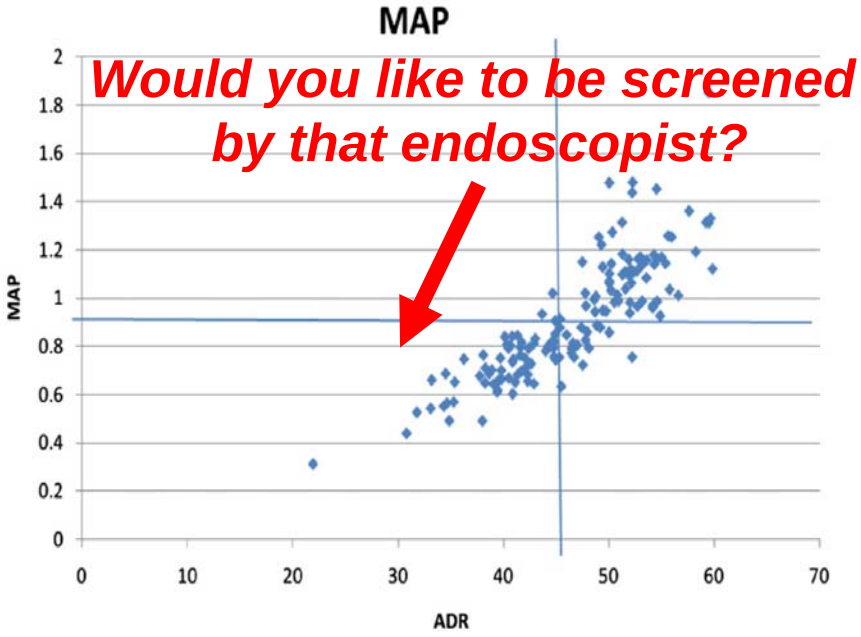


ORIGINAL ARTICLE

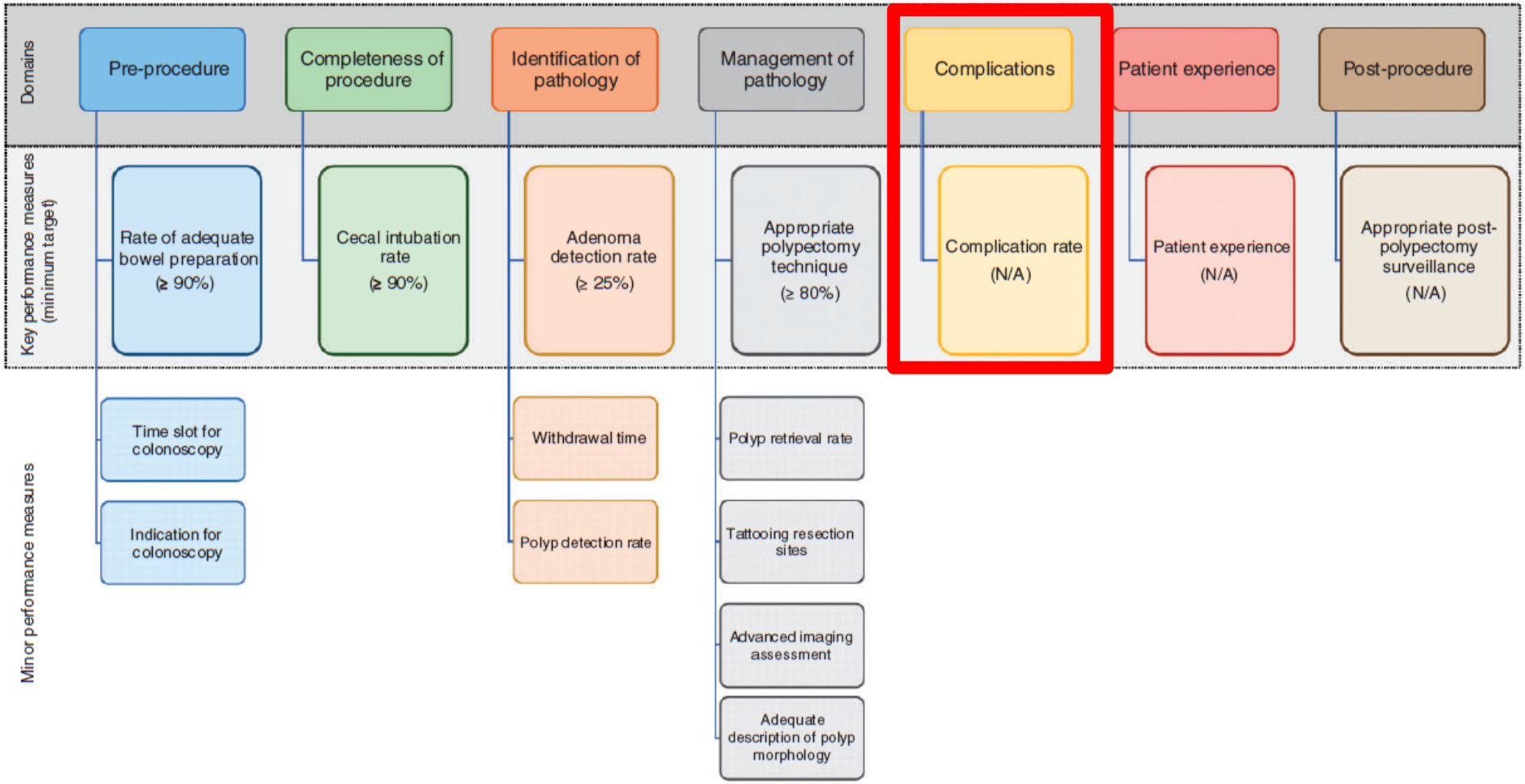
Colonoscopy quality measures: experience from the NHS Bowel Cancer Screening Programme

