

# Post Colonoscopy Colorectal Cancer (PCCRC) Rates for Louth Hospitals – A Reaudit



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## National GI Endoscopy QI Programme NQAIS Data

### Background

Colonoscopy remains an essential tool for the diagnosis of colorectal cancer (CRC), there are instances where a patient may develop CRC after a negative colonoscopy and before the next scheduled colonoscopy.

Once referred to as interval cancers, this term has become redundant, and replaced with the more inclusive term of Post Colonoscopy Colorectal Cancer (PCCRC) (World Endoscopy Organisation, 2018).

**The aim of this audit is to determine the PCCRC rate for Louth Hospitals.**

In line with the National Endoscopy Quality Improvement (NEQI) programme (2020), a PCCRC is the diagnosis of a CRC within 6 months and 3 years of a negative colonoscopy. NEQI, 2020, mentions rates of 8.6% in the UK; whereas, the national Bowelscreen service (2023) sets out a standard of maximum allowable rate for PCCRC as  $\leq 8.6\%$  with an achievable rate of  $\leq 2.5\%$ .

This is a reaudit as a previous audit was performed in 2022 and the PCCRC rate was determined as 1.8% (LH2022/56).

### Baseline Findings

The total number of patients diagnosed with CRC in Louth hospitals from September 2022 to September 2025, n=296.

An initial review of final histopathology by the RANP (Project lead), leading to the exclusion of n=22 cases for not being CRC (Benign pathology), this left the final CRC number as n=274.

This initial review identified n=8 cases that were potential PCCRCs; these were then independently reviewed by the project sponsor and another RANP colleague.

This resulted in n=2 cases being eliminated as PCCRCs for the following reasons;

- n=1 case excluded as it was outside the 3 year timeframe,
- n=1 case excluded as it was an anal SCC and not considered a CRC.

This left a total of n=6 cases that were determined as true PCCRCs.

### Measure

The details of all CRCs diagnosed in Louth Hospitals from September 2022 to the first week of April 2025 was obtained from the Nurses within the colorectal service, Aine Finnegan and Susan McKenna. The commencement dates provide a direct continuation from the previous PCCRC audit in 2022 (LH2022/56).

The data was formatted on an excel spreadsheet.

A retrospective review of each case was undertaken by the Endoscopy/Gastroenterology RANP to determine if a colonoscopy was performed within 3 years prior to the diagnosis of a CRC.

All potential PCCRCs were highlighted reviewed by the project sponsor, Dr Margaret Walshe and an ANP Colleague, Ann Cooney. A final, consensus, decision regarding inclusion or exclusion as a PCCRC was obtained.

### Analysis

The PCCRC rate is for patients who have had a repeat colonoscopy in Louth Hospitals; however, our methodology cannot capture patients who were diagnosed with CRC at other centres within a 3 year interval of a negative colonoscopy in Louth hospitals.

