

Post Colonoscopy Colorectal Cancer (PCCRC) National Audit Project

Early progress report

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on behalf of the National PCCRC Audit project team

PCCRC – WEO recommendations

Statement 4. We recommend that services perform a Root Cause Analysis (see table 3) of every PCCRC case identified, to determine the most plausible explanation for the PCCRC, and where appropriate to identify and implement changes in practice to improve performance, monitoring them for effectiveness.

GRADE of evidence: very low; Strength of recommendation: strong.

Four things

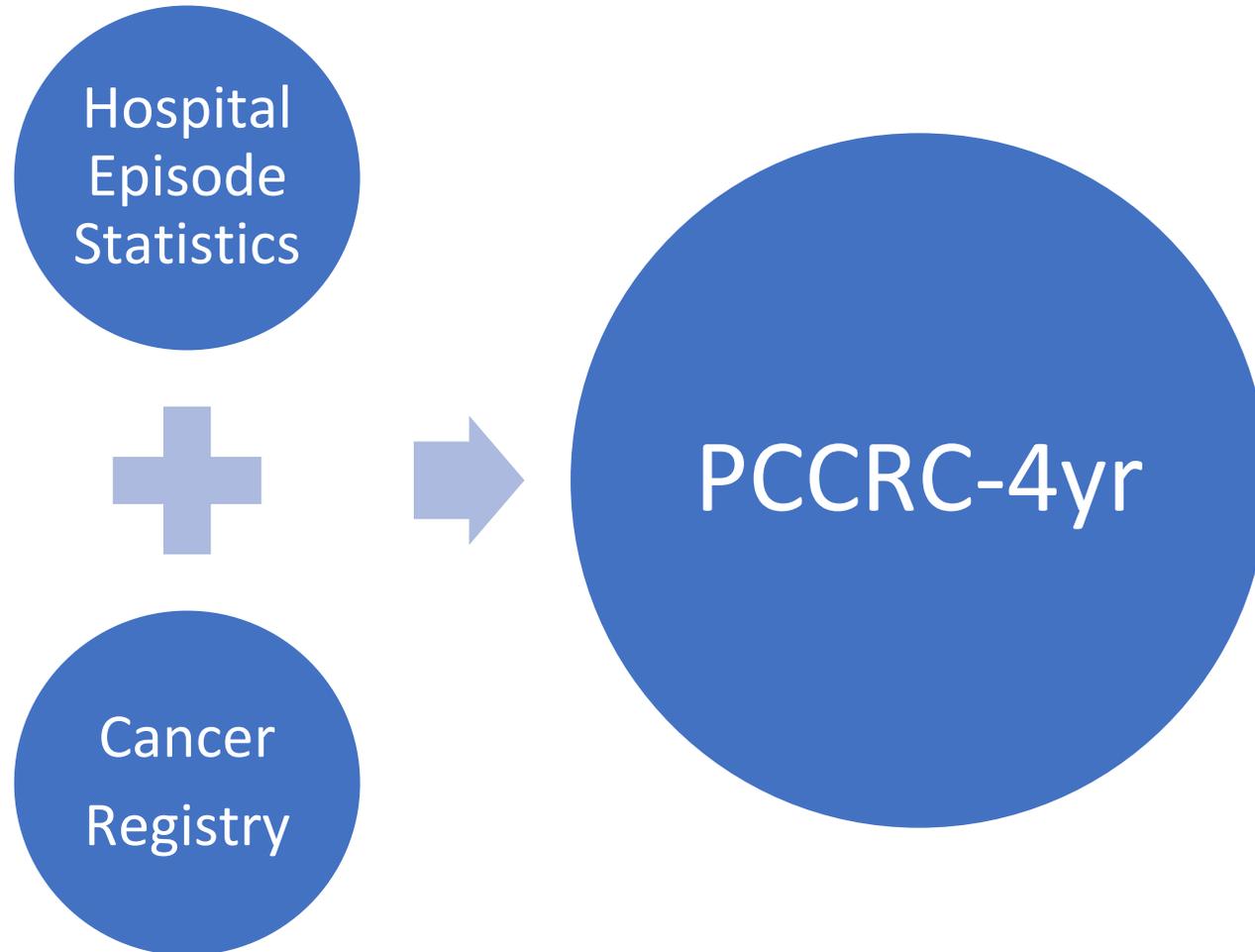
1. Identify cases
2. Explain why they happened
3. Identify what needs to be improved
4. Take action to improve

Early report of National PCCRC Audit tool

- What we have done:
 - Created a process for identifying PCCRCs and
 - A portal with an audit template
 - Tested in 12 sites
- Why?
 - Quality improvement exercise
 - Data outputs

