

# Screening Colonoscopy: Your Gut Will Thank You for It

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## Introduction

- According to American Cancer Society, colorectal cancer is the third most diagnosed cancer and the second most common cause of cancer-related death in the United States.
- Over the last two decades, the rates of colorectal cancer in the population aged 45-50 has increased by 1.3% and 2.3% per year. (Levy, Thelin, and Da Silva, 2023).
- The recommended age for screening colonoscopy has been lowered from 50 to 45 because colorectal cancer and colorectal cancer-related deaths are on the rise among people under 50 (Bartosch, 2021).
- Colorectal cancer rates have increased 51% since 1994 for people under 50 (Bartosch, 2021).
- It has been noted that patients may miss the window of opportunity for detecting colorectal cancer early due to extensive waiting periods for consultations from a GI physician.
- Direct Access Screening Colonoscopy (DASC) started at South Suburban Hospital in 2017 under traditional guidelines to screen starting at 50.
- Guidelines changed in 2021 to begin screening at age 45.

## Objective

- Develop, implement, and maintain an evidence-based colorectal cancer screening program with improved accessibility for patients.
- Review the impact of the Advocate South Suburban Hospital's DASC program during 2021, 2022, and 2023.
- Compare the last three years to baseline data from start of DASC program in 2017.

## Approach

- South Suburban Hospital gastroenterology, anesthesiology and nursing collaborated to develop evidence-based guidelines for the Direct Access Screening Colonoscopy (DASC) program.
- This team undertook a review of current literature regarding screening colonoscopy.
- DASC program guidelines are consistent with recommendations from the US Preventive Services Task Force, including the direction that all adults 45 years or older should be offered screening colonoscopies, even in the absence of risk factors.
- Screening colonoscopies are offered through DASC for patients age 45-75.
- Exclusion criteria include patients that are on blood thinners, patients with anemia, weigh greater than 350 pounds, or have current GI issues, such as blood in the stool or change in bowel habits. These patients must see a GI physician in order to be scheduled.