Thomas J W Lee,[1,2,3] Matthew D Rutter,[1,3,4] Roger G Blanks,[5] Sue M Moss,[6] Andrew F Goddard,[7] Andrew Chilton,[8] Claire Nickerson,[9] Richard J Q McNally,[2] Julietta Patnick,[9] Colin J Rees[3,4,10]

Would you like to be screened by that endoscopist?



ESGE Lower-GI Key-Quality Ind. (KQI)



Evaluation of colonoscopy performance based on post-procedure bleeding complications: application of procedure complexity-adjusted model

Authors Roger G. Blanks[1], Claire Nickerson[2], Julietta Patnick[2], Colin Rees[3], Matthew Rutter[4]

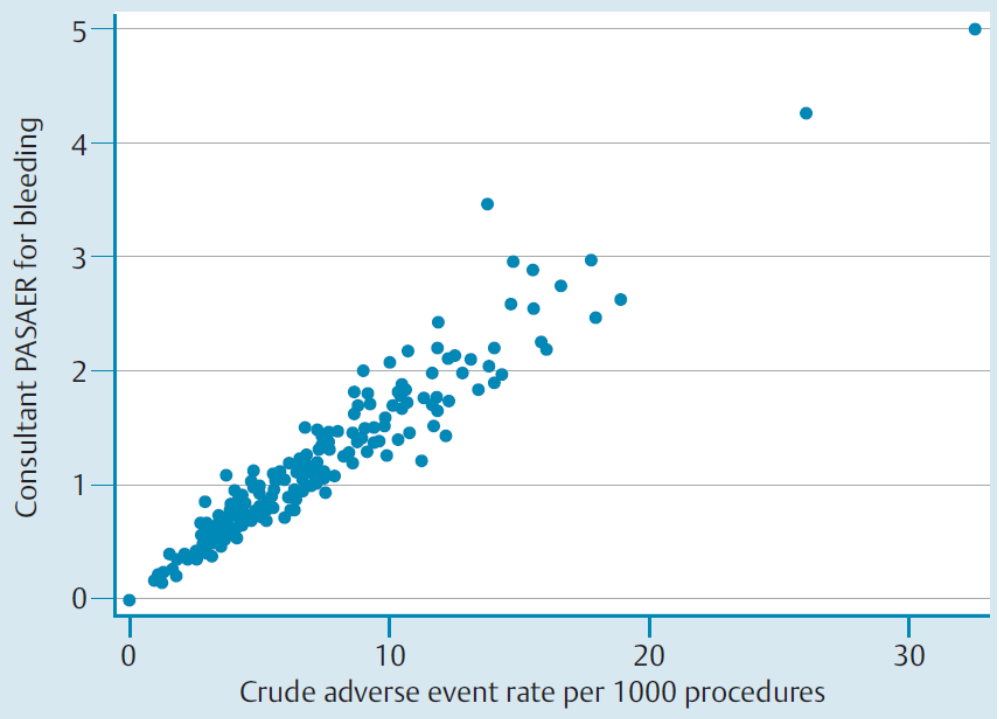
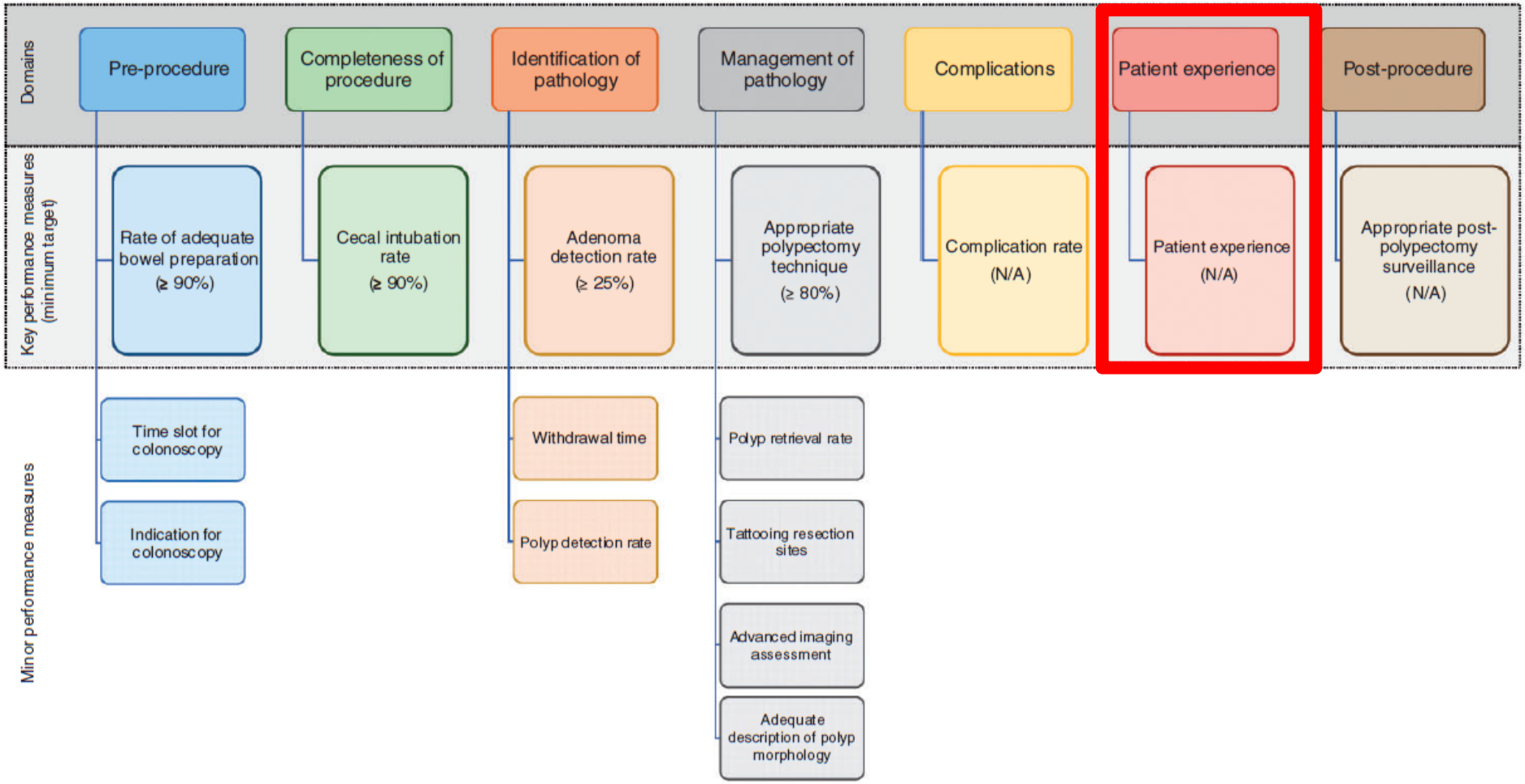


Fig. 3 Comparison of PASAER versus crude rate per 1000 for all colonoscopists in England conducting more than 100 procedures between 2006 and 2012. PASAER, procedure-adjusted standardized adverse event ratio.

