

Equity of Colonoscopy Provision and Quality in Māori and New Zealand Europeans: A Comparative Retrospective Study

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EQUITY OF COLONOSCOPY PROVISIONAND QUALITY IN MÃORI AND NEW ZEALAND EUROPEANS: A COMPARATIVE STUDY

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SURGICAL AND TRANSLATIONAL ESEARCH CENTRE





Declaration of Interests



• No personal disclosures

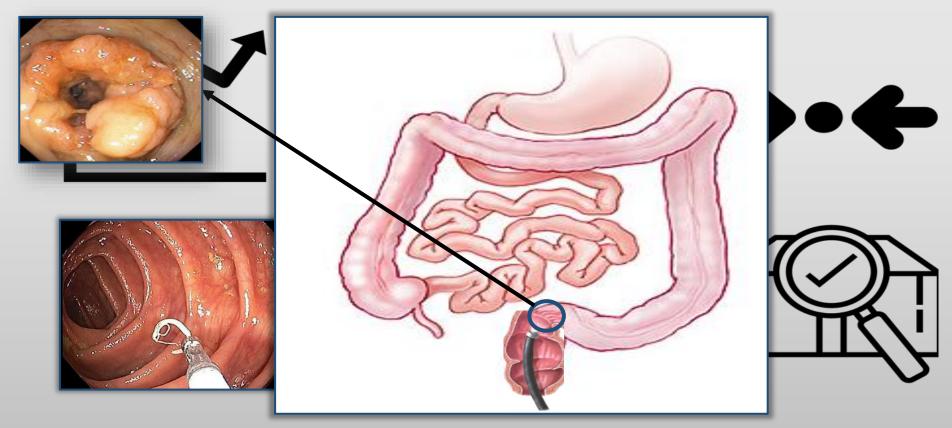




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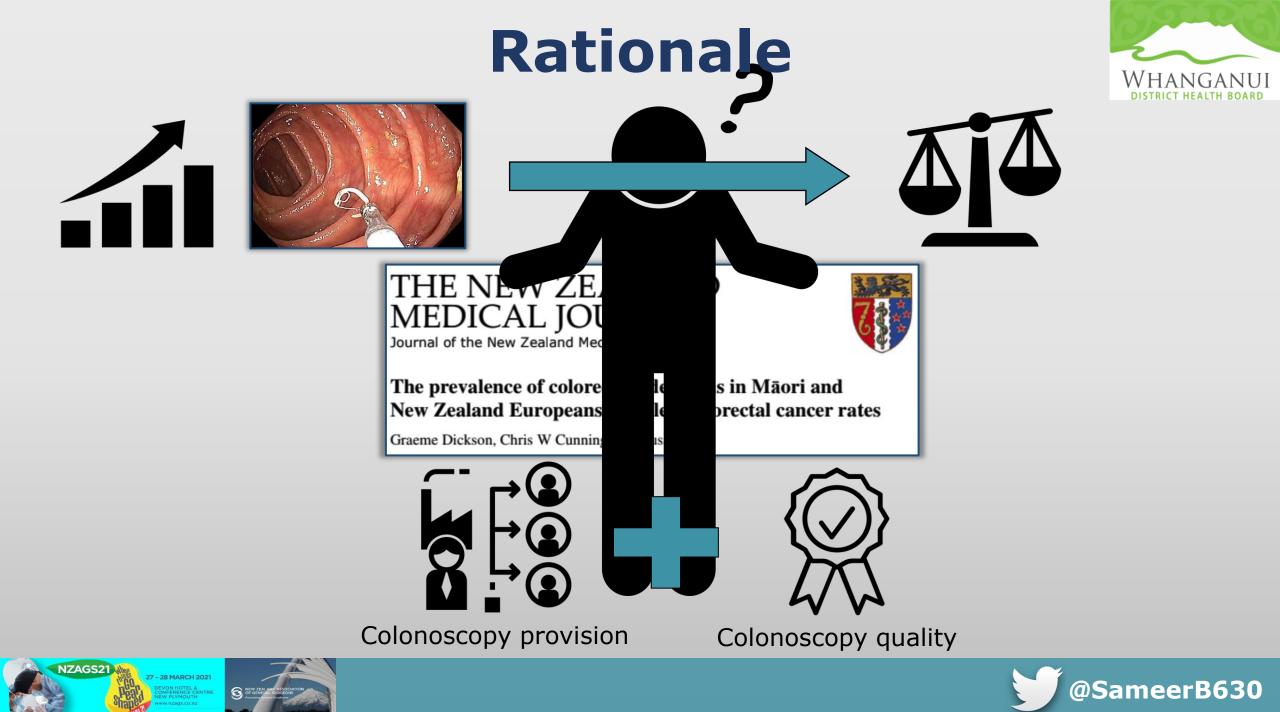


