



Optimal Care for gastroenterology

Evidence driven ~ Better outcomes ~ Lower cost

Screening for colorectal cancer

- Assuming that all eligible receive colon cancer screening is more important than determining the specific screening tool.
- 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.¹
- Colon cancer incidence virtually identical over age 75 with or without screening.²
- Surveillance for 1-2 small adenomas can be every ten years.
- 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 adenomas as these are detected less frequently.³

Screening and testing for gastroenterology

- Esophagogastroduodenoscopy (EGD) is indicated for Gastroesophageal Reflux Disease (GERD) if failure of one month of BID PPI therapy or red flag symptoms present.
- Red flag symptoms for early EGD may include dysphagia, weight loss, suspicious findings on imaging study, persistent vomiting, or iron deficiency anemia.
- Barrett's esophagus surveillance should be every five years in the absence of dysplasia.⁴
- 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%.⁵
- Aggressive management of obesity and DM2 are the most effective approaches to treating NAFLD.
- Ultrasound for hepatic cancer surveillance in cirrhosis is as effective as CT or MRI.⁵

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 = 23.⁶
- PPI's can often be weaned in chronic GERD if done slowly to prevent rebound hyperacidity.

Shared decision-making

- Consider costs related to site of service and choice of sedation when ordering endoscopic procedures.
- When patients are provided accurate information on the various CRC screening tests, they choose colonoscopy less frequently.

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1. United States Preventive Services Taskforce. Colorectal cancer: Screening. Final recommendation statement. June 15, 2016. [uspstf/recommendation/colorectal-cancer-screening](https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening). Retrieved August 04, 2020.
 2. *Annals of Internal Medicine*. 2016;166(1):18. doi:10.7326/m16-0758.
 3. *Gastrointestinal Endoscopy*. 2017;85(3). doi: 10.1016/j.gie.2016.11.012
 4. *Gastroenterology*. 2011;140(3):1084-1091. doi:10.1053/j.gastro.2011.01.030.
 5. *New England Journal of Medicine*. 2017;377(21):2063-2072. doi:10.1056/nejmra1503519.
 6. *Lancet*. 2017;390(10112):2547-2548. doi:10.1016/s0140-6736(17)33086-6.

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