



Optimal Care Gastroenterology



Assuring that all eligible patients receive colon cancer screening is more important than determining the specific screening tool.

Treatment

- OTC laxatives, particularly MiraLAX, (polyethylene glycol) are generally as safe and effective as brand name drugs
- Cost of brand name drugs for constipation ranges from \$4,700 to \$38,000 yearly
- Consider prophylactic Proton-Pump Inhibitors (PPI) therapy if aspirin is indicated at age 75 or older - NNT over five years to prevent major bleed with PPI if on aspirin = 23¹
- PPI's can often be weaned in chronic GERD if done slowly to prevent rebound hyperacidity

Screening and Testing



- Five year colonoscopy screening interval is indicated if first degree relative under the age of 60 had either colon cancer or an adenoma >10mm in size
- Colon cancer incidence virtually identical to ages 75-79 with or without screening
- Polyp number, size, and histology should determine polyp surveillance interval. Refer to the polyp algorithm for specific surveillance interval by polyp type.
- Colonoscopy not routinely indicated for constipation if CRC screening is up to date per AGA guidelines
- Fecal DNA testing (Cologuard) is approximately the equivalent cost of colonoscopy but may result in a lower need for surveillance colonoscopy for low risk adenomas²

Colonoscopy



- Esophagogastroduodenoscopy (EGD) is indicated for Gastroesophageal Reflux Disease (GERD) if failure of one month of BID PPI therapy
- Red flag symptoms for early EGD are dysphagia, weight loss or iron deficiency
- Barrett's esophagus surveillance should be every 5 years in the absence of dysplasia
- Prevalence of Nonalcoholic Fatty Liver Disease (NAFLD) is 30% of the population and accounts for 75% of chronic liver disease
- Risk of Nonalcoholic Steatohepatitis (NASH) with NAFLD is 5% and risk of cirrhosis with NAFLD is 1-2%
- Aggressive management of obesity and DM2 are the most effective approaches to treating NAFLD³
- Ultrasound for hepatic cancer surveillance in cirrhosis is as effective as CT or MRI⁴

Gastroenterology

Considerations

Shared Decision Making

- ✓ Consider costs related to site of service and choice of sedation when ordering endoscopic procedures

¹Frobell, R Magnusson, C. (2017). Antiplatelet cessation to manage bleeding events in elderly people. *The Lancet*, 390, 2547-2548. doi:10.1016/S0140-6736(17)328897-0

²Robertson, D. J., & Dominitz, J. A. (2014). Stool DNA and colorectal-cancer screening. *The New England Journal of Medicine*, 370, 1350-1351. doi:10.1056/NEJMe1400092

³Mummadi, R. R., Kasturi, K. S., Chennereddygari, S., & Sood, G. K. (2008). Effect of bariatric surgery nonalcoholic fatty liver disease: systematic review and meta-analysis. *Clinical Gastroenterology and Hepatology*, 6(12), 1396-1402. doi:10.1016/j.cgh.2008.08.012

⁴Intagliata, N. M., & Caldwell, S. H. (2015). Diagnostic testing for decompensated cirrhosis- Striking a better balance in a new era. *Clinical Gastroenterology and Hepatology*, 13(1), 170-171. doi:10.1016/j.cgh.2014.07.005