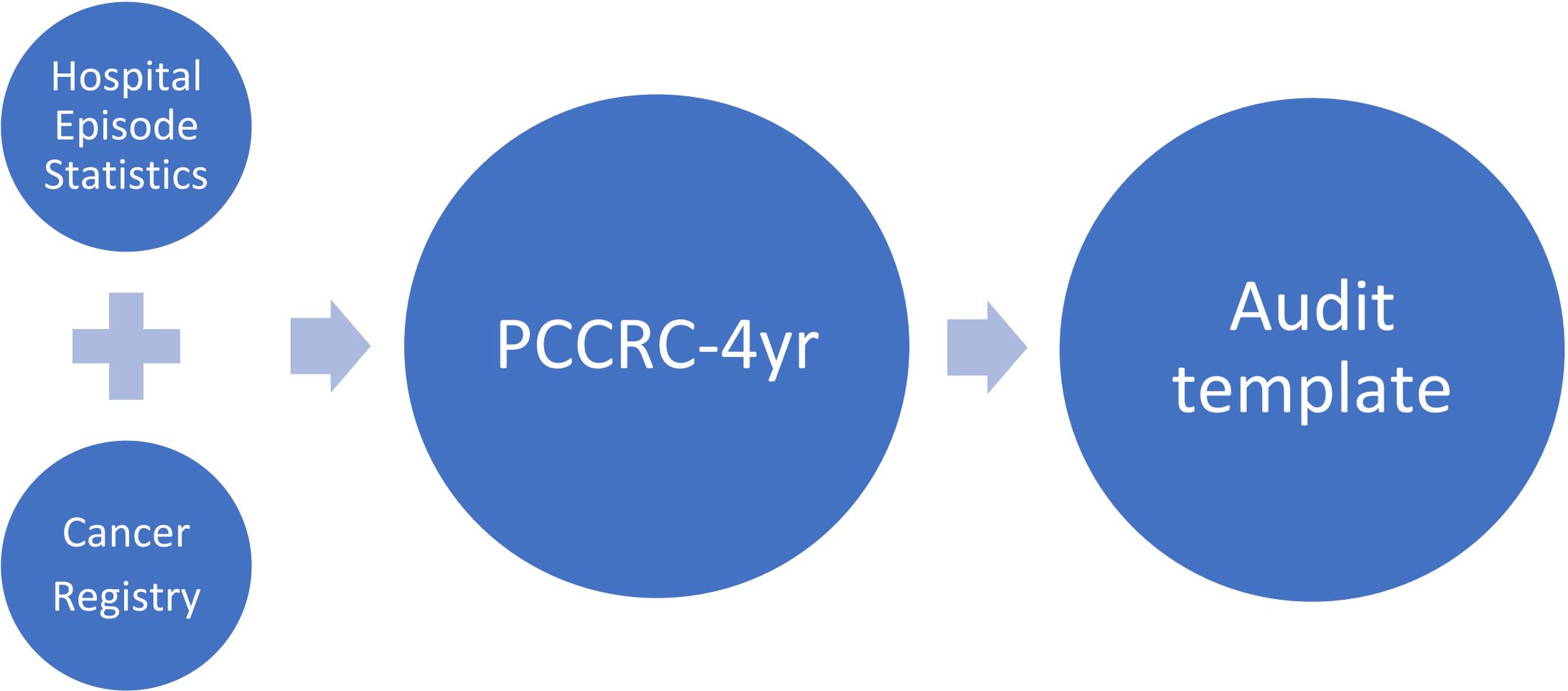


PCCRC-4yr - identifying PCCRCs

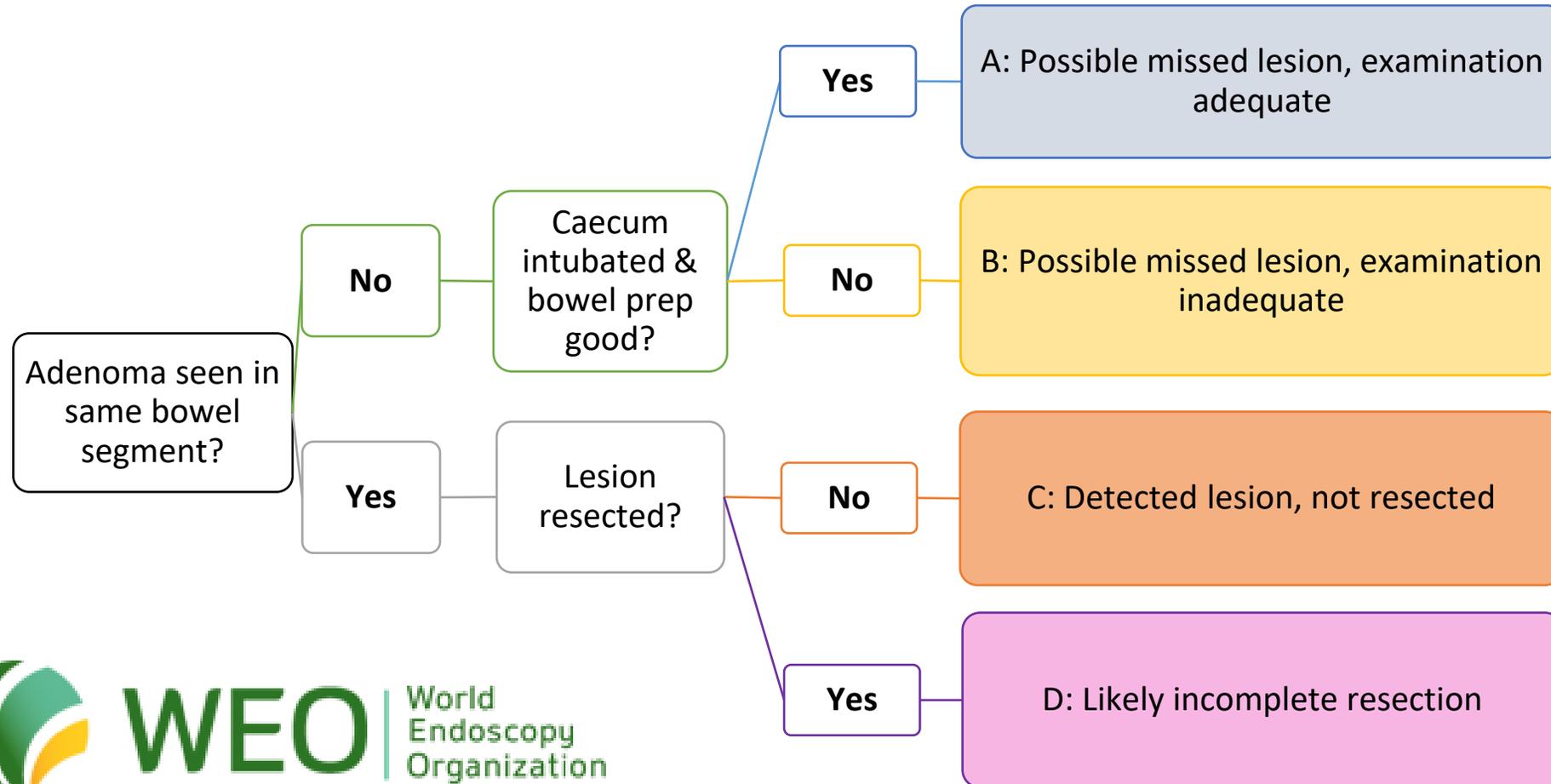


0-20% PCCRCs diagnosed in a different hospital

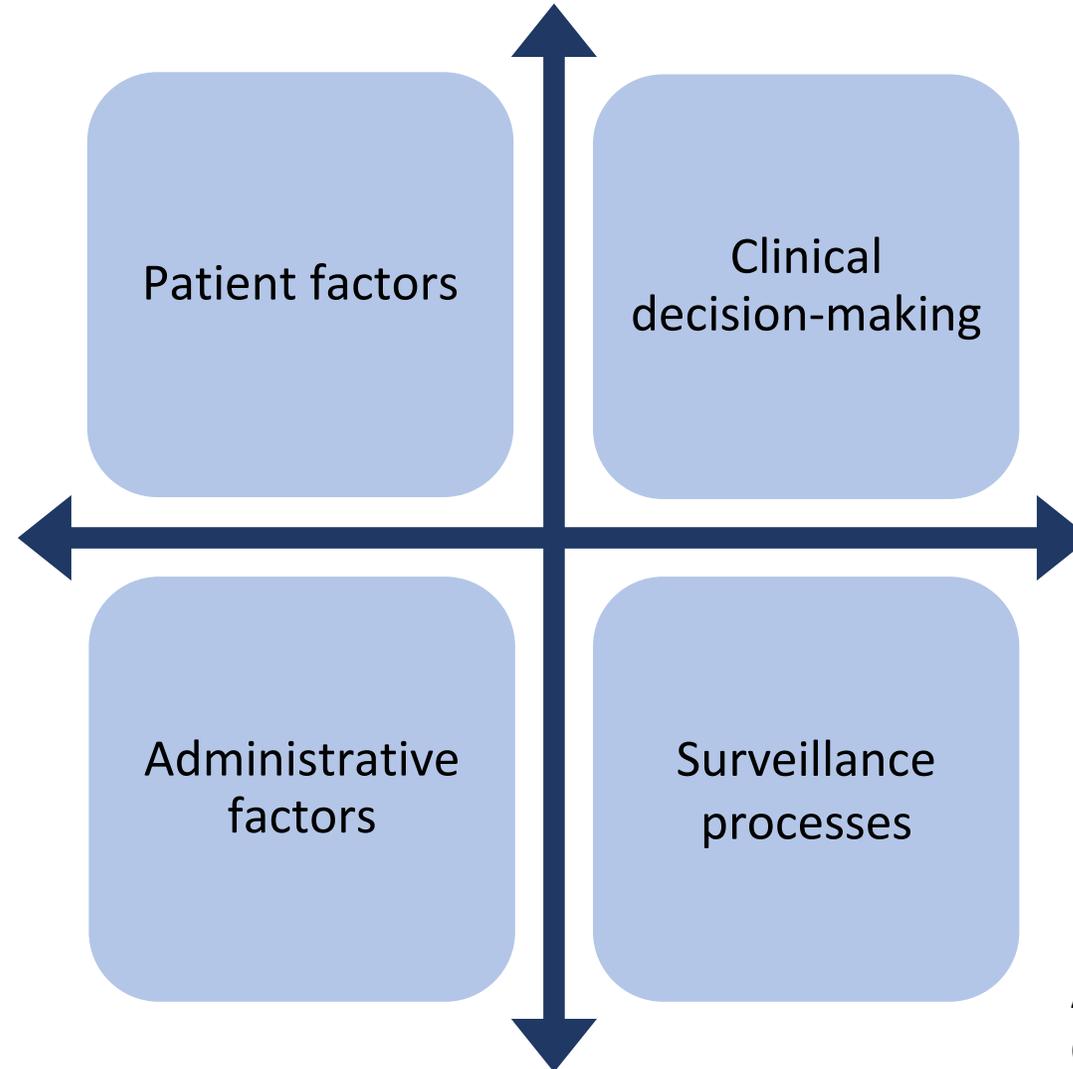
PCCRC-4yr - audit template



WEO categorisation of PCCRCs

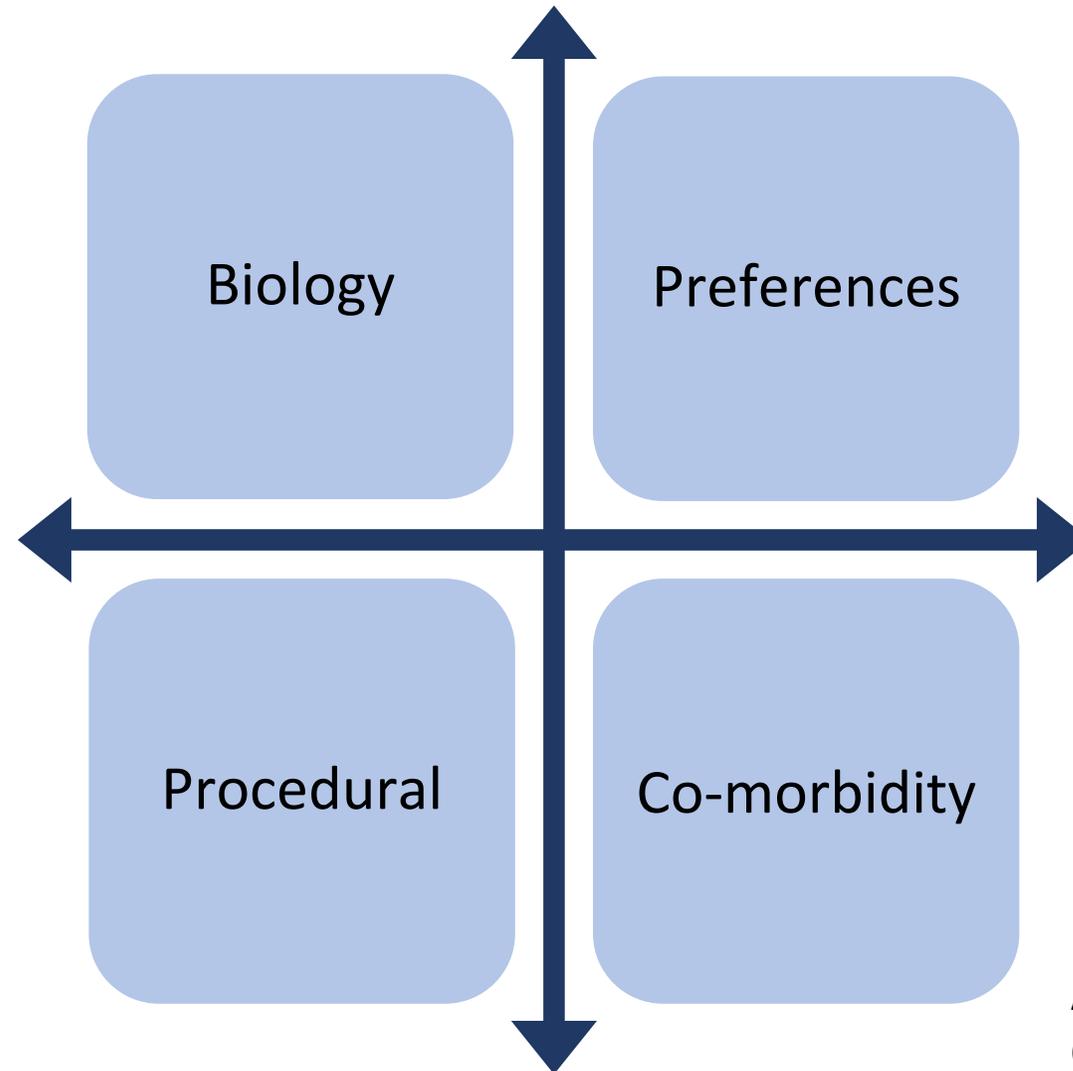


It is not just about finding and removing adenomas



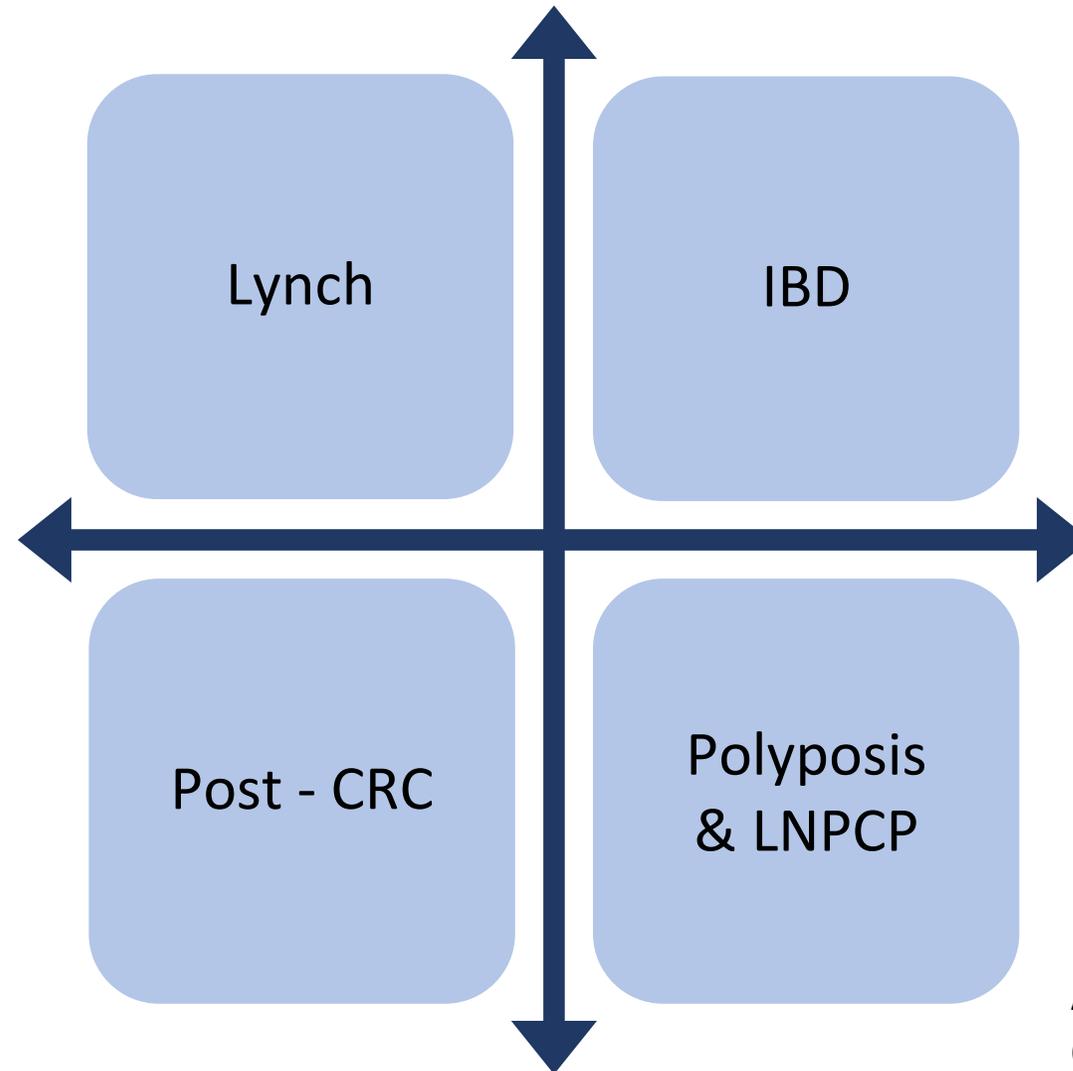
Anderson, Burr, Valori.
Gastroenterology 2020;158:1287-1299

Patient factors



Anderson, Burr, Valori.
Gastroenterology 2020;158:1287-1299

Biological risk



Anderson, Burr, Valori.
Gastroenterology 2020;158:1287-1299

Methods

- Patients
 - Male/female patients in the Cancer Registry aged ≥ 18 years at diagnosis
 - Diagnosed with C180, C182-C189, C19 and C20 between 01/01/2018 and 31/12/2020
 - Where a colonoscopy (OPCS 4.8 code H20-H22) was identified in HES Admitted Care, HES Outpatient, or NHS Bowel Cancer Screening data in the 6-48 months preceding diagnosis
- Pilot sites
 - 12 hospitals selected: mix of large/small; teaching/non teaching; geographically spread

Information governance

Data Protection Impact Assessment produced to identify and minimise data protection risks

Pseudonymisation algorithm applied to all IDs prior to sharing data (outside of PHE) for analysis



Post Colonoscopy Colorectal Cancer Audit

Welcome to the Post Colonoscopy Colorectal Cancer Audit, To be added at some point?

Helpful guides on how to use this site and how to add new users are available:

- [A link to a pdf.](#)



You have completed:
0

To do:
2

While completing the audit you will be able to:

