

## **Audit of CT Colonography Patient Outcomes and Experience**

**Audit Title:** Audit of CT Colonography Patient Outcomes and Experience

**Descriptor:** Waiting times from referral for CT Colonography to examination to receiving the report

### **Background:**

CT Colonography is the accepted best radiological means of identifying colorectal cancer and advanced colonic polyps. It is the alternative imaging investigation of choice for the NHS Bowel Cancer Screening Programme (NHSBCSP) when colonoscopy is incomplete (approximately 5% of colonoscopies) or the patient is considered unsuitable for colonoscopy. National and International CT Colonography standards have been agreed and published for symptomatic patients and for asymptomatic individuals in the context of the NHS Bowel Cancer Screening Programme (NHSBCSP) (Ref 1,2,3). The guidelines recommend that all departments offering a CTC service measure and monitor their activity and outcomes in relation to patient outcomes and patient experience. This includes the waiting times from referral to examination and the time until the report is received by the referrer/patient.

### **THE CYCLE:**

### **THE STANDARD:**

- Waiting times from referral to CT Colonography examination for patients with symptoms suggestive of colorectal cancer, or staging CTC for patients with colorectal cancer should be within 2 weeks.
- Waiting times from referral to CT Colonography examination for asymptomatic individuals undergoing CTC in the context of the NHSBCSP are recommended to be within 2 weeks (as a significant proportion have colorectal cancer).
- Mean test to report period should meet nationally or locally agreed standards.
- Mean request to report period should meet nationally or locally agreed standards.

### **TARGET:**

- Maximum 2 week waiting time from referral to CT Colonography examination for patients with symptoms suggestive of colorectal cancer, for staging CTC for patients with colorectal cancer or for individuals undergoing CTC within the context of the BCSP.
- Mean test to report and request to report periods should meet nationally or locally agreed standards.

## **ASSESS LOCAL PRACTICE:**

### **The indicator**

- Maximum, minimum and mean period from referral to CT Colonography examination (days) relative to clinical urgency
- Maximum, minimum and mean period from CT Colonography examination to validated report (days)
- Maximum, minimum and mean period from CT Colonography referral to validated report (days)
- Percentage of CTC examinations reported on the same day as the examination

### **Data items to be collected**

- Date of CTC request
- Date of CTC examination
- Date of verified report
- Clinical urgency of symptomatic referrals: 'two week wait' (suspected colorectal cancer/cancer staging) or non-urgent
- NHSBCSP referrals
- Referrals for routine interval surveillance CTC.

### **Suggested number**

- Retrospective patient data for the proceeding 1 year for all NHSBCSP patients who have undergone CTC
- Retrospective patient data for the proceeding 1 year for all symptomatic patients who have undergone CTC or at least 50 consecutive patients

## **SUGGESTIONS FOR CHANGE IF TARGET NOT MET:**

Present results at audit meeting and ensure standards meet nationally or locally agreed standards

### **Processing of requests:**

1. BCSP referrals to be assigned '2 week wait' priority
2. Patients with symptoms suspicious for colorectal cancer or referred for cancer staging CTC to be assigned '2 week wait' priority
3. CTC appointment process optimized for urgent 'two-week wait' categories.

### **CT Capacity:**

1. Introduce dedicated CTC lists to maximize scanner throughout.
2. Training of radiographers and CTC team members to meet CTC demand.

**CTC Reporting Capacity:**

1. Training of specialist radiologists in CTC techniques and interpretation to meet CTC demand.
2. Adequate allocation of specialist radiologist CTC reporting time.
3. Identification of CTC examinations requiring urgent reports.

**RESOURCES:**

- CTC patient database generated from the appropriate RIS service
- Radiologist: 6-12 hours to undertake for 50 CTC cases
- Correlation with the relevant clinical indications for referral

**REFERENCES:**

- 1) Burling D. on behalf of the International Collaboration for CT Colonography Standards. CT Colonography Standards. Clin Rad 2010;65:474-480
- 2) Taylor S, Burling D, Patnick J. Guidelines for the use of imaging in the NHS Bowel Cancer Screening Programme second edition. NHSBCSP Publication No 5, 09 November 2012 ISBN: 978-1-84463-090-0 <http://www.cancerscreening.nhs.uk/bowel/publications/nhsbcsp05.pdf>
- 3) Neri E, Halligan S, Hellström M et al. The second ESGAR consensus statement on CT colonography Eur Radiol 2013; 23: 720–729
- 4) Von Wagner C, Ghanouni A, Smith S, [et al.](#), 2012, Patient acceptability and psychologic consequences of CT colonography compared with those of colonoscopy: Results from a multicenter randomized controlled trial of symptomatic patients, *Radiology*, Vol:263, ISSN:0033-8419, Pages:723-731