

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

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EQUITY OF COLONOSCOPY PROVISION AND QUALITY IN MĀORI AND NEW ZEALAND EUROPEANS: A COMPARATIVE STUDY

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MEDICAL AND HEALTH SCIENCES

SCHOOL OF MEDICINE



Declaration of Interests



No personal disclosures



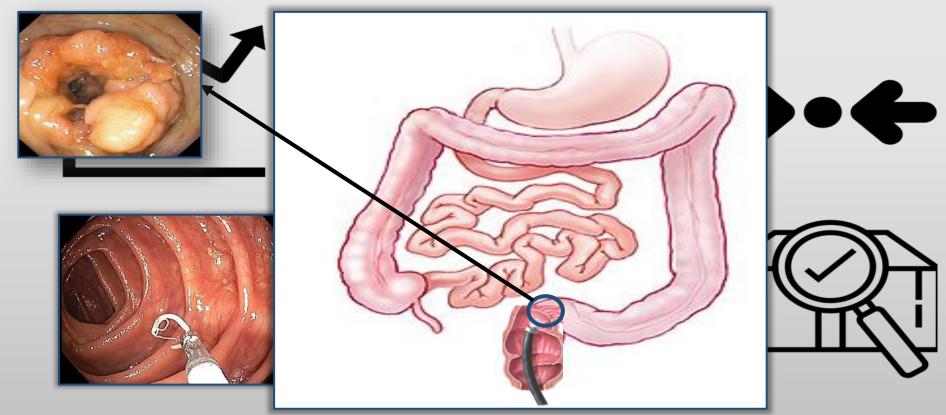




Coloriectas capycer



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

















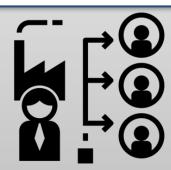


THE NEW ZEA MEDICAL JOU

Journal of the New Zealand Med

The prevalence of colore **New Zealand Europeans**

Graeme Dickson, Chris W Cunning





s in Māori and

prectal cancer rates

Colonoscopy provision

Colonoscopy quality

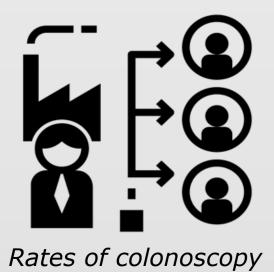






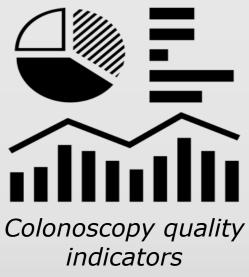
Aims





provision









Adenoma prevalence



Māori

VS.

NZ European







Methods: Study setting



Clinical board ethics approval granted in consultation with local Iwi



Whanganui Hospital (Whanganui, NZ)







Methods: Patient selection



September 2016



March 2020



Symptomatic colonoscopy



Surveillance colonoscopy



Flexible sigmoidoscopy



Oral mechanical bowel preparation



Screening colonoscopies

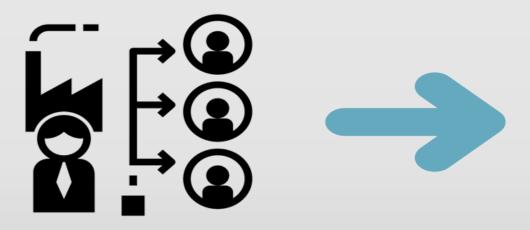






Methods: Primary outcome





Age-adjusted rate of colonoscopy provision for the population

Number of colonoscopies performed over study period

Mean average local population size









Methods: Secondary outcomes



Colonoscopy completion rate (CCR)



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
colonistopies performed
(≥50y) with adenomatous
polyp on histology

Total complete colonoscopies performed

Colonoscope withdrawal time (CWT)













Methods: Subgroup analysis



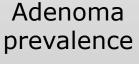




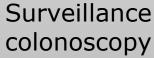




Suspicious colonic imaging











Multiple (≥2) complete colonoscopies







Methods: Statistical analysis





CATEGORICAL

V1

VS.

