

AB152. 90. Growing surveillance colonoscopy list put high-risk patient at more risk

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Background: Colorectal cancer (CRC) is one of leading cause of death in western world. Adenoma-carcinoma sequence is accepted as developmental pathway in CRC. Adenoma changes to invasive cancer in 5 to 20 years. Many guidelines were established for surveillance of high risk patients but still no definite consensus is made. Increase burden in endoscopy units because of new patients and those who were already on surveillance program made it difficult to priorities high-risk patient. The aim of this study is to look at the waiting list for colonoscopy and identify high-risk patients who are waiting more than advised period.

Methods: Data is collected retrospectively from scope booking forms from 2007 to 2016 of St. Luke's hospital, Kilkenny, Ireland. Indications of colonoscopy are from booking forms. Histology is reviewed from laboratory inquiry

software using patient hospital numbers. Patients with all indications were included in this study. Last scope, booking date advised follow up data were collected.

Results: Three hundred and seventy-one patients are waiting for colonoscopy up till December 2016. Indications benign 2.7%, cancer follow up 12.7%, family history only 7.56%, family history with polyp in last scope 7.29%, adenoma follow up 55.67%, wrong indications 13.2%. Eleven point eight nine percent patients are very high-risk patient having high chances of cancer and still waiting for colonoscopy. Twenty-seven point two seven percent are overdue for 1 and 2 years each. Twenty point four percent awaiting colonoscopy for 3 and 4 years and 4.5% are overdue for 6 months. Patients booked from 2011 and 2013 made maximum of waiting list 28.9% and 25.4%.

Conclusions: Eleven point eight nine percent high-risk patients who are at very high risk of developing colorectal cancer are awaiting colonoscopy.

Keywords: Colonoscopy surveillance; colorectal cancer; high risk

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