- 3rd most common cancer in NZ
- >3,000 new diagnoses/year



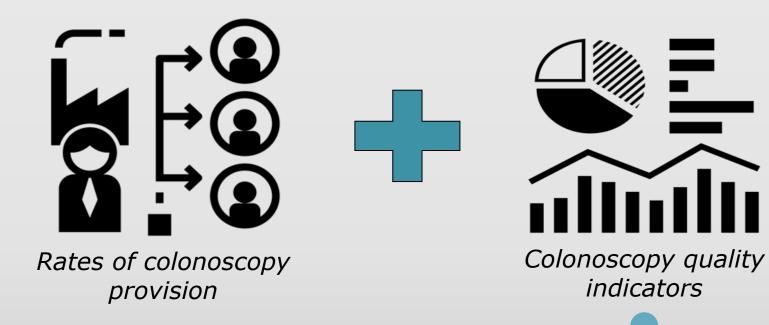






Aims







Adenoma prevalence

Māori **vs.** NZ European





Methods: Study setting



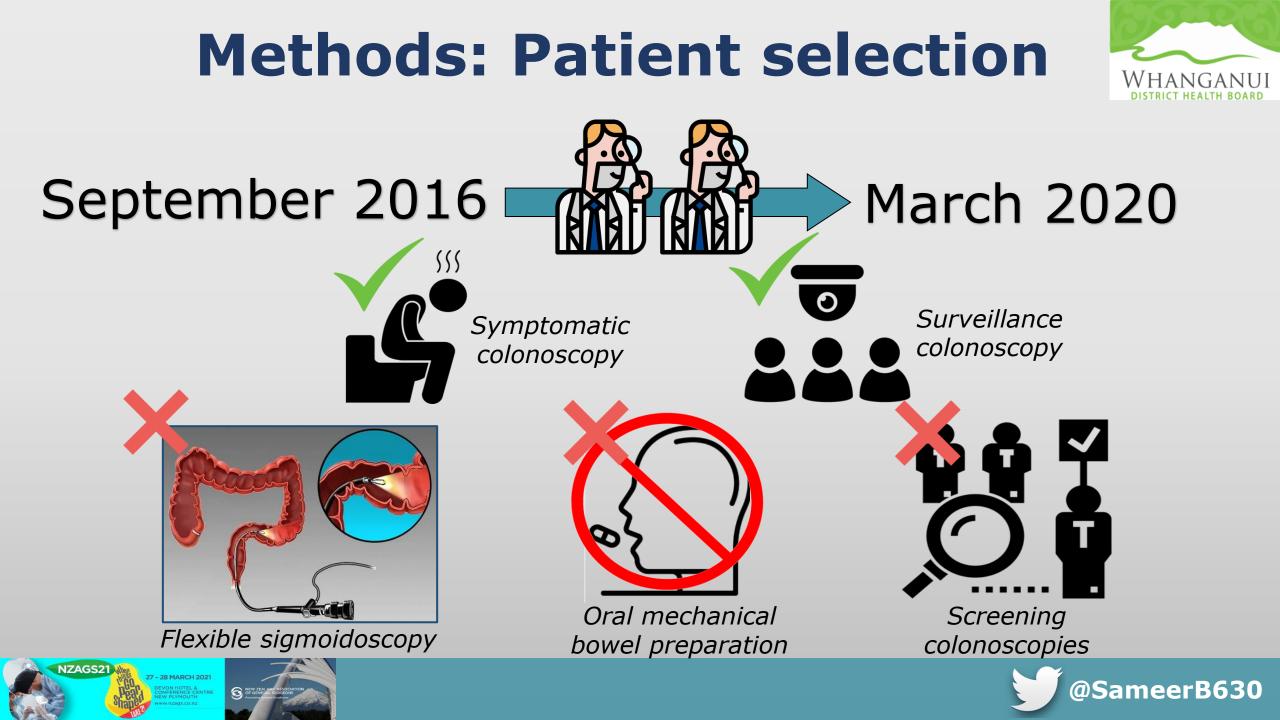
• Clinical board ethics approval granted in consultation with local Iwi



