



QUALITY IN ENDOSCOPY

UPPER GI ENDOSCOPY
& NEOPLASIA

Endoscopy reporting

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What is this about

- **“I scoped the patient really carefully, checked everywhere. The mucosa was fine, the caliber of the stricture acceptable. The mucosa was kinda salmon appearing and frazzled, but only in the central area. There was an ulcer but I ve seen bigger.”**

Standards of reporting

- **Administrative requirements**
- **Background information**
- **Technical information**
- **Adequate description of findings, lesions, sampling and therapy**
- **Assessment, recommendations and coding**
- **Imaging**

Minimal standard terminology (MST) for digestive endoscopy

- **Based on initial terminology work by prof. Maratka (pathologist)**
- **Collection of endoscopy-related terms with definitions and rules for their use**
- **Joint effort by the World community of Endoscopy**
- **Presently organized by the** 

www.worldendo.org



The voice of world endoscopy

Resource Libraries

Events

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MST Image Atlas »



CRCSC Meeting at DDW 2012



The WEO Colorectal Cancer Screening Committee took place on Friday, May 18 at DDW 2012 in San Diego...

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Brainteaser/image of the month



Browse a selection of "Brainteaser" questions that have appeared in recent e-newsletter issues...

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WEO Research Award



The WEO Research Award this year was presented during the APDW in Singapore...

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WEO Outreach Program news



WEO representatives visited Addis Ababa to donate endoscopes and share knowledge...

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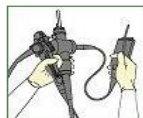
Quality in Endoscopy Symposium



The ESGE/ESDO Symposium **Quality in Endoscopy: Upper GI Endoscopy & Neoplasia** will take place on April 19 - 20, 2013 in Lisbon...

[Learn more »](#)

WEO "How I Do It" Series



A series of articles on how the experts perform challenging endoscopic techniques...

[Learn more »](#)

Upcoming Events

- ▶ **Quality in Endoscopy Symposium - Upper GI Endoscopy & Neoplasia**
April 19-20, 2013 - Lisbon
- ▶ **Colorectal Cancer Screening Committee Meeting**
Friday, May 17, 2013 - Orlando, Florida
- ▶ **Sharm el Sheikh Endoscopy Course**
May 30, 2013 - Sharm-el-Sheik, Egypt

[Full events calendar »](#)