- Review your patient's record and submit data
- Register other colleagues in the trust to support data collection
- Let us know about missing patients or patients incorrectly assigned to your trust

Please note: You can save any changes, sign out, and come back at any time to complete your patient's records.

See My Patients

See All Patients

Add another user at this trust

In partnership with



Name: Forename Editestpatient NHS Number: 999 999 9468 Tumour Type: Unknown

For a description of each field, hover or click on label, (all field descriptions will be on another help page). Scroll to the bottom to read a description of this page.

Patient Details

Enter the details on the Patient

Trust of colonoscopy

Sex

- Male
- Female

Colonic IBD

- No
- Crohn's colitis
- Ulcerative colitis

Diverticular disease

[Link](#)

Submit this case to PCCRC?

Yes, submit as checked

Save changes and return to list

Save now

Cancel changes

Data outputs

Indication for index colonoscopy

Indication	N	%
Symptomatic	70	49%
Surveillance	53	37%
NHS Bowel Cancer Screening Programme	8	6%
Abnormal investigation	7	5%
Planned polypectomy	4	3%

Surveillance category	N	%	%
Surveillance (CRC)	8	6%	15%
Surveillance (polyps)	28	20%	53%
Surveillance (IBD)	13	9%	25%
Surveillance (HNPCC)	4	3%	7%

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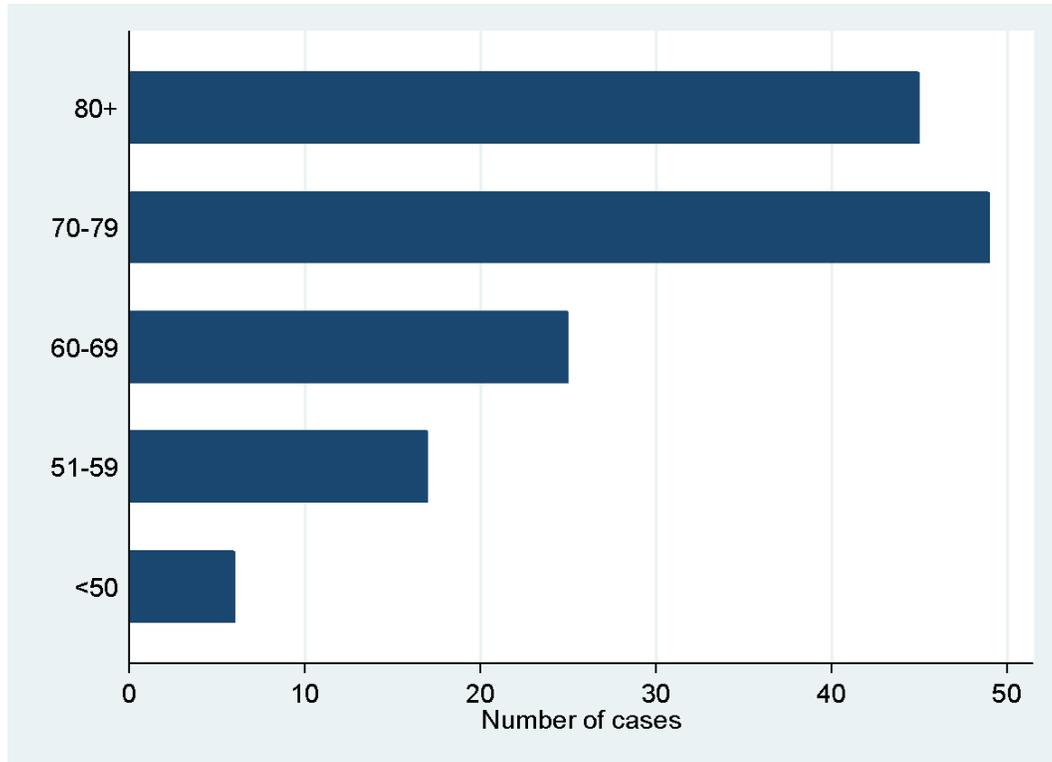
Endoscopist type/level

Endoscopist type	n	%
Gastroenterologist	66	46.5
Colorectal surgeon	26	18.3
Gastro trainee/fellow	13	9.2
Surgical trainee/fellow	1	0.7
Nurse endoscopist	27	19.0
Non-consultant grade	1	0.7
Locum/agency	7	4.9
Unknown	1	0.7