ESGE Lower-GI Key-Quality Ind. (KQI)

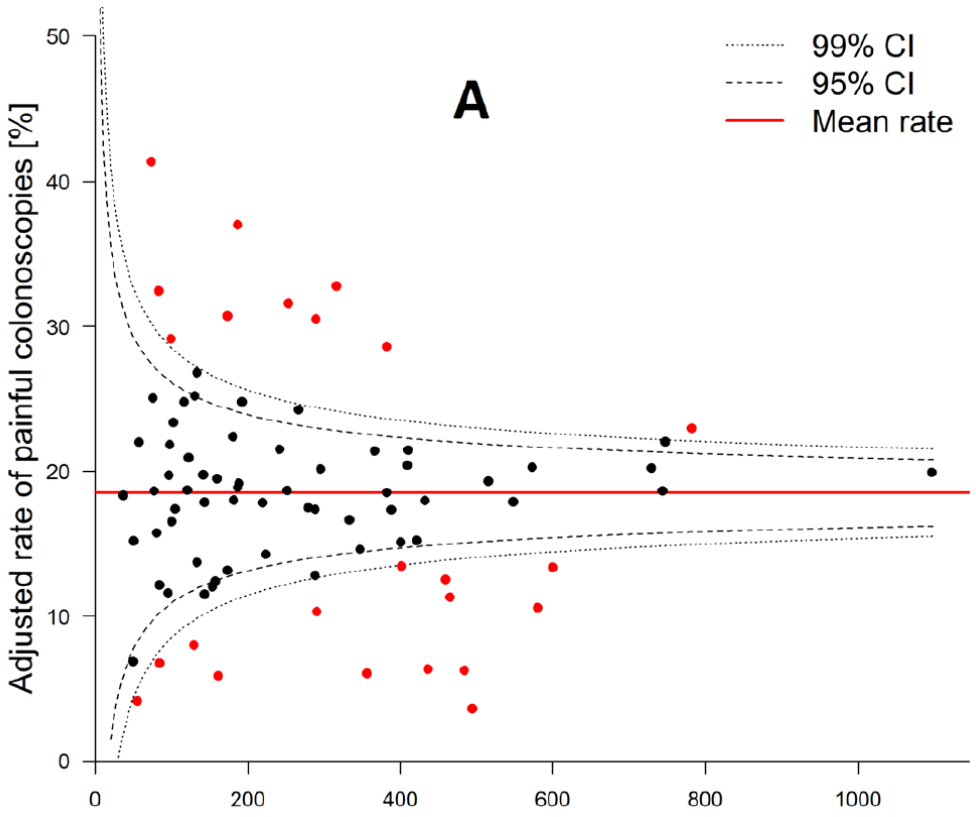


nline First, published on September 28, 2017 as 10.1136/gutjnl-2017-313905

ORIGINAL ARTICLE

Modifiable factors associated with patient-reported pain during and after screening colonoscopy

