

## ABSTRACT #:

**Title:** Expanding African Americans' Access to Screening Colonoscopies: How effective and safe are Primary Care Physician (PCP)-Performed Procedures

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### Abstract:

#### **Need for expanding African Americans' Access to Colonoscopy Services**

Colonoscopy screening can prevent 90% of colorectal cancer (CRCA) cases and 95% of deaths, by detecting and removing polyps, the precursors of CRCA. The former CRCA screening tool, sigmoidoscopy, which was widely performed by primary care physicians (PCP), is now widely abandoned because of missing about 50% of cases due to its limited anatomical reach. Currently about 50% of the screening colonoscopy need is met by the available gastroenterologist expert capacity. African Americans (AA) have disproportionately higher case incidence, deaths, and aggressive cancers relative to whites, have twice the incidence of CRCA among <50 age group, and have far higher incidence of right (ascending) colon polyps and cancers, the sites missed by sigmoidoscopy. Therefore, screening capacity should be increased to reduce CRCA disparities.

#### **Project Objective:**

To evaluate the quality (cecal intubation rate and time, withdrawal time, polyp and cancer yield rate) and patient safety (complication: perforation, hemorrhage, and non-specific symptoms) of screening colonoscopies performed by PCPs.

#### **Study Design:**

We analyze data on 13,366 screening colonoscopies performed by trained PCPs at an endoscopy center in South Carolina (with the expert available on call in case of difficulties. Univariate statistics on the above quality and patient safety indicators will be compared with gastroenterologists' statistics documented in the literature. Quality and safety impacts of PCP procedure experience will be examined, using hierarchical linear and logistic regression modeling, using experience as a fixed effect and PCP as a random effect. We will control for patient demographics (age, gender and race), and for total procedure time, the number of polyps. A 2% chart review showed high accuracy of the database. Cleaned data are currently under analysis.

The results will provide policy guidance on CRCA prevention and disparity reduction through training PCPs in screening colonoscopies.

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