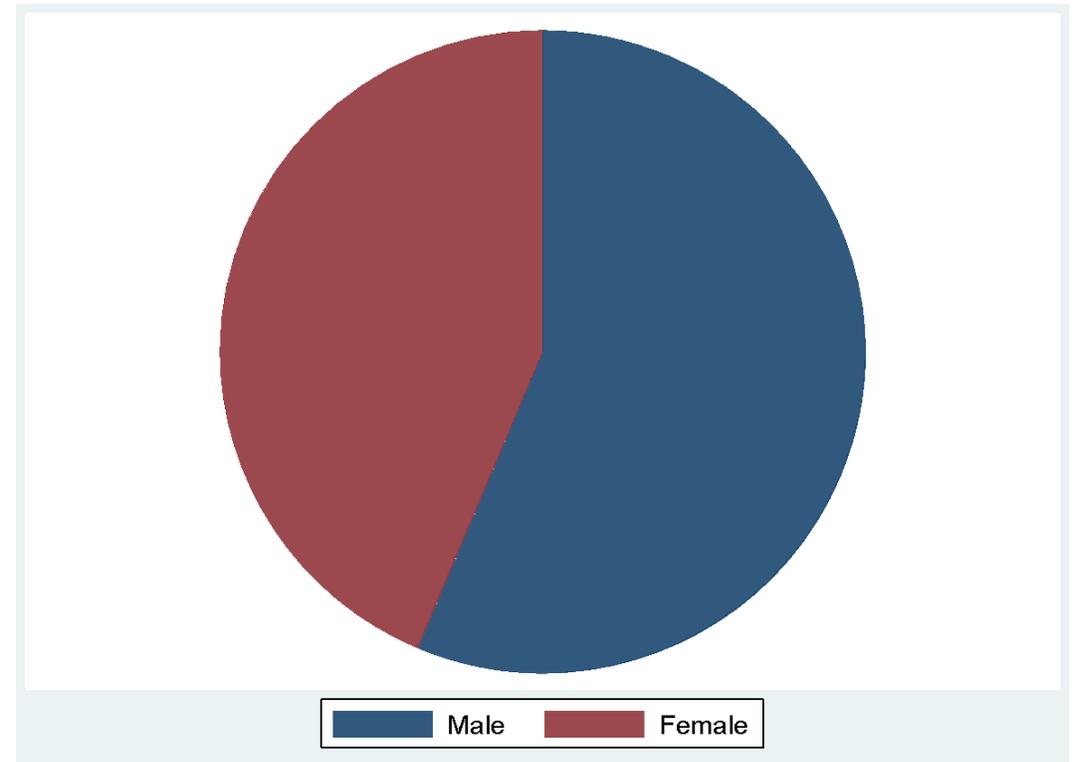
Warning:

