

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting:

<https://reachmd.com/programs/medical-industry-feature/measuring-bowel-prep-efficacy-role-quality-assessment-scale/10729/>

ReachMD

www.reachmd.com

info@reachmd.com

(866) 423-7849

Measuring Bowel Prep Efficacy: The Role of the Quality Assessment Scale

Announcer: Welcome to ReachMD. This medical industry feature, titled: “Measuring Bowel Prep Efficacy: The Role of the Quality Assessment Scale” is sponsored by Ferring Pharmaceuticals Inc. This program is intended for physicians.

Here’s your host, Dr. Sophie Balzora.

Dr. Balzora: This is ReachMD and I’m Dr. Sophie Balzora. Joining me today to talk about Measuring Bowel Prep Efficacy and The Role of the Quality Assessment Scales that are currently available is Dr. Jonathan Cohen, Clinical Professor of Medicine at NYU School of medicine.

Dr. Cohen, welcome to the program.

Dr. Cohen: Thank you so much Dr. Balzora. I’m very happy to be here with you today.

Dr. Balzora: So, in the context of a medical practice, how do you recommend assessing the efficacy of a bowel preparation?

Dr. Cohen: Well I think this is a very important question. Bowel prep scales differ significantly in grading and category criteria. Both clinicians and researchers continue to use a variety of bowel prep quality measures, including non-validated scales, which leads to confusion and difficulty when comparing

quality results with clinicians and when comparing across clinical trials. Not all subjective data should be considered useful; instead, it serves more as a premise as to why it's pivotal to move toward a standardized scale for evaluating bowel preparation efficacy. A standardized assessment scale for bowel prep quality across practices is lacking and continues to be a work in progress.

Dr. Balzora: With that being said, what makes the scales for measuring bowel prep efficacy different and which scale is recommended?

Dr. Cohen: Well the most well established, and commonly used validated bowel prep quality scales in clinical trials include the Aronchick Scale, the Boston Bowel Prep Scale, and the Ottawa Bowel Prep Scale. There are other validated scales, but they are less commonly utilized.

The first bowel preparation quality scale evaluated for reliability was the Aronchick Scale. Now this scale is performed before washing or suctioning, evaluating the entirety of the colonic mucosal surface covered by fluid or stool, so you can see why it's an effective way to assess the quality of a bowel prep. The Aronchick Scale is one of the most commonly used validated bowel prep quality scales in clinical trials.

Unfortunately, a standard, fully validated, and a universally accepted scale for use in clinical practice has not yet been established. But among the scales, the Aronchick scale is the most well-known and widely accepted in clinical trials to date; however, this scale rates quality of the colon as a whole and doesn't provide any details regarding the differences between individual segments. For clinical practice, the most important factor for quality is how good the visualization is for the procedure, so the most relevant scale is one which accounts for how the mucosa looks after washing. For this reason, the Boston Bowel Prep scale is particularly appealing in clinical practice.

Dr. Balzora: So, going off of what you just said, Dr. Cohen, why is it important to break scoring down by segment?

Dr. Cohen: Well one factor is the location of polyps. Detecting right-sided polyps can be more challenging due to anatomical restrictions such as colonic folds and the need for complete colonoscopy.^{13, 14} Right-sided lesions can also be indicative of an increased risk of recurrence of advanced polyps and adenomas.¹¹ And that's why it's so important for scales to break down the scoring by segments.

The Boston Bowel Prep scale, for instance, specifies that scoring is to be conducted after all washing and suctioning and upon withdrawal.

Grading before or after washing and suctioning is an important factor which differs between scales.

Many clinicians are using the Aronchick scale incorrectly, as they grade the bowel prep as good or fair after washing and suctioning and not before as is the way you are supposed to use that scale. While scales that grade cleanse quality after washing may correlate better with quality measures such as adenoma detection rate, or the likelihood of an alteration in recommendations following the procedure of when to do the next surveillance or screening examination. Scales that grade before washing can provide a better indication of the efficacy of a particular bowel prep that was used independent of the performance of the endoscopist.

And that's why the Boston Bowel Prep Scale is currently recommended as standard for clinical practice. Not only has it been validated in multiple clinical trials, but the scoring is applied by colon segments.

Dr. Balzora: So, can you tell us then how difficult is it to use these scales in practice?

Dr. Cohen: Oh, it's not that difficult at all, it's actually very easy. In fact, there are cheat sheets on both the Aronchick and Boston Bowel Prep Scales available on this program's page.

The Aronchick scale would be ideal for an endoscopy center evaluating which preps are prescribed within the center among the doctors and which of them are more effective in order to guide the general quality efforts of the doctors who work there. The Boston scale, on the other hand, would be used to provide guidance to those individual endoscopists who find themselves below the target for adenoma detection rate who are looking for good ways to improve their outcomes.

Dr. Balzora: And lastly, are clinicians assessing bowel preps scales better over time?

Dr. Cohen: While scales for assessing bowel prep quality for CRC screening colonoscopy have improved, establishing a standard, validated scale is essential to optimal colorectal cancer screening. But for the time being, the Boston bowel prep scale appears to be the best available option for use in clinical practice.

Dr. Balzora: We've learned quite a bit about the different scales and the advantages of different options for assessing efficacy in bowel preps, as well as the need to move toward a standardized scale when evaluating bowel preparation quality in assessing efficacy. And I'd like to thank you Dr. Cohen for joining me today.

Dr. Cohen: Oh, you're welcome. It's been a pleasure.

Announcer: The preceding program was sponsored by Ferring Pharmaceuticals Inc. To listen to other programs in this series, please visit ReachMD.com/NextGenBowelPrep. This is ReachMD. Be Part of the Knowledge.

CLEN/1109/2019/USah