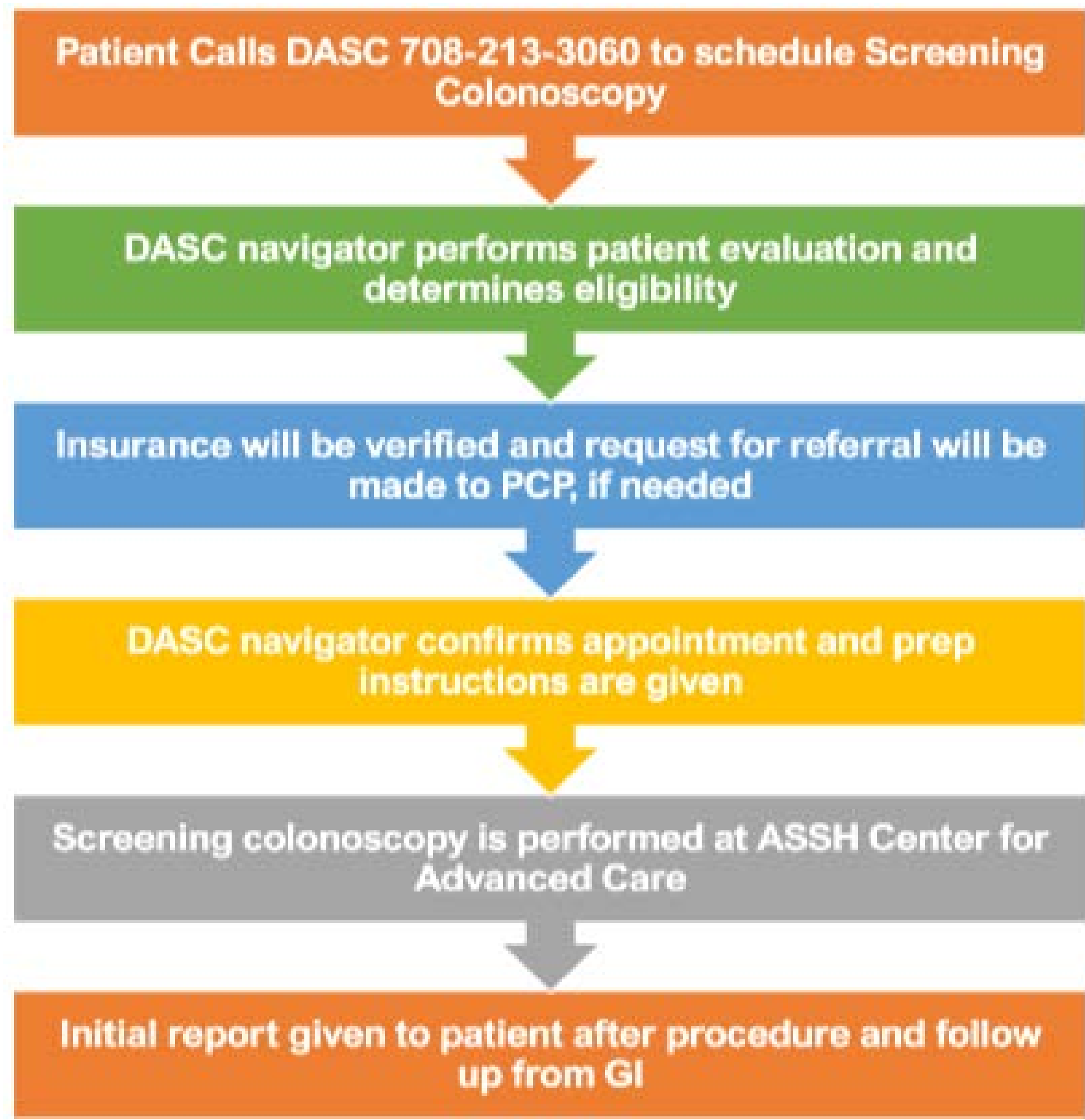


Figure 1. The DASC program workflow.

## Results

- Since 2017, the DASC program completed 8400 total cases.
- Fifty-seven percent of the total cases have been completed in the last three years.
- Total cases completed jumped from 496 to 1177 in the first two years of the program.
- The largest increase in total cases after the start of DASC in 2017-2018 was from 2022-2023 with a 23% increase.
- Fifty-three percent of total cases completed were positive for polyps.
- Total cases completed in the 45-50 age group more than tripled from 2021 to 2023.
- Eighty-five percent of the 45-50 age group is only an average risk for colon cancer.
- On average, 50% of the total 45-50 age group has been positive for polyps.
- One of the five malignancies found in 2023 was in the 45-50 age group.
- One of the eight malignancies found in 2021 was in the 45-50 age group.

	2021	2022	2023
Total DASC Complete	1324	1500	1954
DASC Complete Age 45-50	128	250	471
Total Polyp Positive	880	904	1014
Polyp Positive Age 45-50	71	115	228
Advanced GI/Surgeon/Oncology/Genetics Referral	20	16	17
Malignancy	8	3	5

## Discussion

- An interprofessional team of gastroenterologists, anesthesiologists, and nurses collaborated to improve patient access to screening colonoscopy.
  - The total number of DASC cases completed has increased annually since 2017, with the exception of 2020 with a pause on elective cases.
  - Collaboration within the DASC program has produced a measurable improvement to patient access to screening colonoscopy and timely intervention.
- ### Implications for Practice
- Providing accurate education to nursing staff regarding the prevalence of colorectal cancer, recommended timing for colorectal screenings, and the availability of the DASC program can have a direct and positive impact on personal health and community health.
  - Further analysis of the data can include a focus on patients' demographic data and health history to determine potential correlations between the increase in colorectal cancer rates in the 45-50 age group.



The South Suburban DASC Program received the Stronger Together Award, the group award given during Advocate's Nurse of the Year, for best collaborative efforts and patient outcomes.

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