1. Do not know the numerators
2. Some professional groups may be scoping higher risk patients

Age

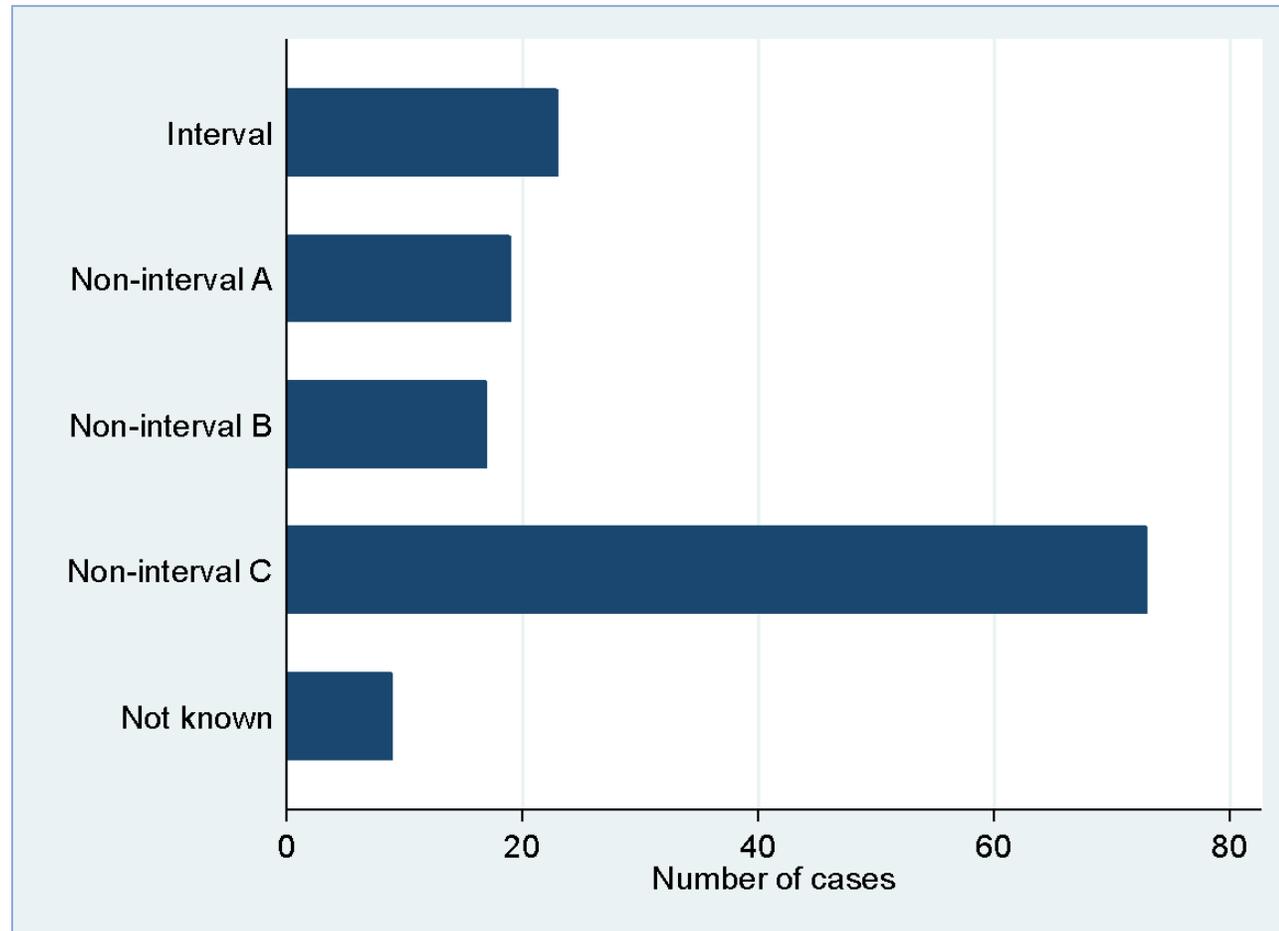


Sex



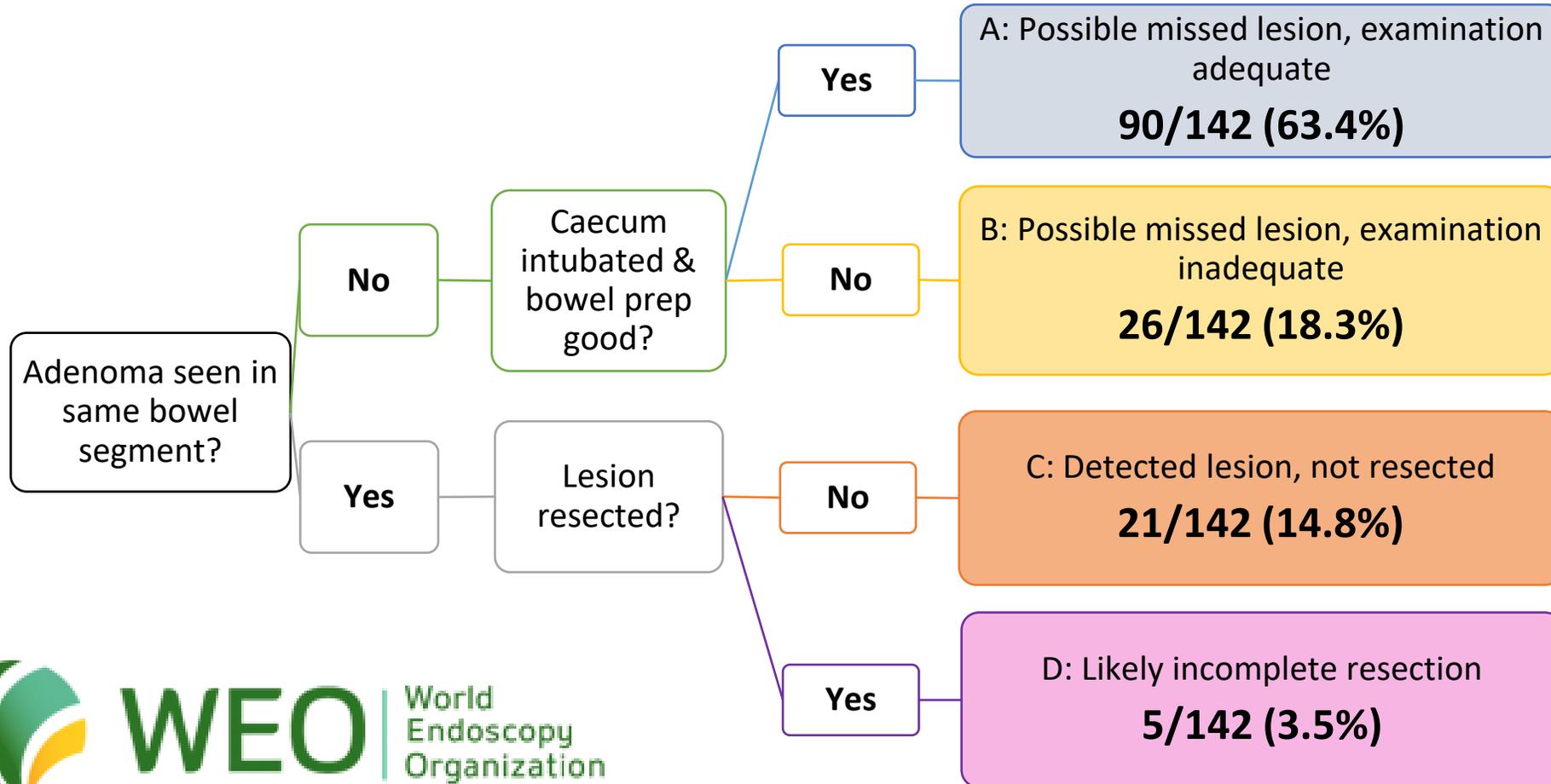
Warning: this is preliminary data

Interval and non-interval types

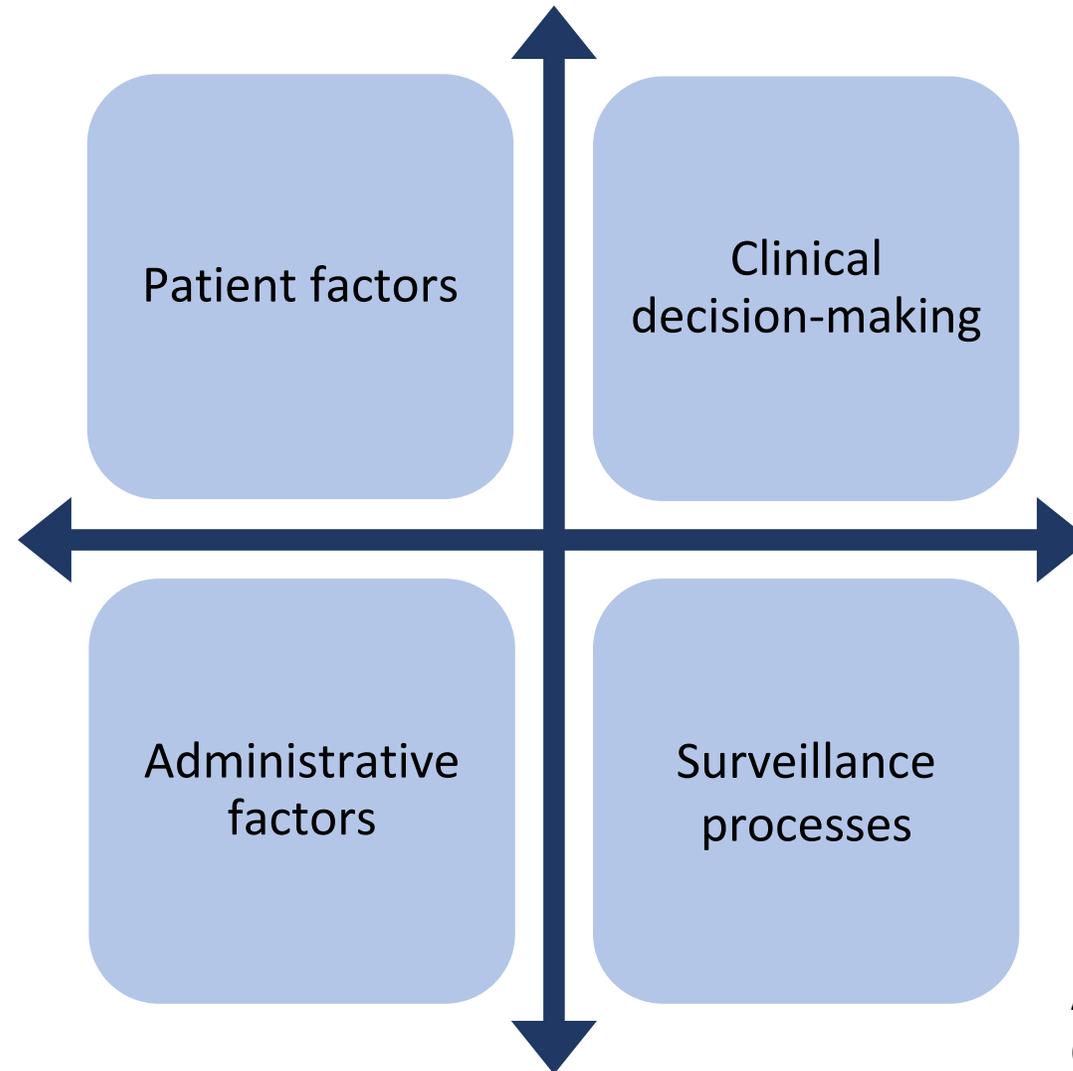


Only 15.5%
are 'interval'
cancers

WEO categorisation of PCCRCs



Beyond WEO categorisation



Anderson, Burr, Valori.
Gastroenterology 2020;158:1287-1299

Patient factors

	n	%
Patient failed to attend despite multiple attempts to arrange further tests	5	3.5
Further tests delayed for socio-economic reasons	1	0.7
Decision not to investigate further because of co-morbidity	7	4.9
Patient declined further tests	6	4.2
None	123	86.7

Give case examples and

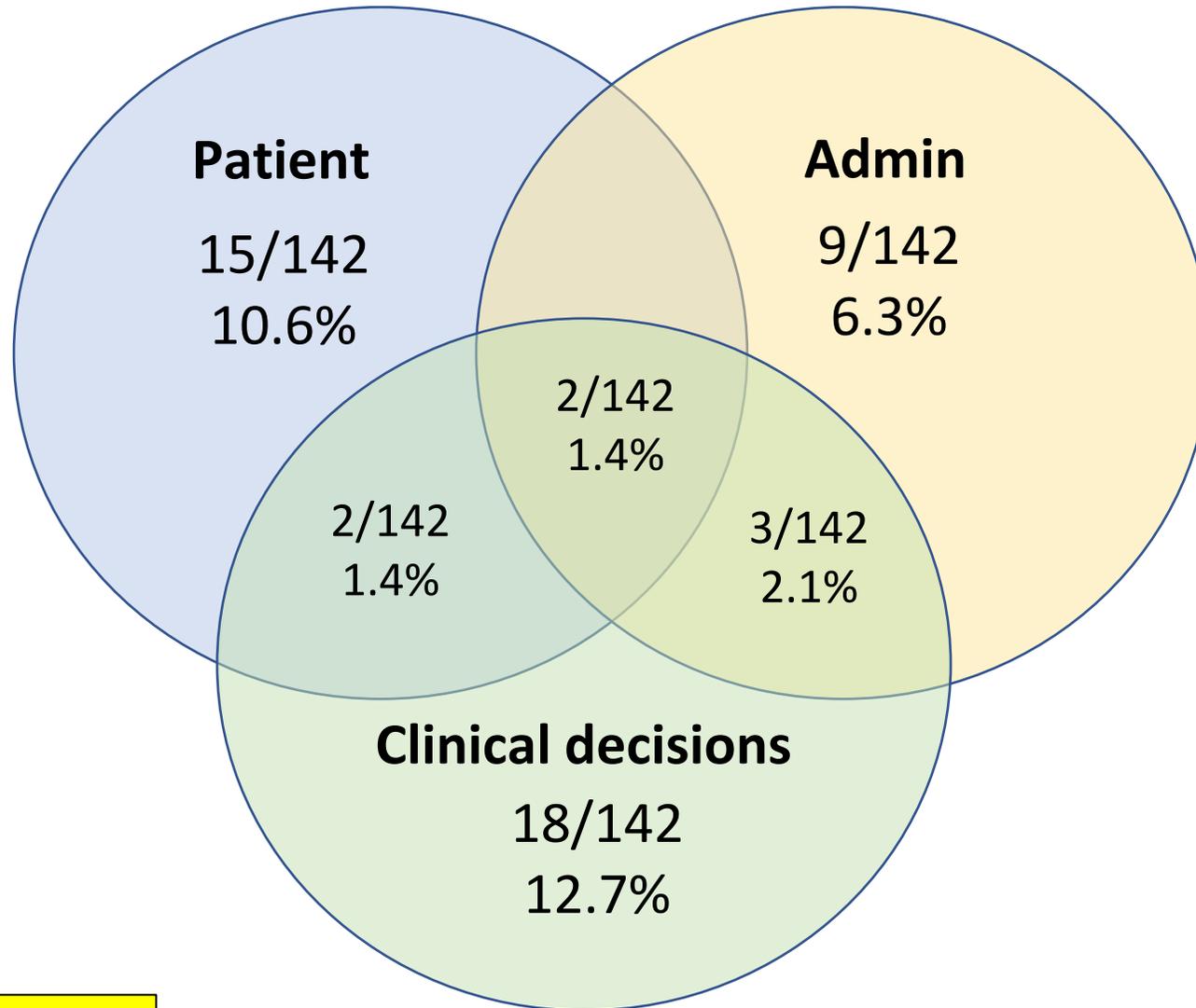
Administration factors

	n	%
Booking delay	10	7.0
No test booked	4	2.8
None	128	90.1

Decision-making factors

	n	%
No clear decision	8	5.6
Decision not acted upon	2	1.4
Inappropriate decision	15	10.6
None	117	82.4