Whanganui Hospital (Whanganui, NZ)

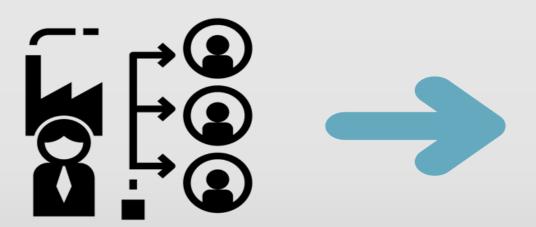






Methods: Primary outcome





Number of colonoscopies performed over study period

Mean average local population size

Age-adjusted rate of colonoscopy provision for the population







Methods: Secondary outcomes



Colonoscopies reaching the caecum or terminal ileum (complete colonoscopies)

> Total colonoscopies performed

Withdrawal time from caecum to anus

Complete colonoscopies (≥50y) with polypectomy

Total complete cofondsetopfels performed (≥50y) with adenomatous polyp on histology

Total complete colonoscopies performed

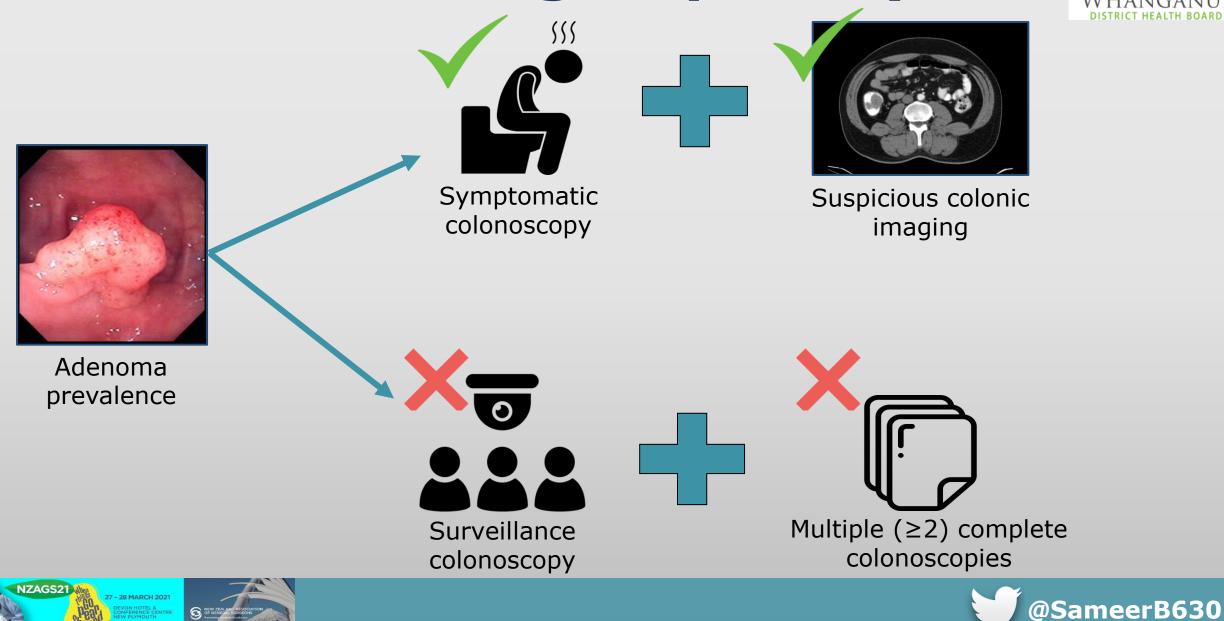