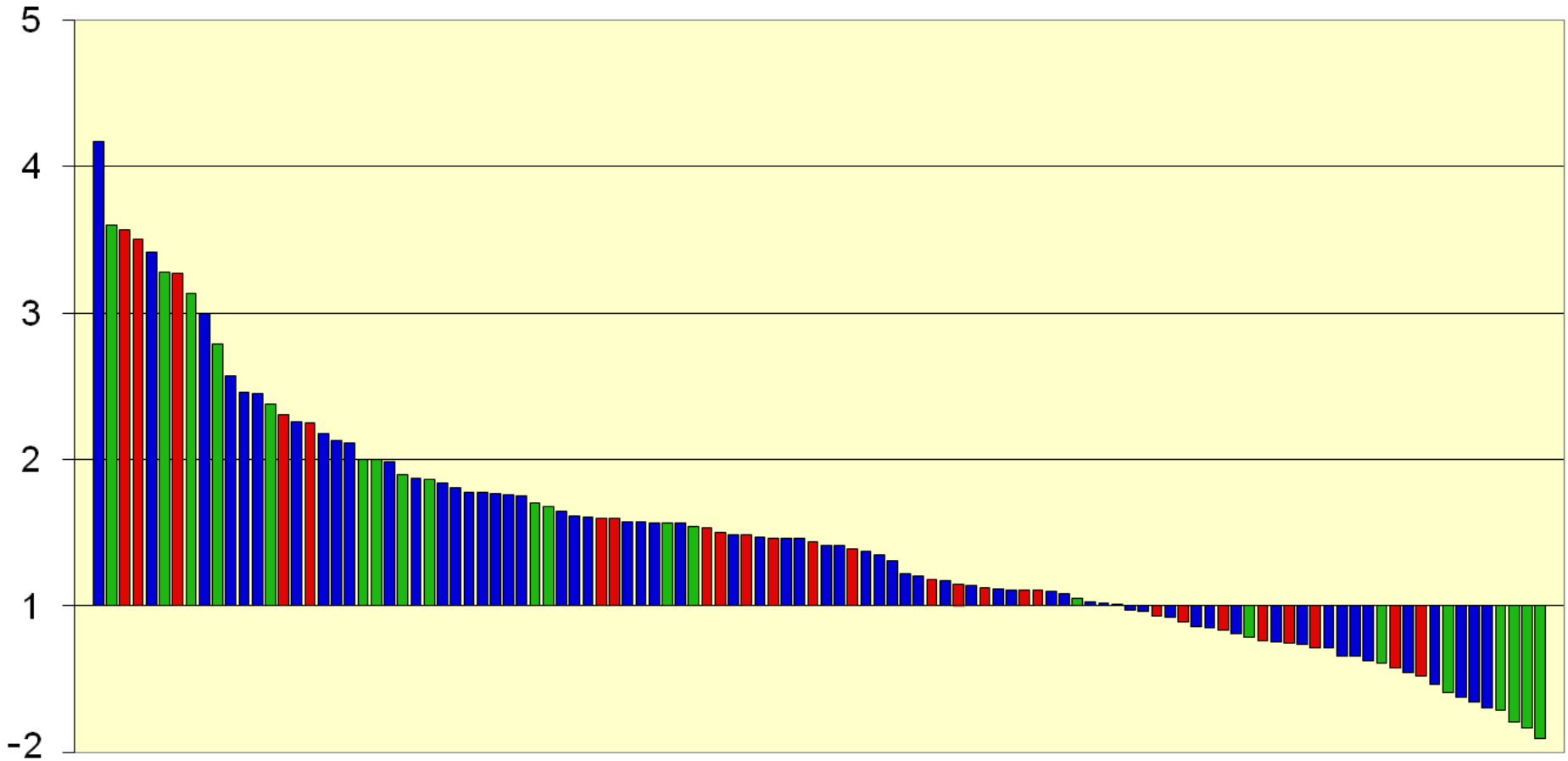
Marek Bugajski,[1,2] Paulina Wieszczy,[2,3] Geir Hoff,[4,5] Maciej Rupinski,[1,2] Jaroslaw Regula,[1,2] Michal Filip Kaminski[1,2,3,5]



ESGE-KQI in organized (FIT) program: Open Issues

- **ADR** vs A-ADR

Advanced adenoma/All adenoma ratio per program



ESGE-KQI in organized (FIT) program: Open Issues

- ADR vs A-ADR
- What cut-off for ADR in FIT+?