Factors affecting outcome



None
93/142
65.5%

Take home message:
34.5% of PCCRCs are
unrelated to the quality of
the procedure

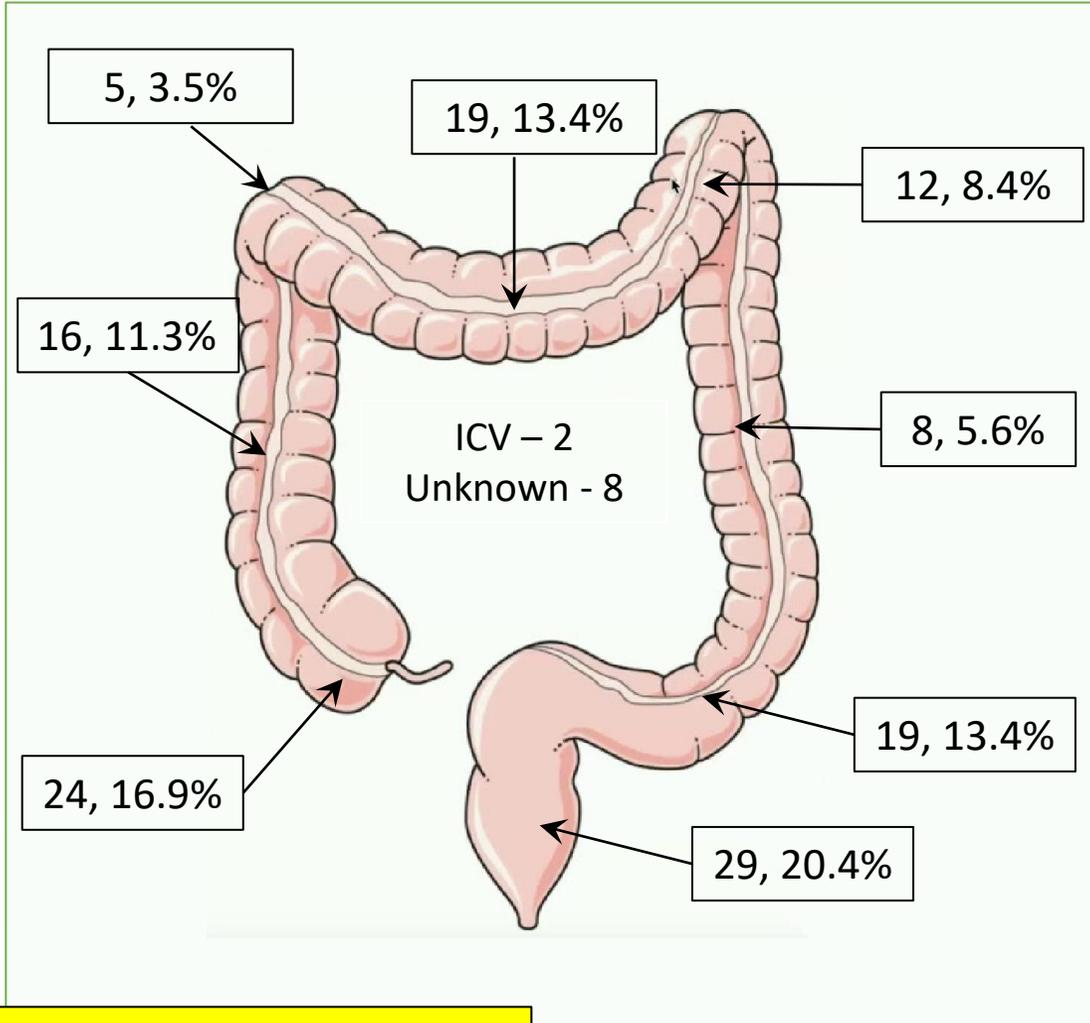
Procedural factors

Procedural factors <u>mentioned in report</u>	n	%
Severe diverticula disease	15	10.6
Rigidity or fixation of colon	7	4.9
Excessive looping	14	9.9
Very obese patient	0	0
Lengthy procedure, for whatever reason	2	1.4
Patient intolerance	6	4.2
Poor bowel prep	8	5.6
Cardio-respiratory complications	0	0
Other	8	5.6
No difficulties reported	96	67.6

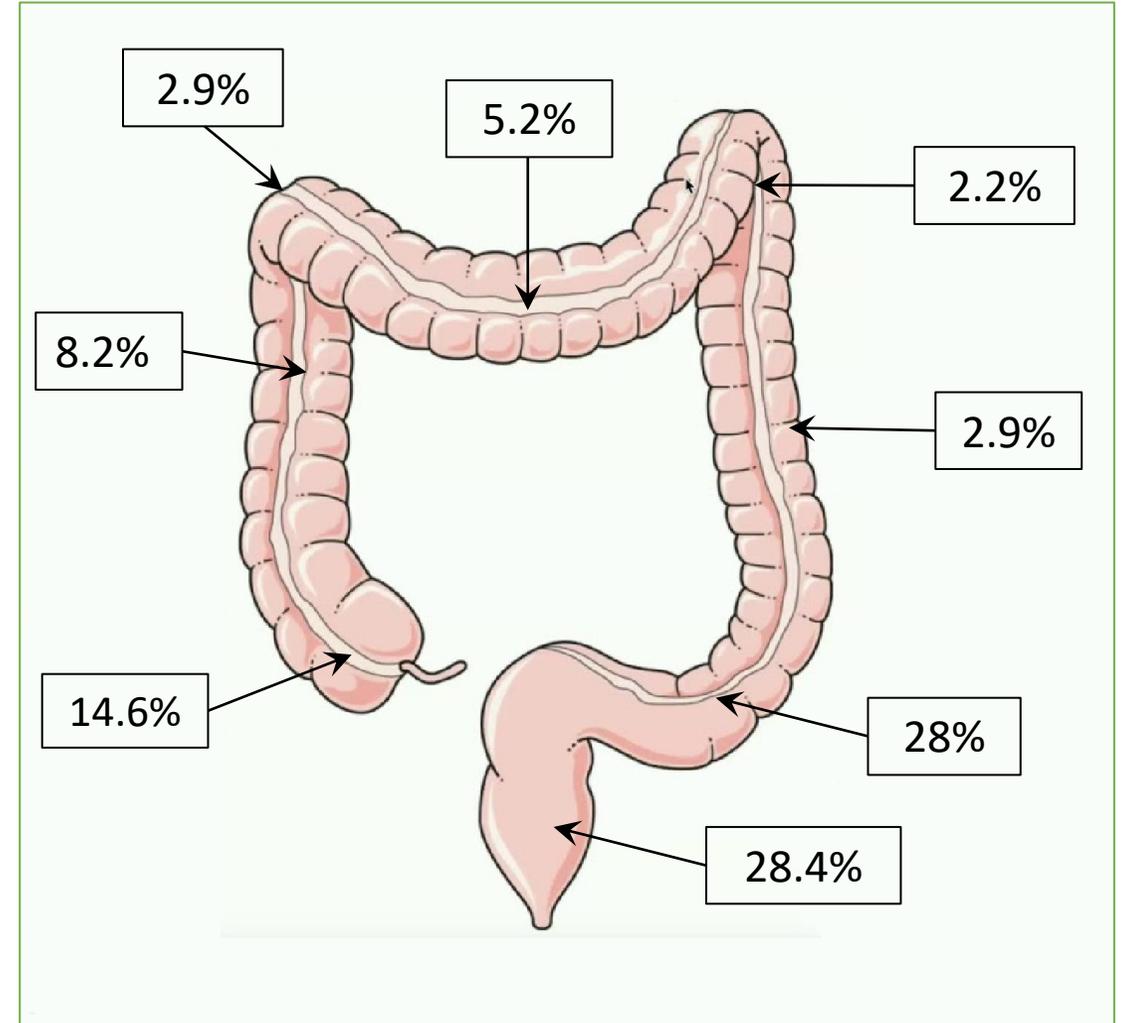
Take home message:
33.4% maybe related to
difficult procedures