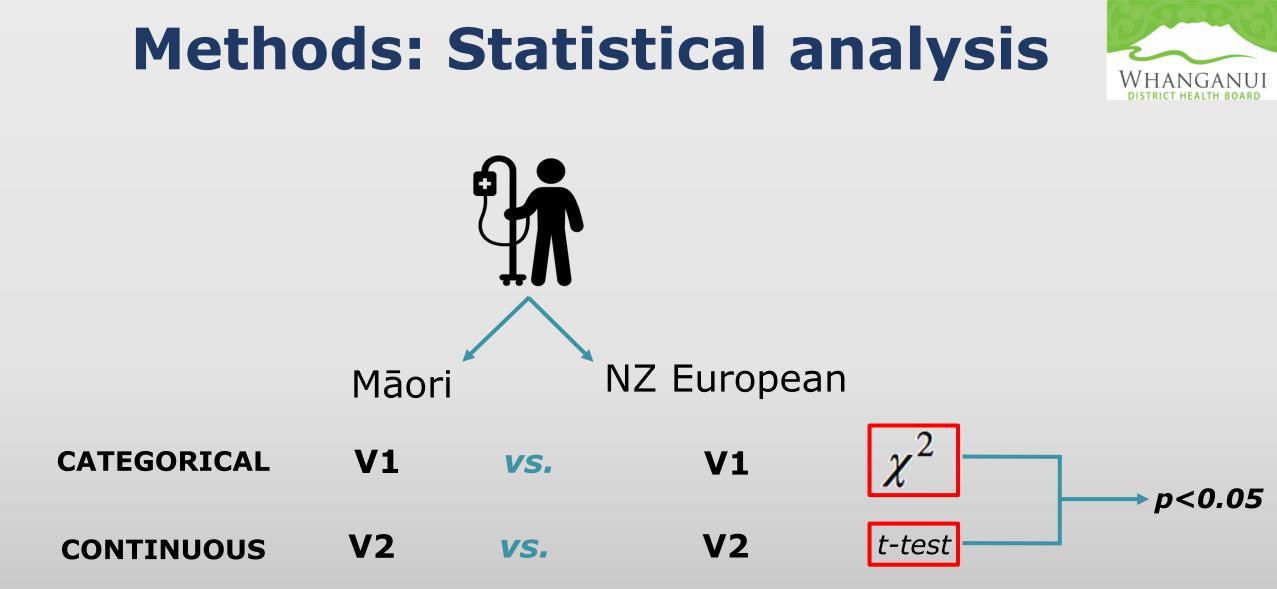
- Colonoscopy completion rate (CCR)
- Colonoscope withdrawal time (CWT)
- Polyp detection rate (PDR)
- Adenoma detection rate (ADR)

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Methods: Subgroup analysis











Results: Patient flow Whanga 4,010 4 years **2,962** (2,721 patients) NZ European Māori 2,577 385 (87.0%) (13.0%)





Results: Patient demographics

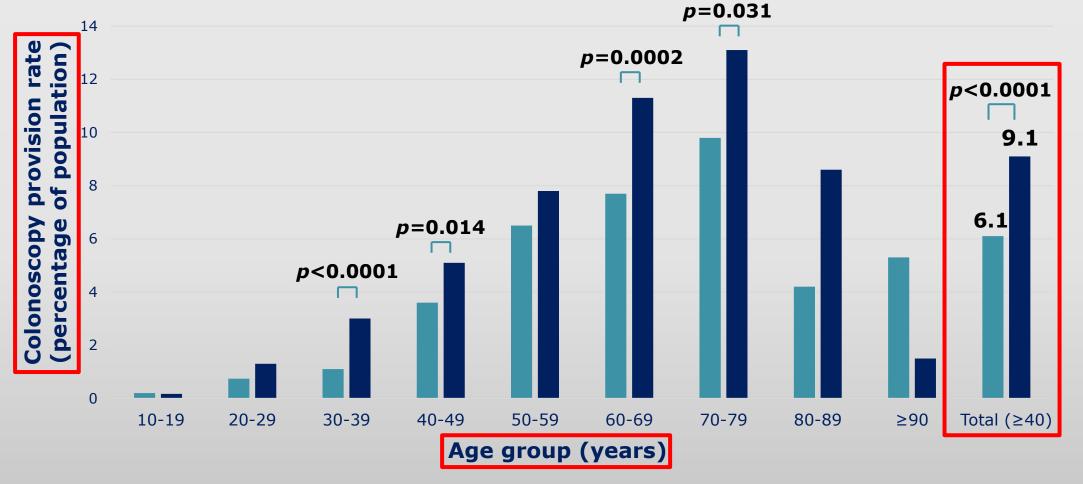


Variable	Māori	NZ European	<i>p</i> -value
Age (mean±SD)	55.7±14.0	62.5±13.8	<0.0001
Gender (%)			0.95
Female	54.8	54.5	
Male	45.2	45.5	
Colonoscopy indication (%)			0.30
Symptomatic	65.5	62.6	
Surveillance	34.5	37.4	





