

Follow-up colonoscopy rate low within six months of abnormal stool test

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Fewer than half of adults have a follow-up colonoscopy within six months following an abnormal stool-based screening test (SBT) for colorectal cancer (CRC), according to a study published online March 25 in *JAMA Network Open*.

Elizabeth L. Ciemins, Ph.D., M.P.H., from the American Medical Group Association in Alexandria, Virginia, and colleagues conducted a retrospective quality improvement study to develop and test a quality performance measure for follow-up colonoscopy within six months of an abnormal result of an SBT for CRC. To determine follow-up colonoscopy rates within six months in a database study, adults from 38 health care organizations (HCOs) aged 50 to 75 years who completed an initial CRC SBT with an abnormal result were observed.

The researchers found that 47.9 percent of the 20,581 adults in 38 health systems had a follow-up colonoscopy following an abnormal SBT result for CRC within six months. Significant variation was seen between HCOs. Follow-up colonoscopy was received by significantly fewer Black patients (37.1 percent) and patients with Medicare or Medicaid insurance (49.2 and 39.2 percent, respectively). A quality performance measure that tracks rates of follow-up within six months of an abnormal SBT result was feasible, valid, and reliable; the median reliability statistic was 94.5 percent between HCOs.

"Use of SBTs may increase overall screening rates, but abnormal results must be followed up with a [colonoscopy](#) to diagnose CRC -- ideally as soon as possible, but definitely within the six months after an abnormal test result," the authors write.

One author disclosed ties to Exact Sciences.

More information: Elizabeth L. Ciemins et al, Development of a Follow-Up Measure to Ensure Complete Screening for Colorectal Cancer, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2024.2693](https://doi.org/10.1001/jamanetworkopen.2024.2693)

Jennifer K. Maratt et al, Closing a Gap in Colorectal Cancer Screening, *JAMA Network Open* (2024). [DOI:](#)

[10.1001/jamanetworkopen.2024.2652](https://doi.org/10.1001/jamanetworkopen.2024.2652)

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