Site of diagnosis

Audit



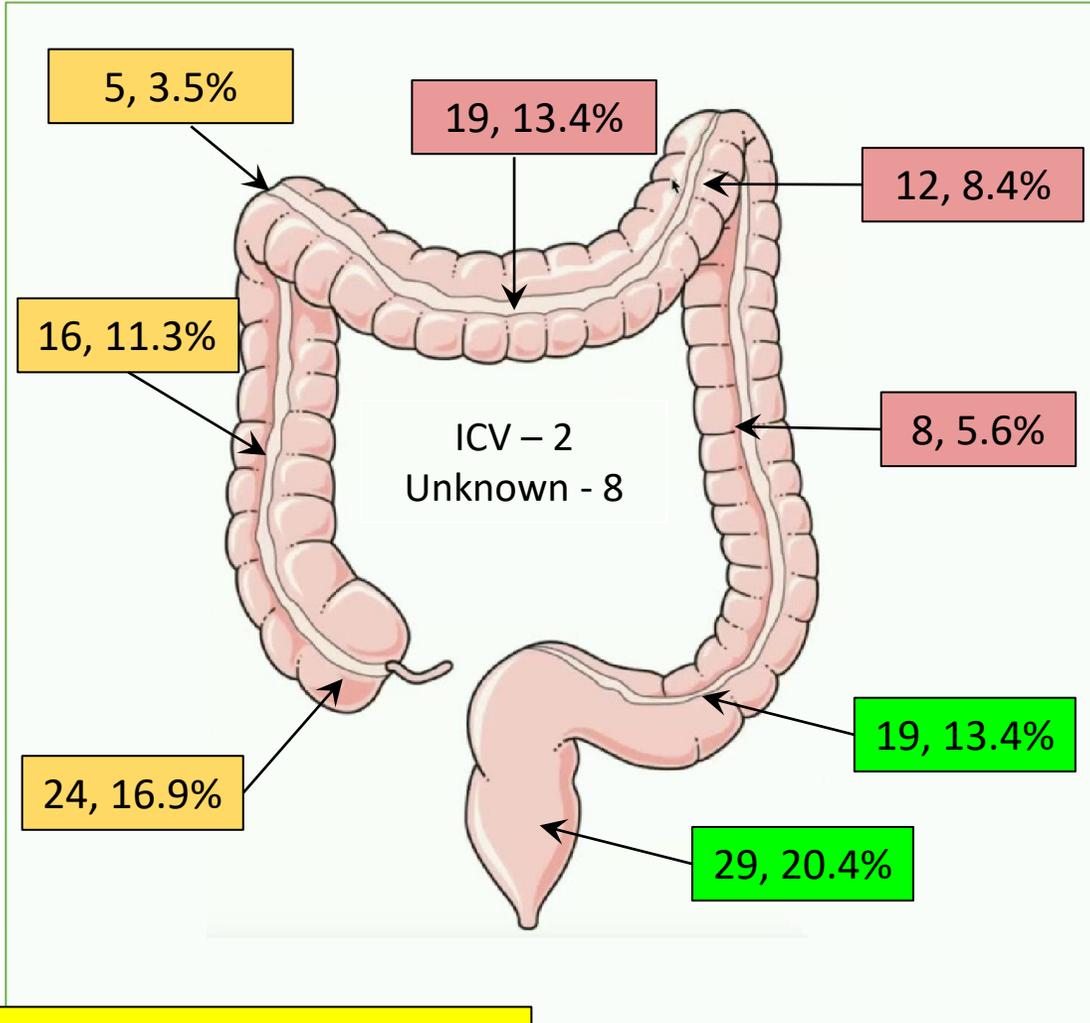
General population



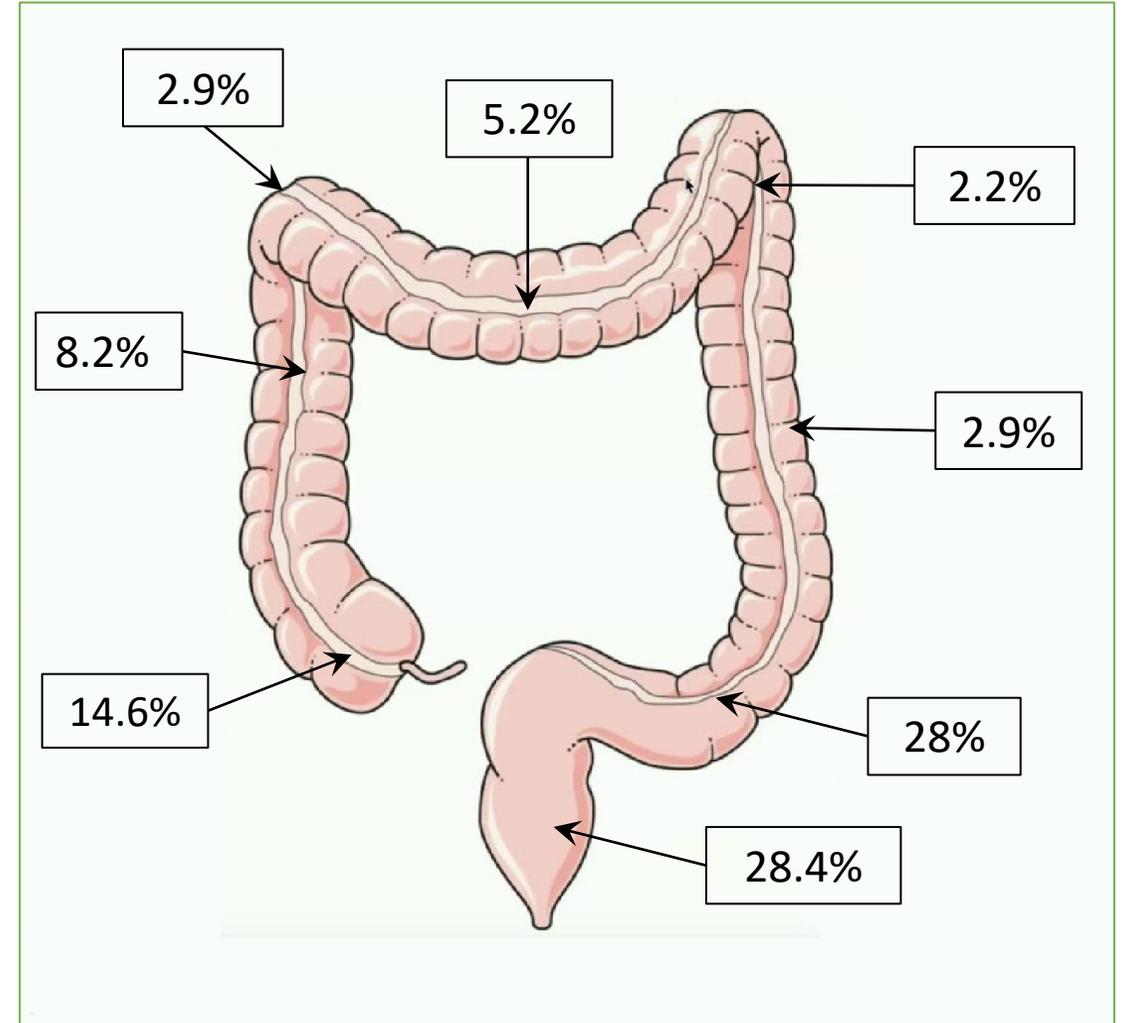
Warning: this is preliminary data

Site of diagnosis

Audit



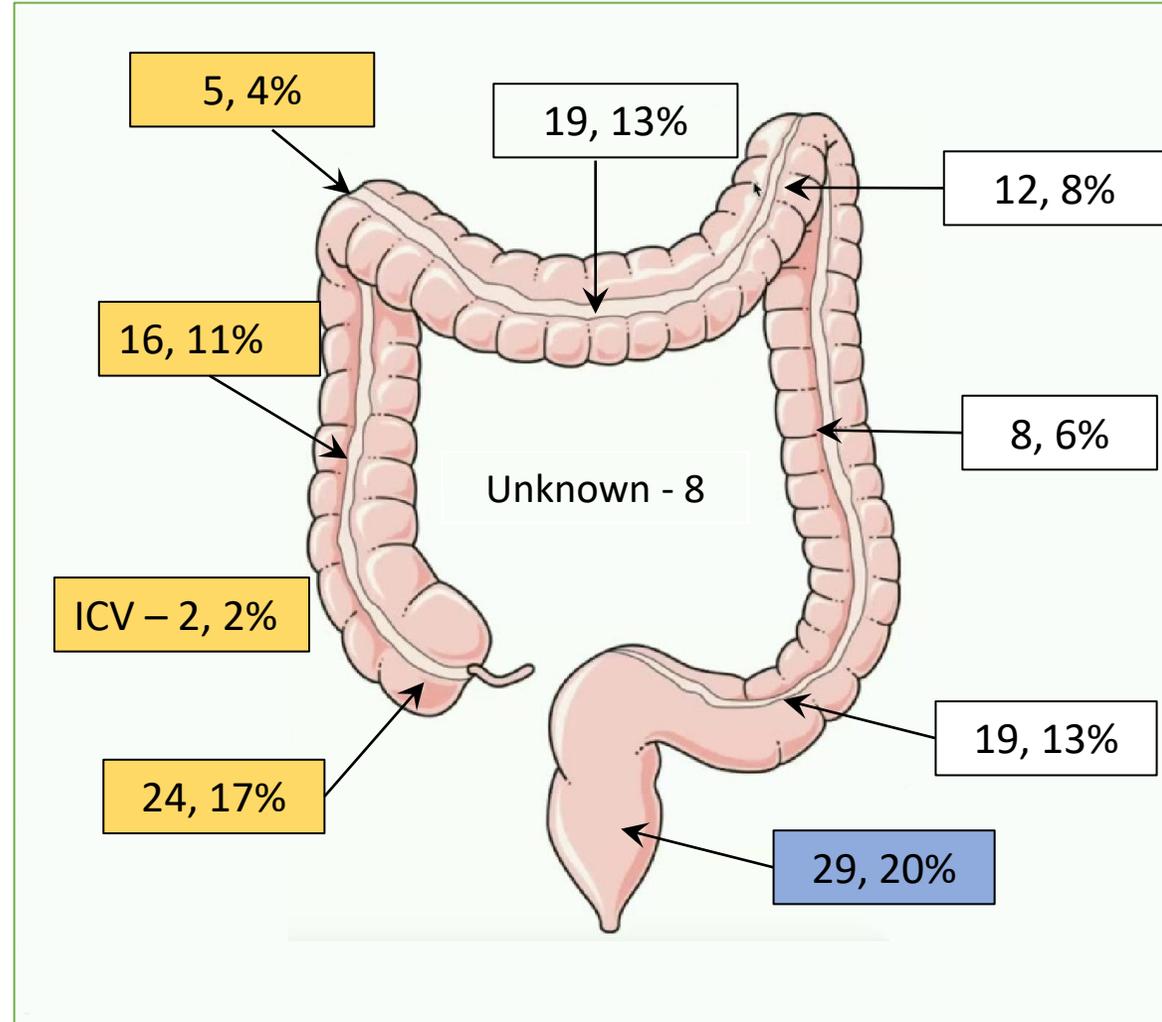
General population



Warning: this is preliminary data

Completion and adequate photodocumentation

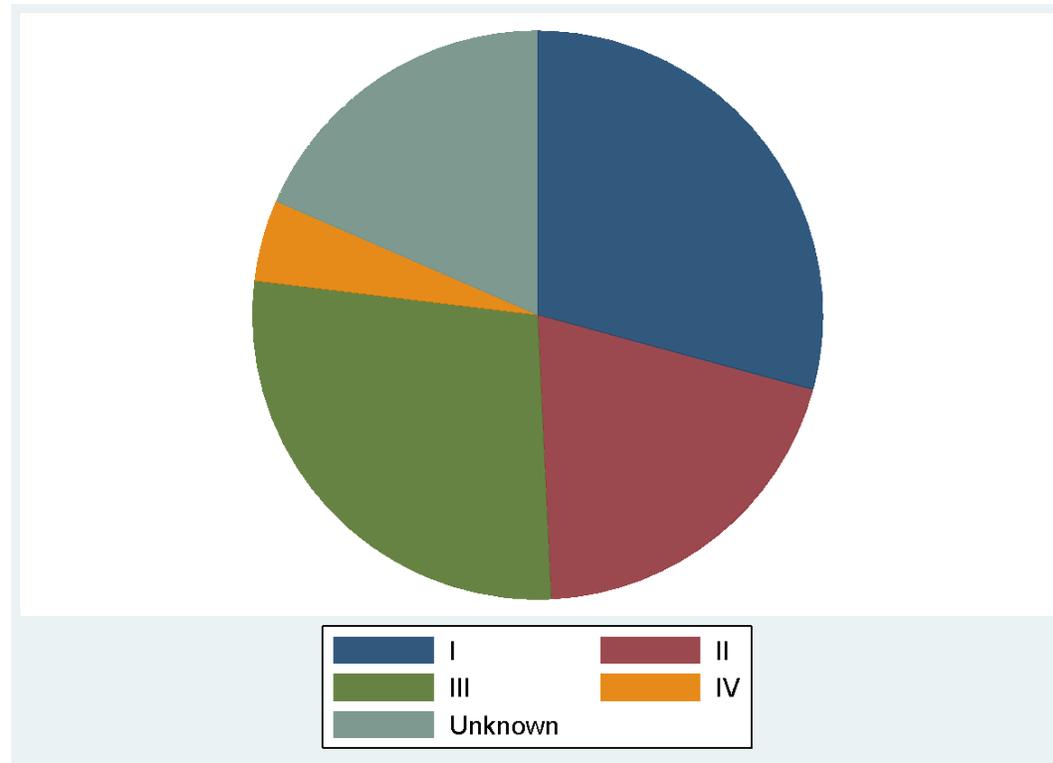
Complete procedure with adequate photo
29 (62%)



