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Current capacity for endoscopic colorectal cancer screening in the United States: data from the National Cancer Institute Survey of Colorectal Cancer Screening Practices.

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**PURPOSE:** There is a national goal in the United States to increase the level of colorectal cancer screening, but there is currently little information on resources for the delivery of endoscopic screening and follow-up diagnostic and surveillance procedures. The purpose of this study was to provide nationally representative data on endoscopic resources at the provider level. **METHODS:** A nationally representative survey of primary care physicians, general surgeons, and gastroenterologists that was conducted during 1999 to 2000 provided data from survey responses by 1235 primary care physicians, 349 gastroenterologists, and 316 general surgeons. **RESULTS:** We estimated that 65% of all sigmoidoscopy procedures were performed by primary care physicians, 25% by gastroenterologists, and 10% by general surgeons. Only 30% of all primary care physicians performed any procedures, and average volume among those who did was relatively low (seven per month). Gastroenterologists performed two thirds of all colonoscopy procedures, with most of the remainder performed by general surgeons. **CONCLUSION:** There is potential to increase the capacity to perform screening sigmoidoscopy procedures through primary care delivery. However, without careful consideration of organizational factors, this could result in increased cost and quality control problems. Increasing the capacity for screening colonoscopy is feasible, but will require attention to other problems, such as avoiding overfrequent (e.g., annual or biennial) procedures in low-risk patients.

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