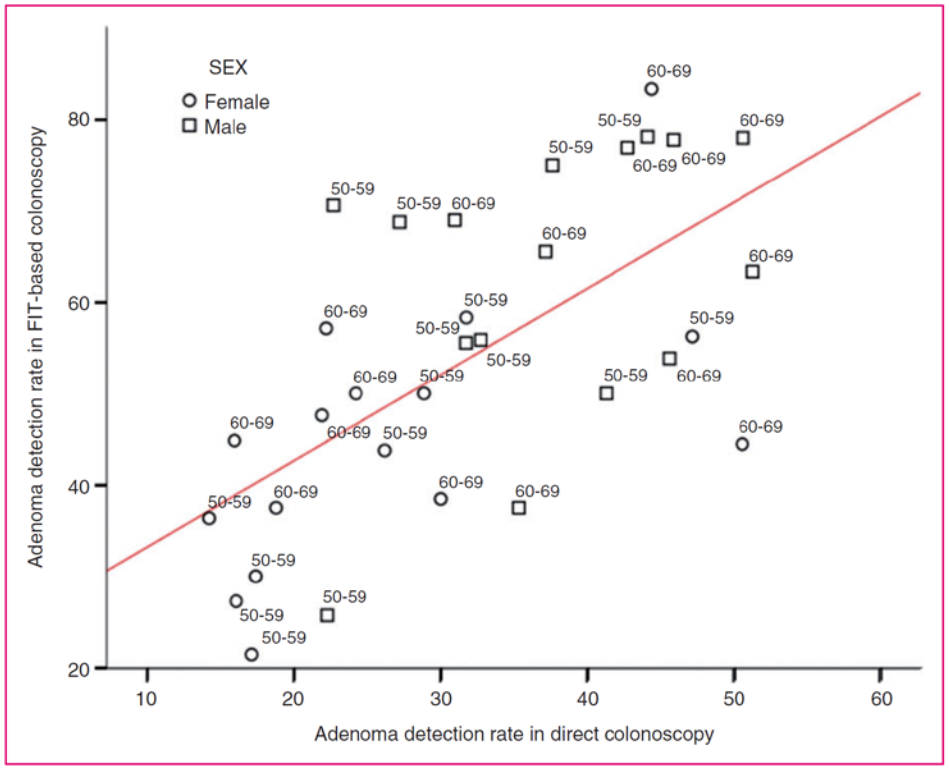
Correlation between adenoma detection rate in colonoscopy- and fecal immunochemical testing-based colorectal cancer screening programs

United European Gastroenterology Journal
2017, Vol. 5(2) 255–260

DOI: 10.1177/2050640616660662
journals.sagepub.com/home/ueg
SAGE

UNITED EUROPEAN GASTROENTEROLOGY
ueg journal

Joaquín Cubiella[1,*], Antoni Castells[2,*], Montserrat Andreu[3], Luis Bujanda[4], Fernando Carballo[5], Rodrigo Jover[6], Ángel Lanas[7], Juan Diego Morillas[8], Dolores Salas[9] and Enrique Quintero[10]; on behalf of the COLONPREV study investigators



ADR NO-FIT+ = ADR FIT

20% 45%

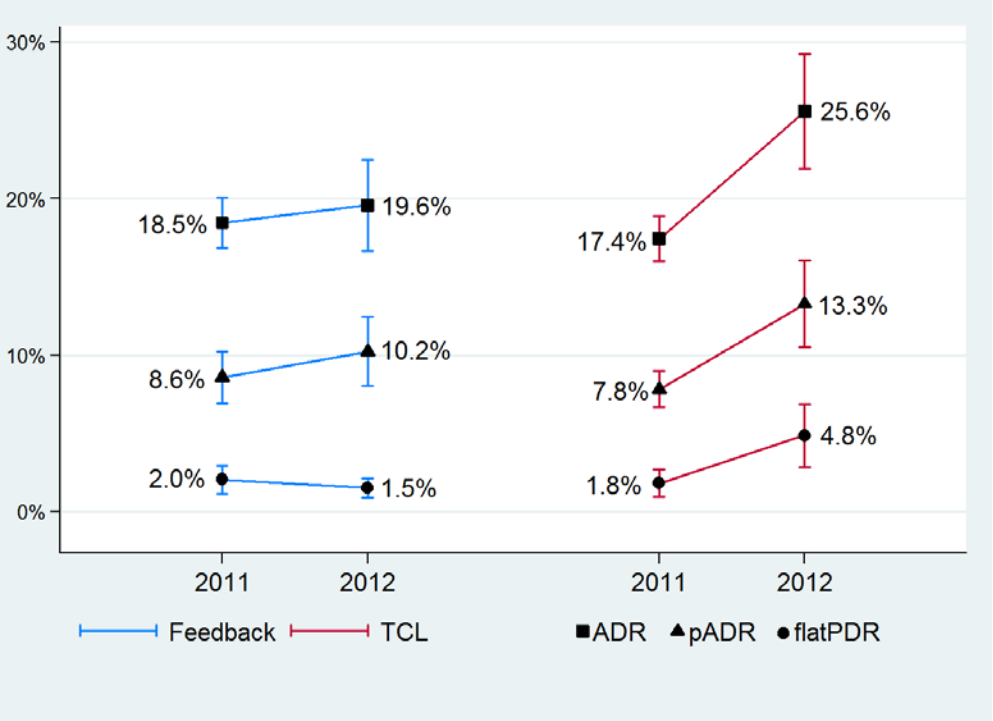
ESGE-KQI in organized (FIT) program: Open Issues