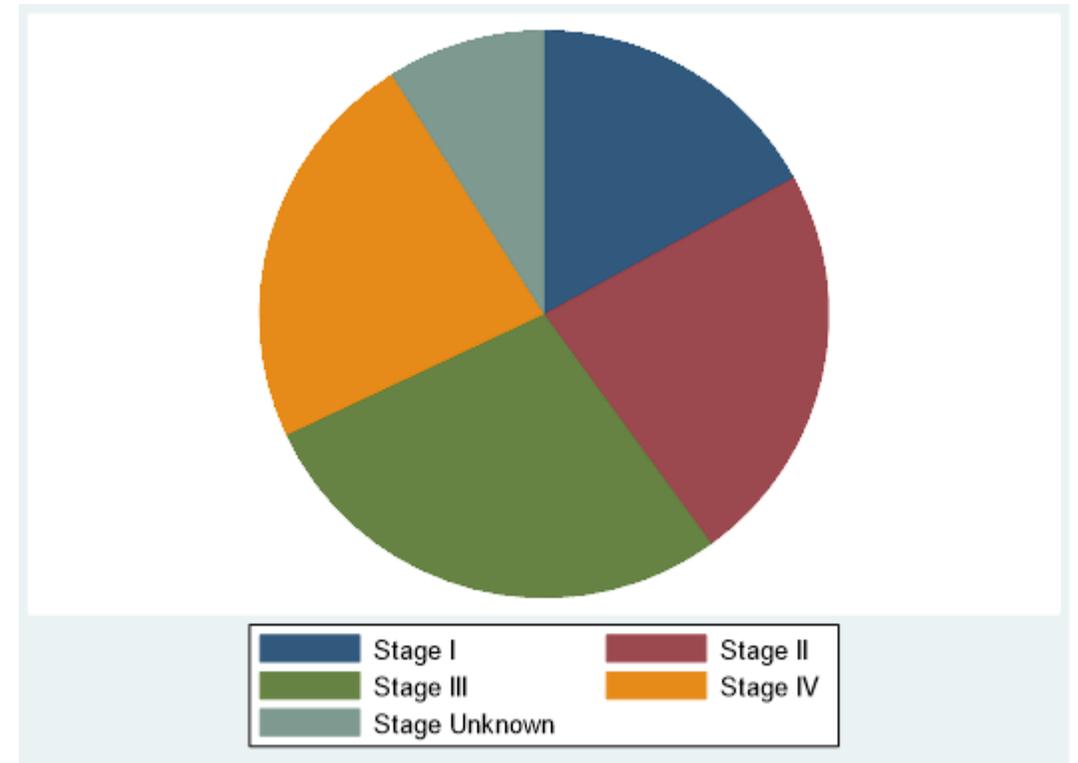
Complete procedure with adequate photo
15 (52%)

Stage of diagnosis

Audit



General population

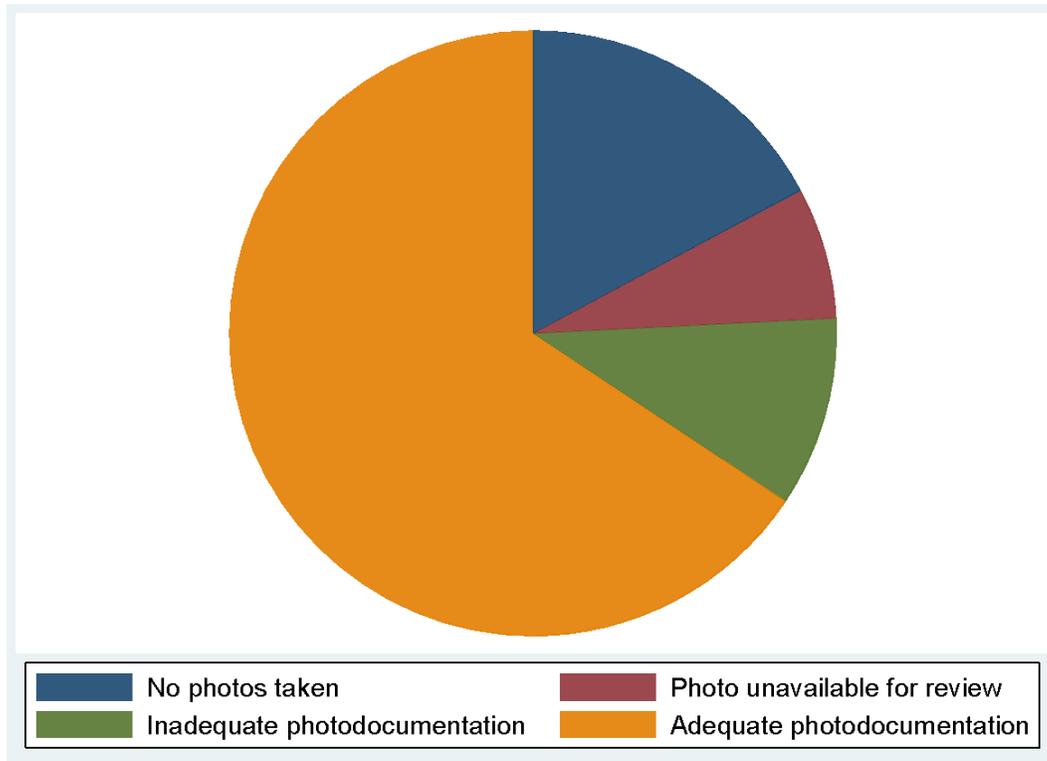


Take home message:
More early stage (I/II) and fewer late stage (IV)

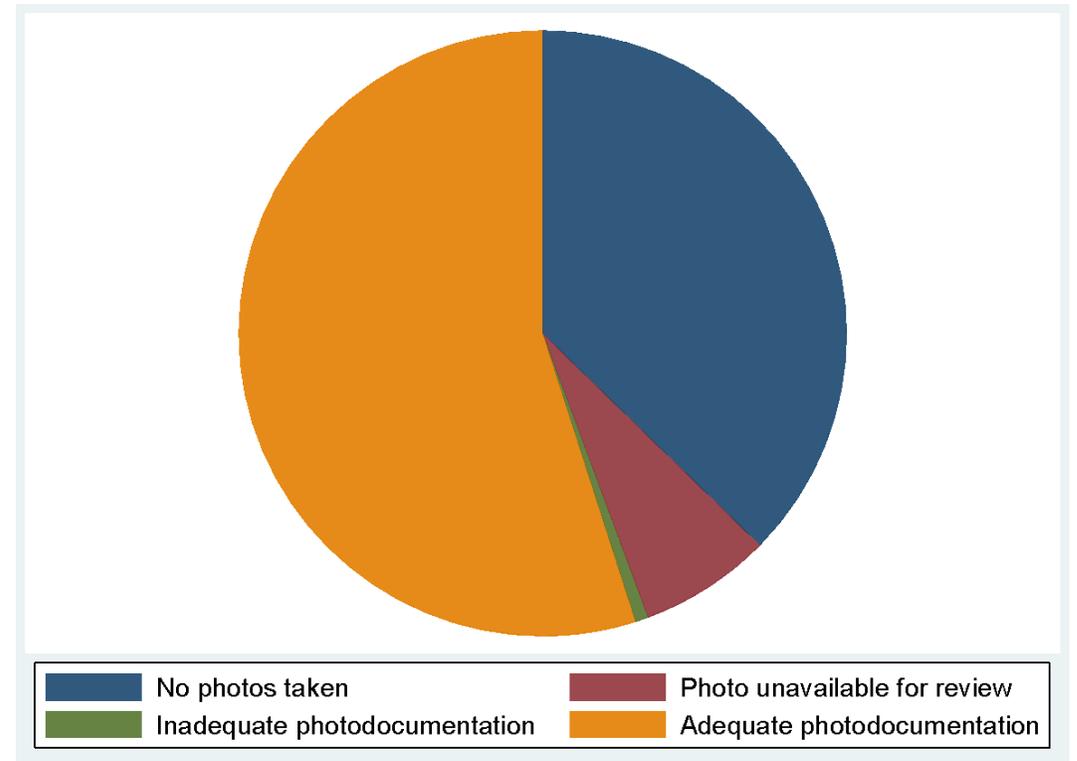
Warning: this is preliminary data

Photodocumentation of caecum and rectum

Caecum



Rectum



Conclusions

- We have a process for
 - Identifying PCCRCs for individual hospitals
 - Auditing PCCRCs against a structured template
 - Identifying areas for quality improvement

Next steps

- Refine audit tool based on trial site feedback
 - Specification complete; programming ongoing
- National roll out to all NHS hospitals
 - August – November 2021
- Data analysis
 - January – March 2022
- Sustainable solution
 - Integrate into JAG accreditation and regulator requirements
- Create similar tools for other cancers
 - Upper GI cancer
 - Pancreatic cancer

Acknowledgements

This work uses data provided by patients and collected by the NHS as part of their care and support

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POPULATION HEALTH

