

Done Right, Colonoscopy Takes Time, Study Finds

By LINDA VILLAROSA

Having a colonoscopy is bad enough, but should you also have to worry that your doctor's skills are not up to snuff?

That was Shavonne Reel's fear three years ago on the way to her first colonoscopy. Before the procedure, she noticed that her gastroenterologist seemed rushed and stingy with the details of the test, which can detect abnormal growths in the colon that can lead to cancer. Afterward, though he said he found nothing to worry about, he also said he could not reach a small part of her colon.

The doctor put her on medication to ease her symptoms. This spring, when the rectal bleeding returned, Ms. Reel found another physician. During her second colonoscopy, her new doctor uncovered and removed a large growth.

"The second doctor found this huge polyp in the area the first one said he couldn't reach," said Ms. Reel, 26, an account associate at a Manhattan public relations firm. "Something this large might have turned cancerous. I definitely think the doctor missed it the first time."

Ms. Reel may be right, and her experience may be more common than was once thought. A study looking at 12 experienced gastroenterologists published last week in *The New England Journal of Medicine* found that the ability to detect abnormal growths in the colon could vary widely from doctor to doctor. But the central factor distinguishing the most accurate and the least was thoroughness.

Simply put, the doctors who spent more time examining the colon during the critical withdrawal phase of the colonoscopy were better at detection than those who worked more quickly.

"Doctors who took longer found more polyps, but it's important to recognize

that time is not the key," said Dr. David A. Johnson, a professor of medicine and the chief of gastroenterology at Eastern Virginia Medical School in Norfolk and president of the American College of Gastroenterology, who was not involved in the journal study. "What a longer exam really translates into is a careful, thorough, quality examination."

Colonoscopy becomes a necessary evil for most people starting at age 50. The American Cancer Society and other organizations recommend the procedure every 10 years for anyone 50 or older and advise having it more often and at younger ages for those at higher risk for colon cancer. Cancer of the colon is the second-leading cause of cancer death in the United States after lung cancer, killing 55,000 Americans each year. It usually starts with an abnormal growth, or polyp. Although the majority of polyps are harmless, over time they can become cancerous.

A colonoscopy allows a doctor to view the interior lining of the colon in search of anything out of the ordinary. During the procedure, the physician threads a thin, flexible viewing instrument through the length of the colon. As this scope is withdrawn, the physician looks for polyps and can also remove them.

The whole procedure generally takes about 30 minutes. The doctor spends about eight minutes inserting the scope and then uses the rest of the time on the critical withdrawal phase, said Dr. Robert L. Barclay, a member of the gastroenterology team that participated in the journal study. In that study, physicians who spent six minutes or more on withdrawal had the best results.

"Doing a thorough exam means looking behind folds in the lining, going back and looking at a segment again, washing away a little bit of stool residue and, of course, removing polyps," said Dr. Barclay, who practices with Rockford Gastroenterology Associates in Rockford, Ill. "All of these things take time. A physician who doesn't do any of this is able to remove the scope more quickly."

Because colonoscopy typically involves sedation, there is usually no way for a patient to tell how thorough or careful a doctor is being or how long the examination is taking. But there are ways to judge beforehand whether, in general, a doctor tends to rush procedures.

"It's fair to ask how many procedures a doctor does in a day," said Dr.

Deborah A. Nagle, chief of the section of colon and rectal surgery at Beth Israel Deaconess Medical Center in Boston. "If a colonoscopy is supposed to take half an hour, you don't want someone who is doing 40 in a morning. A doctor who is doing about a dozen between 8 a.m. and noon makes sense."

Other questions can also help determine a doctor's overall skill at performing colonoscopy. The first concerns training. Gastroenterologists perform the majority of the four million colonoscopies conducted each year in this country, followed by colorectal surgeons. Both kinds of specialists must learn how to perform colonoscopies as part of their training.

"Colonoscopy is learned through repetitive practice, so it's important to make sure a doctor has been trained in a setting that allows the opportunity to do many," Dr. Nagle said. "Asking a doctor how many he has performed is a reasonable question. A couple of hundred is a sufficient number, but it's common for an experienced doctor to have done thousands."

How often a physician finds polyps -- the doctor's detection rate -- may also be an indication of skill and competence. A task force for the American College of Gastroenterology and the American Society for Gastrointestinal Endoscopy recommended that on average, doctors should find precancerous polyps in at least 25 percent of men and 15 percent of women 50 or older.

"Polyps are very common, but the number that is actually detected varies from doctor to doctor," Dr. Barclay said. "If a doctor tells you his detection rate is 25 percent or more, then that's a reasonable indication that he's looking carefully. If it's less than that, it raises the question of whether something is very different about that doctor's population or if he or she is not looking carefully enough."

Besides being able to find growths, doctors must also be able to remove them. Though some polyps, particularly large ones, may require a surgeon with special skills or training, in most cases the doctor performing the colonoscopy should know how to take them out.

"Doctors who are properly trained to do a colonoscopy should also be trained to do a polypectomy and do it safely and well," said Dr. David Lieberman, chief of the division of gastroenterology and professor of medicine at Oregon Health and Science University in Portland. "In this day and age, I hope we

don't have people who are just looking and then sending patients to someone else to take out the polyps."

Finally, some responsibility falls on the patient. At least a day or two before a colonoscopy, patients are instructed to do a thorough "clean-out" of the colon to clear it of debris that may obscure the view. Many patients believe this "prep," which triggers loose, frequent stools, diarrhea and hunger, is the worst part of the test. But doing it correctly can make a difference.

"I've done colonoscopies for 26 years, and I've also had one, so I know that prep isn't pleasant," Dr. Johnson said. "But a good clean-out makes it easier for a doctor to see what's inside. I tell my patients that enduring the colon prep is a good investment. If they do it well, at best, we won't have to see each other for another 10 years."

The bottom line, Dr. Nagle said, is that colonoscopy is highly effective and a true preventive test in cancer treatment.

"You can avoid this cancer if you find a polyp and remove it before it becomes a cancer or find a very early cancer and remove it," she said. "Though it's important to know that there are variations in technique and ability, over all I would hate for patients to avoid colonoscopy because they fear their doctors won't take enough time and it won't be worth the effort."

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