Results: Colonoscopy provision

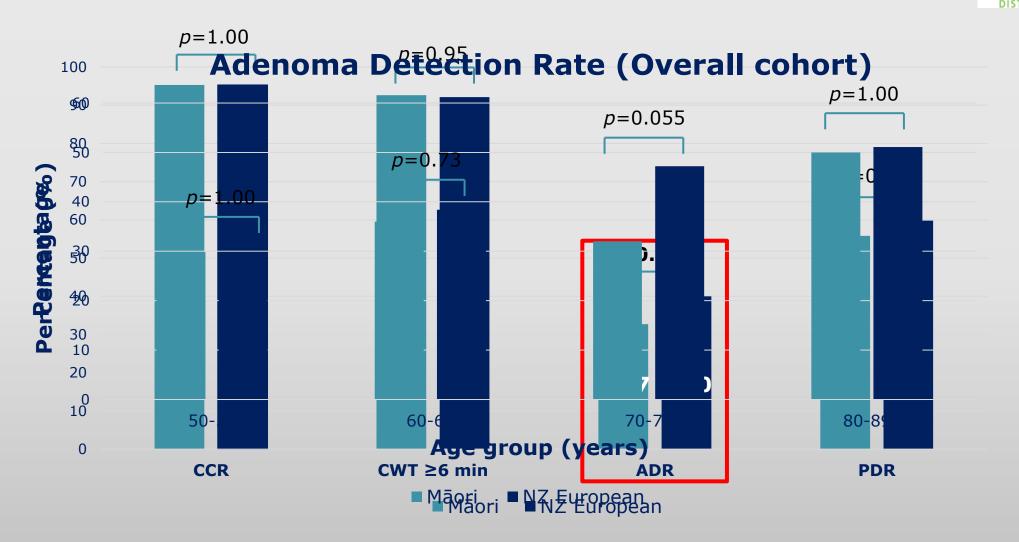


■ Māori ■ NZ European





Results: Colonoscopy quality

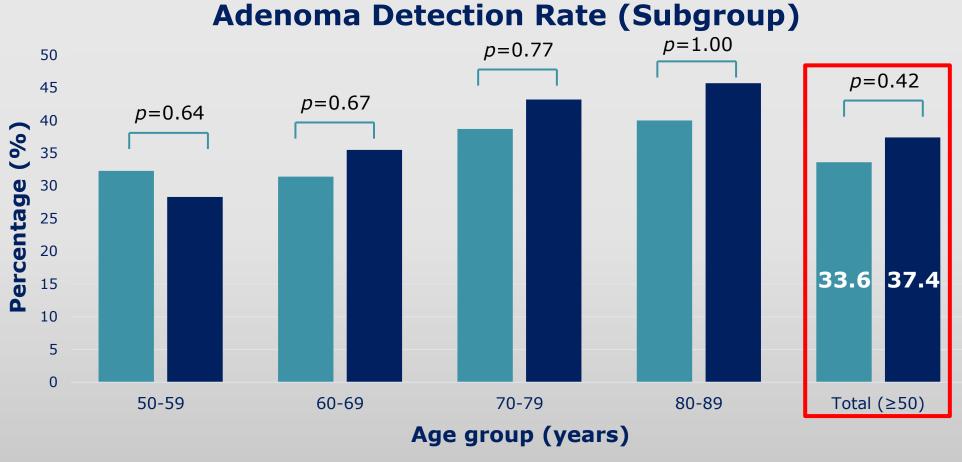






Results: Index symptomatic colonoscopy





■ Māori ■ NZ European





Conclusions



 Inequitable access to colonoscopy services for Māori compared to NZ Europeans



Māori were younger and had a lower adenoma detection rate



 No differences in adenoma detection rate or other quality indicators after age stratification





What next??



 Mandatory reporting of colonoscopy provision rates & other quality indicators by ethnicity

Developing clear strategies to improve access to colonoscopy services for Māori

Qualitative assessment of barriers to colonoscopy access



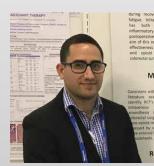


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ORIGINAL ARTICLE

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Questions?



