

Reduced efficacy for CRC screenings done by non-GI docs

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Having interval colorectal cancer colonoscopy screenings performed by nongastroenterologists compared with gastroenterologists results in a noticeable reduction in the long-term colorectal cancer prevention rate, according to research published online June 15 in *Cancer*.

(HealthDay) -- Having interval colorectal cancer (CRC) colonoscopy screenings performed by nongastroenterologists compared with gastroenterologists (GIs) results in a noticeable reduction in the long-term CRC prevention rate, according to research published online June 15 in *Cancer*.

Cesare Hassan, M.D., of the Nuovo Regina Margherita Hospital in Rome, and colleagues created a Markov model to simulate the efficacy and cost of a colonoscopy population of 100,000 people screened, beginning at age 50. Based on the literature, the researchers used a relative risk of 1.4 for the difference between GI endoscopists and non-GI endoscopists.

Using this model the researchers found that the use of non-GI endoscopists to perform interval colonoscopies resulted in an 11 percent relative reduction in the long-term CRC incidence prevention rate. In the United States, this would result in an additional 3,043 cases of CRC and would cost an additional \$200 million annually. Increasing the relative risk to 2.0 and 3.0 led to 19 and 38 percent relative reductions, respectively, in

CRC prevention. In order to shift all colonoscopies to gastroenterologists, it would require each endoscopist to perform an additional 165 screenings per year.

"When [screening colonoscopy](#) is performed by non-GI endoscopists, a substantial reduction in the long-term CRC [prevention](#) rate may be expected," the authors write. "Such difference appeared to be greater when a suboptimal efficacy of [colonoscopy](#) in preventing CRC was assumed. A 10-year saving of \$2 billion may be expected when shifting all screening colonoscopies from non-GI endoscopists to GI endoscopists."

One author disclosed receiving research support from Olympus.

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