V1

 χ $\rightarrow p < 0.05$

t-test

CONTINUOUS

V2

VS.

V2



NZAGS21





Results: Patient flow









(13.0%)

NZ European 2,577 (87.0%)







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





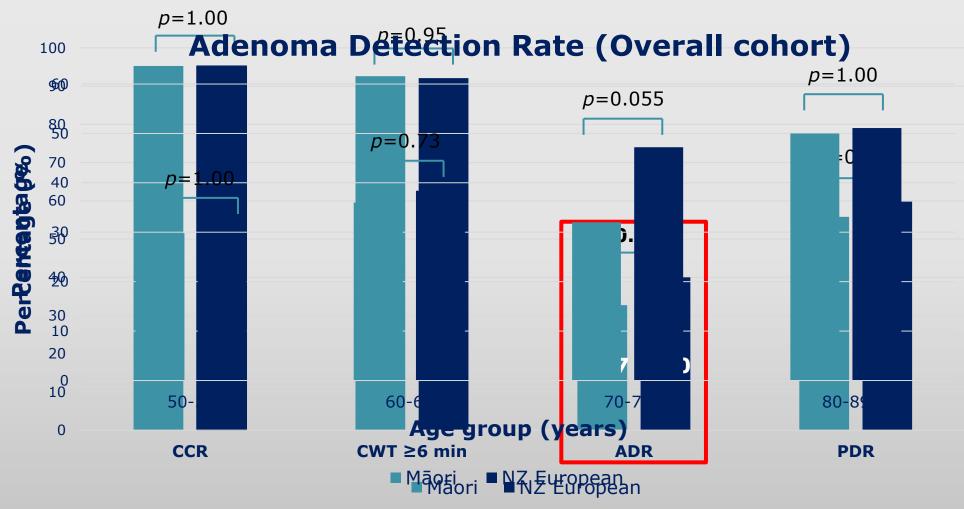






Results: Colonoscopy quality







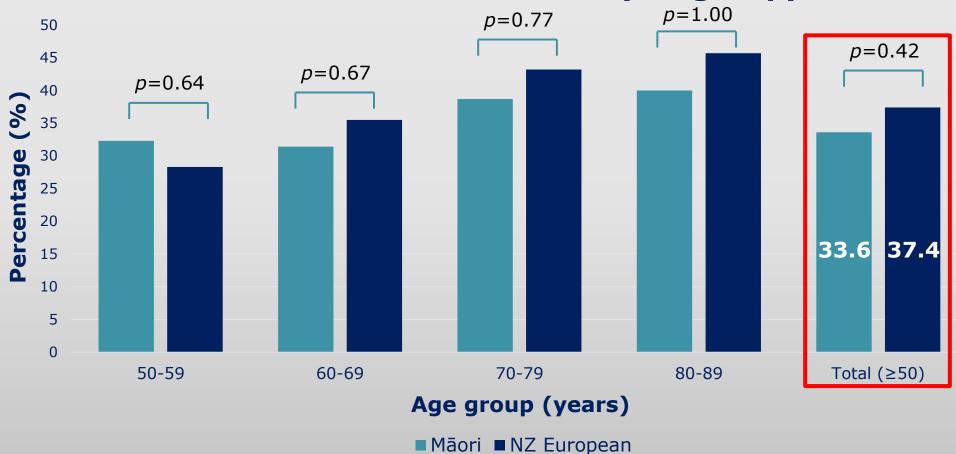




Results: Index symptomatic colonoscopy



Adenoma Detection Rate (Subgroup)









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





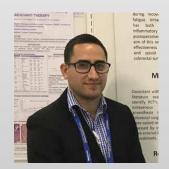


Acknowledgements





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ORIGINAL ARTICLE

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Questions?





