

## Quality Metrics for Colonoscopy

**To the Editor**—We write to congratulate Muthukuru and colleagues on a well-done article on quality metrics for colonoscopy.<sup>1</sup> It is an impressive effort to review over 4000 charts to ensure that only screening colonoscopies with adequate preparations were included. The exclusion of endoscopists who did fewer than 10 colonoscopies seems appropriate. However, one mathematical model found that 500 colonoscopies were necessary to accurately reflect adenoma detection rate (ADR)<sup>2</sup>; none of the groups approached that number.

Many variables were examined to explain variation in the rates of ADR including specialty training. One variable not mentioned was whether any or all endoscopists had access to their ADR at regular intervals. Our colorectal surgery group has been collecting quality metrics and reporting them to practitioners on a quarterly basis since 2008. There are established protocols for improvement initiated for anyone not meeting the quality metrics (cecal intubation rate, ADR in men and in women, withdrawal times) for 2 quarters. The quality metrics are adjusted each time new guidelines are published. Our data show that for all screening and surveillance examinations, ADR improved over time from 14% in 2008 to 41% in 2018 for women and 22% to 54% in men in 2018. Improvement measures were required for 7 people, and 5 subsequently reached the quality metric goals consistently. Our experience mirrors others in which performance improves in response to measurement.

It would also be interesting to see the range of ADR within each group. Rex mentions in his accompanying

editorial several publications demonstrating a 3- to 6-fold variation in ADR among gastroenterologists within the same group.<sup>3</sup> There may be significant overlap in ADR among specialties.

Finally, all groups met the quality metrics utilized at the time. Although the gastroenterologists exceeded that, there is some question about the utility of a comparison to standards not in place at the time of the review. Regardless, there is good evidence that higher ADRs result in lower subsequent colorectal cancer occurrence.

We agree that there are robust data supporting the importance of high-quality colonoscopy procedures to reduce the incidence of colon cancer and support efforts to help all providers to improve.

### REFERENCES

1. Muthukuru S, Alomari M, Bisen R, et al. Quality of colonoscopy: a comparison between gastroenterologists and nongastroenterologists. *Dis Colon Rectum*. 2020;63:980–987.
2. Do A, Weinberg J, Kakkar A, Jacobson BC. Reliability of adenoma detection rate is based on procedural volume. *Gastrointest Endosc*. 2013;77:376–380.
3. Rex DK. If surgeons embrace adenoma detection rate measurement and improvement, cancers will be prevented and lives will be saved. *Dis Colon Rectum*. 2020;63:867–869.

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**Funding/Support:** None reported.

**Financial Disclosures:** None reported.

*Dis Colon Rectum* 2021; 64: e103

DOI: 10.1097/DCR.0000000000001993

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DISEASES OF THE COLON & RECTUM VOLUME 64: 5 (2021)