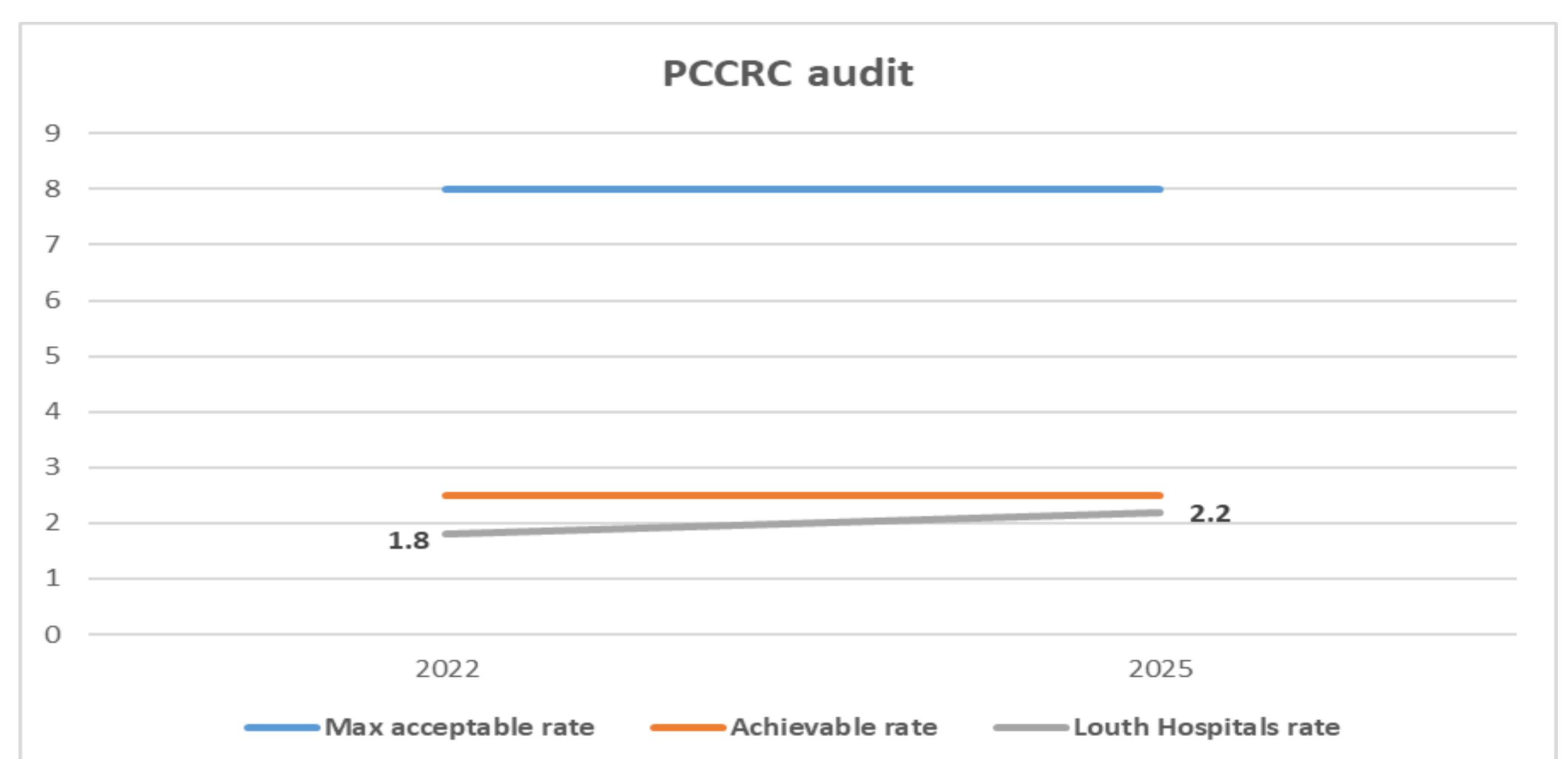
This is a limitation of our audit.

The following formula was utilised as recommended by the National Screening Service (2020);

$$\frac{\text{no.of PCCRCs (false negative colonoscopies) (6)}}{\text{no.of PCCRCs (false negatives)+detected Colorectal Cancers (true positives) (274)}} \times 100 = 2.18\%$$

The PCCRC rate for Louth Hospitals is **2.18%**

The results determine that Louth hospitals is below the maximum allowable rate of 8.6% for PCCRC and the achievable rate of 2.5%.



### Improvements

It was noted by the project sponsor that this audit and the previous audit have excluded anal cancers as they are not always obvious at endoscopy. With regards to this, and considering that most endoscopy is preceded by a digital rectal exam (DRE), the documentation of the DRE is missing in a lot of instances.

**It would be a strong recommendation that all endoscopists should include the DRE findings in the final endoscopy report..**

### Control

- The standard is achieved and the PCCRC rate is below both the minimal and achievable standards as set out above.
- Re-audit in 2 years