Introduction: Antithrombotic agents are one of major risk factors for delayed hemorrhage after colonoscopic EMR. Whereas the patients without antithrombotic therapy can be performed colonoscopic EMR relatively safe, there are several risks to receive colonoscopic EMR. The aim of present study was to evaluate the risk factors of the delayed hemorrhage after colonoscopic EMR in patients without antithrombotic therapy.

Methods: The present study included 95 patients with colonoscopic EMR from January 2013 to December 2016 in Saga Medical Centre Koseikan. The patients who received antithrombotic therapy were excluded from the study. The risk factors were evaluated regarding the patient, characteristics; the lesion characteristics, and prevented hemoclips. Delayed hemorrhage was defined that the emergency endoscopic hemostasis was applied for bleeding more than 24 h after the EMR procedure.

Results: Totally, 2,034 polyps of 995 patients were evaluated in the present study. The average age was 68.0 years old and the average polyp size was 7.6 mm. Delayed hemorrhage occurred in 14 patients (1.4%). Multivariate analysis indicated that delayed hemorrhage occurred more frequently in the young patients (age <70 years old), and in the large polyp (size >10mm, P<0.01). Prevented hemoclips were applied for the 284 patients (28.5%), and the clips were not statistically effective for delayed bleeding.

Conclusion: The present pilot retrospective chart review suggested that the relatively young age (age <70 years old) and the relatively large polyps (size >10 mm) might be risks for the patients without antithrombotic therapy, which warrant a further clinical trial with multicenter study in Japan.

Colonscopy Quality Measurement and Reporting: A Nationwide Survey Shows It Is Easier Said Than Done

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Introduction: Measurement and reporting of colonoscopy quality metrics, such as bowel preparation quality, total adenoma detection rate, and adenoma detection rate, are recommended as an integral part colonoscopy quality assurance programs. The current practice of quality measurement and reporting is unknown, and moreover, the necessary resources and tools are not defined. Our objective was to assess current VA colonoscopy quality assurance programs and identify areas for improvement.

Methods: Survey of VA sites was conducted to assess current colonoscopy quality assurance practices. The survey was developed and tested with clinical domain experts, a survey methodologist, and the National GI Field advisory committee. The final survey was sent via email to VA site points of contact using the REDCap platform on 1/9/2017. This was followed by biweekly reminders, until the final closeout of the survey on 3/28/2017. Descriptive statistics of responses were calculated.

Results: Of the 139 points of contact invited, 95 completed the survey (response rate of 68.3%), representing 93 VA Facilities (out of 142 possible facilities) in 44 different states. A majority (86.7%) of respondents indicated interest in a centralized automatic reporting system to measure and report colonoscopy quality (15.3% for provider level reporting, 21.1% for aggregate level reporting, and 56% for both levels). The majority of sites are currently using manual chart review (35.8%), endoscopic software only (11.6%), or both (31.3%) to collect and report quality metrics. The most common modalities used for quality assurance programs and identify areas for improvement.

Conclusion: VA colonscopy quality assurance programs are highly variable and many sites are not collecting metrics directly associated with patient outcomes (e.g. 38% of VA sites are not tracking adenoma detection rates). There is a critical need for an operational automated quality reporting infrastructure in order to standardize colonoscopy quality measurement and reporting, and ultimately improve the participation of and impact of quality assurance programs.