- ADR vs A-ADR
- What cut-off for ADR in FIT+?
- Can we improve KQI in organized programs?

ORIGINAL ARTICLE

Leadership training to improve adenoma detection rate in screening colonoscopy: a randomised trial

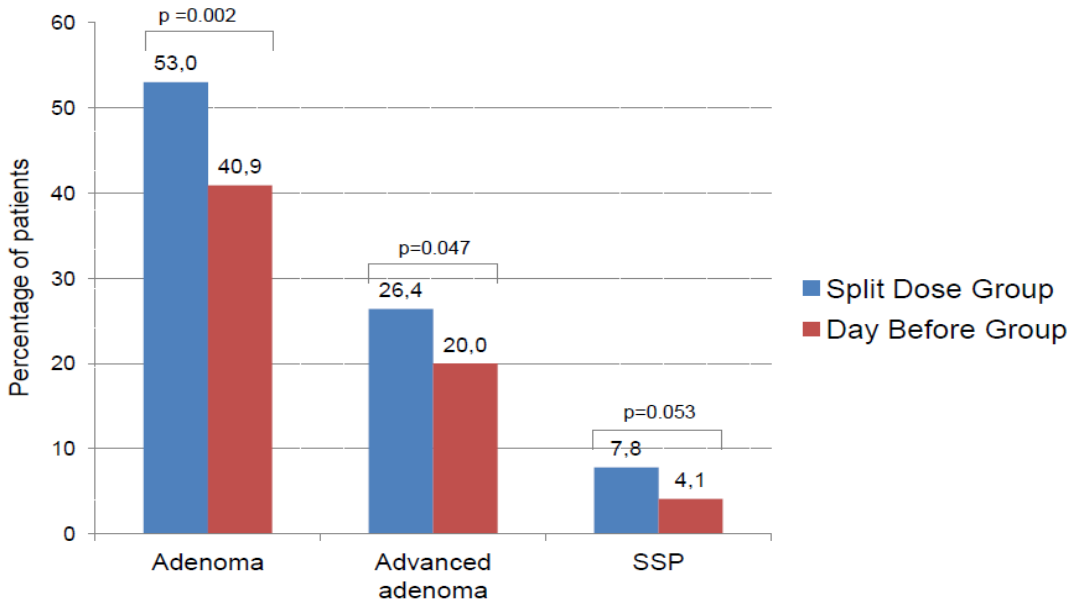
Michal F Kaminski,[1] John Anderson,[2] Roland Valori,[3] Ewa Kraszewska,[1] Maciej Rupinski,[1] Jacek Pachlewski,[1] Ewa Wronska,[1] Michael Bretthauer,[4,5] Siwan Thomas-Gibson,[6] Ernst J Kuipers,[7] Jaroslaw Regula[1]



Kaminski M et al. Gut 2015

I. Bowel prep: split dosing improves ADR

Multicenter RCT, Italy
690 FIT+ve screening subject
Split dose 2L PEG-Asc *vs.* Full dose (day before) 2L PEG-Asc
Primary study end-point: ADR



Mutivariable analysis:
ADR: RR 1.22 95%CI 1.03-1.46
AdvADR: RR 1.35 95% CI 1.06-1.73

Gut in press

ESGE-KQI in organized (FIT) program

- Colonoscopy KQI should be **integrated** in the output of screening programs
- Programmatic variability may be used to **prioritize** retraining interventions
- KQI to be **recalibrated** for specific settings
- **Training and tech** still needed to reduce variability