Direct Access Screening Colonoscopy (DASC) saves lives

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Direct Access Screening Colonoscopy (DASC) Saves Lives

The Benefits of Colon Cancer screening before the age of Fifty

October 9th, 2022 Yolanda R Adagbada BSN PCCN RN

Advocate Aurora Health

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What is Direct Access Colon Screening (DASC)?

DASC stands for Direct access Screening Colonoscopy which was established to expedite and simplify the process of scheduling screening colonoscopies. This program allows select patients to skip consultation with a GI physician before scheduling a colonoscopy. This allows the convenience of the patients especially ages 45-49 to start their colonoscopy screening without all the red tape to schedule.
Why should I get a Colonoscopy in the first place

Colon cancer is one of the most treatable cancers if detected early.

Routine Colonoscopy screenings help prevent colon cancer.

A colonoscopy allows the gastroenterologist to detect any potentially cancerous polyps and remove them on the spot.

Colorectal cancer includes bowel cancer, colon cancer and rectal cancer — any cancer that affects the colon and the rectum. According to statistics from the American Cancer Society (ACS), the overall lifetime risk of developing colorectal cancer is about 1 in 23 for men and 1 in 25 for women. Hereditary, environmental and lifestyle factors can affect your risk for developing colorectal cancer.
Benefits of Colon Screening before the age of Fifty

- The death of 43-year-old “Black Panther” actor Chadwick Boseman (pictured below) in August 2020 has brought renewed attention to colon cancer and the need for regular screenings, before the age of fifty. Colorectal cancer (CRC) is the third leading cause of cancer death worldwide and the second leading cause of cancer death in the United States. according to research conducted by (Sehgal et al., 2021) colonoscopy at ages 45-49 was associated with substantial decreases in subsequent CRC incidence.
Benefits of CRC screening before the age of Fifty continued

In 2018, the American Cancer Society (ACS) recommended lowering the average-risk CRC initiation from age 50 to 45 years, because of the rising CRC among ages under <50. Colonoscopies at the age of 45-49 years was associated with 50% decrease in the risk of subsequent CRC is consistent with published literature (Sehgal et al., 2021). According to a study conducted in Australia at a tertiary institution a total of 557 under the age of 50 of those patients that were included in the study, 120 (21.5%) colonoscopies has a significant findings of (CRC or adenoma with malignant potential); 1.9% were diagnosed with CRC (Kim et al., 2020). With these finding in 9% of the CRC are under the age of 50(Kim et al., 2020)
Data Collection For Patients screened Ages 45-49

- Data was from 25 patients 13 Females and 12 Males ages 45-49 years of age dates 5/2/21-7/30/22
- Scheduled for Direct access screening colonoscopies
- Reviewed data from patient information sheet that is used to record pre/intra/post operative information to determine if polyps were removed for this age group of 45-49 through review of and if they were adenomas (pre-cancerous) polyps
- In 2021, 187 total DASC patients were done at advocate Trinity hospital, with one malignancy found and 91 polyps removed. In 2022, 217 DASC patients were done as of July 2022, of that the age group of 45-49 years of age had a total of 20 polyps removed and 16 adenomas removed.
What to Know About Adenomatous Polyps

- A neoplastic growth that forms on the colon (large intestine)
- No symptoms unless polyp becomes colon cancer
- Risk factors for polyps include age, alcohol use, and smoking
- Polyps are removed to prevent potential for growth and cancer risk
- Typically discovered and removed during colonoscopy
- Larger polyps are removed with laparoscopic surgery
'Age': 48 and 49 have noticeably higher 'Adenomas'.

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Implementing DASC screening has improved the chances of the individuals screened before the age of 50 of not developing CRC by removing polyps and adenomas that can increase the risk of CRC. This process allows for earlier detection of CRC to decrease the overall incidence of CRC, and the DASC process can lead to improved patient outcomes, and healthy population.
Acknowledgements

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