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Missed Opportunities to Detect Colorectal Cancer

Prior opportunities for diagnostic evaluations were missed in nearly one third of patients with newly diagnosed CRC.

We often hear about failures of colonoscopy to detect colorectal cancer (CRC), but failures to diagnose CRC also occur when opportunities to refer patients for diagnostic evaluations are missed or ignored. To determine the frequency and characteristics of such missed opportunities, investigators conducted a retrospective cohort study involving 551 consecutive patients with newly diagnosed CRC at a tertiary healthcare system. Two reviewers examined electronic records to identify patient-care events and determine whether clinical clues were present to warrant earlier diagnostic work-ups.

The reviewers agreed that ≥ 1 opportunity for CRC diagnosis had been missed in 161 (31.4%) of 513 evaluable patients (mean number of missed opportunities per patient, 4.2; mean number of missed clues per patient, 5.3). The clinical clues missed in the highest percentages of patients were as follows:

- Suspected or confirmed iron deficiency anemia (51.6%)
- A positive fecal occult blood test (39.8%)
- Hematochezia in the absence of a colonoscopy within the previous year (22.4%)

Anemia was the clue associated with the longest delay to endoscopy referral (mean duration, 393 days) and was milder in patients who experienced missed opportunities for diagnosis than in those who did not (mean hemoglobin level, 11.0 g/dL vs. 9.9 g/dL). Missed opportunities were most common in patients older than 75, blacks, those with congestive heart failure, and those with coronary artery disease. Most missed opportunities involved primary care physicians or physician assistants and included factors such as failure to record critical history or physical examination data, order nonendoscopic diagnostic testing, or ensure that diagnostic tests were performed.

Comment: This informative study identifies areas in which gastroenterologists can help to educate primary care physicians about clinical and laboratory abnormalities suggestive of CRC that require follow-up. The study did not address missed opportunities to screen asymptomatic patients for CRC.

— [Douglas K. Rex, MD](#)

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Singh H et al. Missed opportunities to initiate endoscopic evaluation for colorectal cancer diagnosis. *Am J Gastroenterol* 2009 Oct; 104:2543.