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How frequently do complications occur during screening colonoscopy? Erroneous estimates by faculty primary care physiciansMohan Akansha¹, Aggarwal Anjali¹ and Humadi Sahira²¹Baylor College of Medicine, USA²Eastern Virginia Medical School, USA

Introduction: Only about 62% of patients 50 years or older get screening for colorectal cancer (SCRC). We surveyed PCPs who are medical school faculty to find if they know how useful or harmful colonoscopy is, the estimates of survival they give to patients if colorectal cancer is found without screening, and what they think of newer stool based methods (SBMs) for SCRC.

Methods: An online anonymous Google survey was sent by email to PCPs at Family Medicine (FM) and Internal Medicine residency programs at Baylor College of Medicine and to a FM residency program at Eastern Virginia Medical School.

Results: Of the 42 responses received, 60% were from FM; the setting was academic in 68%; 63% had been PCPs for over 10 years; and 65% estimated that their rate of SCRC was at national average. Their most common estimates respectively for annual Fecal Occult Blood Testing (FOBT), annual Fecal Immunochemical Test (FIT), Cologuard every 3 years and colonoscopy every 10 years were 50-75%, 75-90%, 75-90% and > 90% for sensitivity for SCRC, <50%, 50-75%, 75-90%, and >90% for sensitivity for screening for advanced adenomas, and 50-75%, 50-75%, 75-90% and >90% for specificity for SCRC. Although 44% of PCPs correctly estimated that rates of perforation and bleeding in screening colonoscopy are 4 in 10,000 and 8 in 10,000, 21% PCPs estimated them to be 4 in 1000 and 8 in 1000 and 30% PCPs estimated them to be 20 in 10,000 and 40 in 10,000 respectively. Although 56% of PCPs correctly estimated 39% PCPs 5-year survival to be 90%, 70% and 10% respectively for screen-detected (stages 1 and 2), regional (stage 3) and distant (stage 4) cancer, 37% PCPs estimated this to be 90%, 50% and 5%. 38% thought colonoscopy was the same or only slightly better than SBMs, only 52% agreed that SBM should only be done if patients decline colonoscopy, and 19% did not prefer colonoscopy for SCRC.

Discussion: The estimates of PCPs regarding sensitivity and specificity of SCRC methods were similar to data reported by US Preventive Task Force in 2016 except that PCPs under-estimated specificity of FOBT and FIT for SCRC and over-estimated specificity of Cologuard for screening of advanced adenomas. 37% PCPs under-estimated survival in advanced cancer. Although colonoscopy is recommended as the preferred modality of screening, 19% of PCPs did not prefer it. The most significant finding was that 21% PCPs underestimated perforation and bleeding rates during screening colonoscopy by 5 times, and 31% overestimated the rates by five times.

Biography

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