WEO Member Societies



▶ **Asian-Pacific Society for Digestive Endoscopy**



▶ **European Society of Gastrointestinal Endoscopy**



▶ **Sociedad Interamericana de Endoscopia Digestiva**

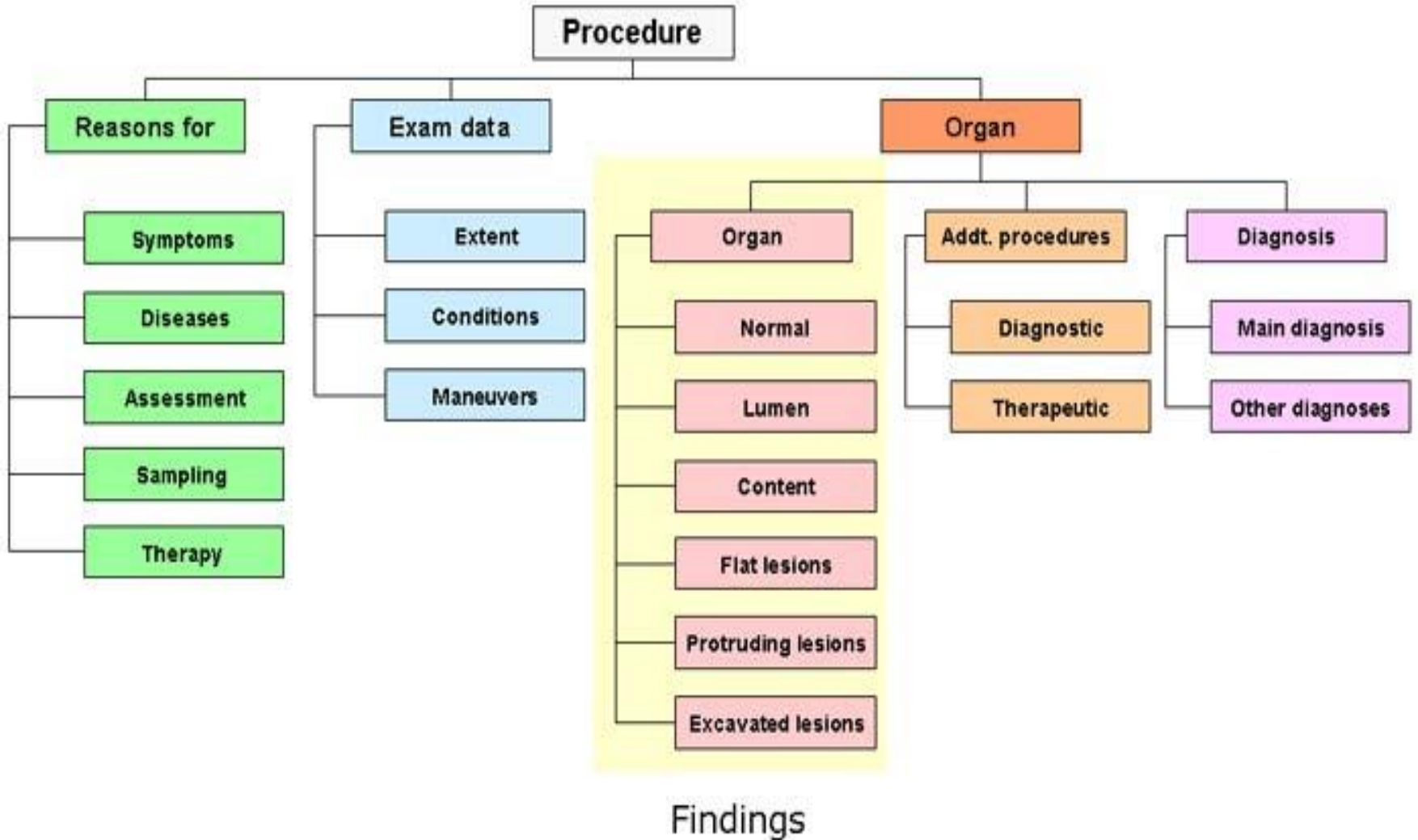


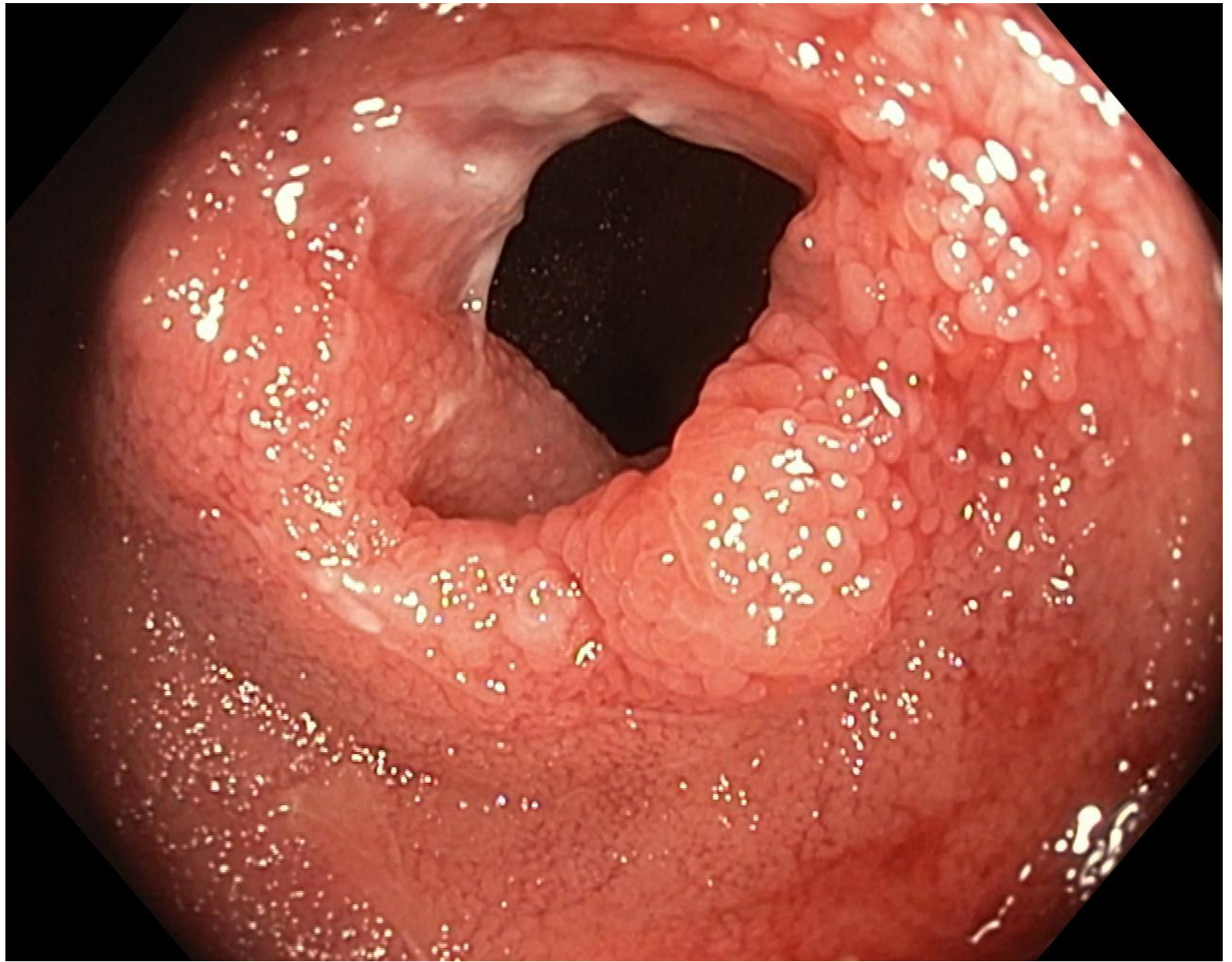
▶ **Independent Members**



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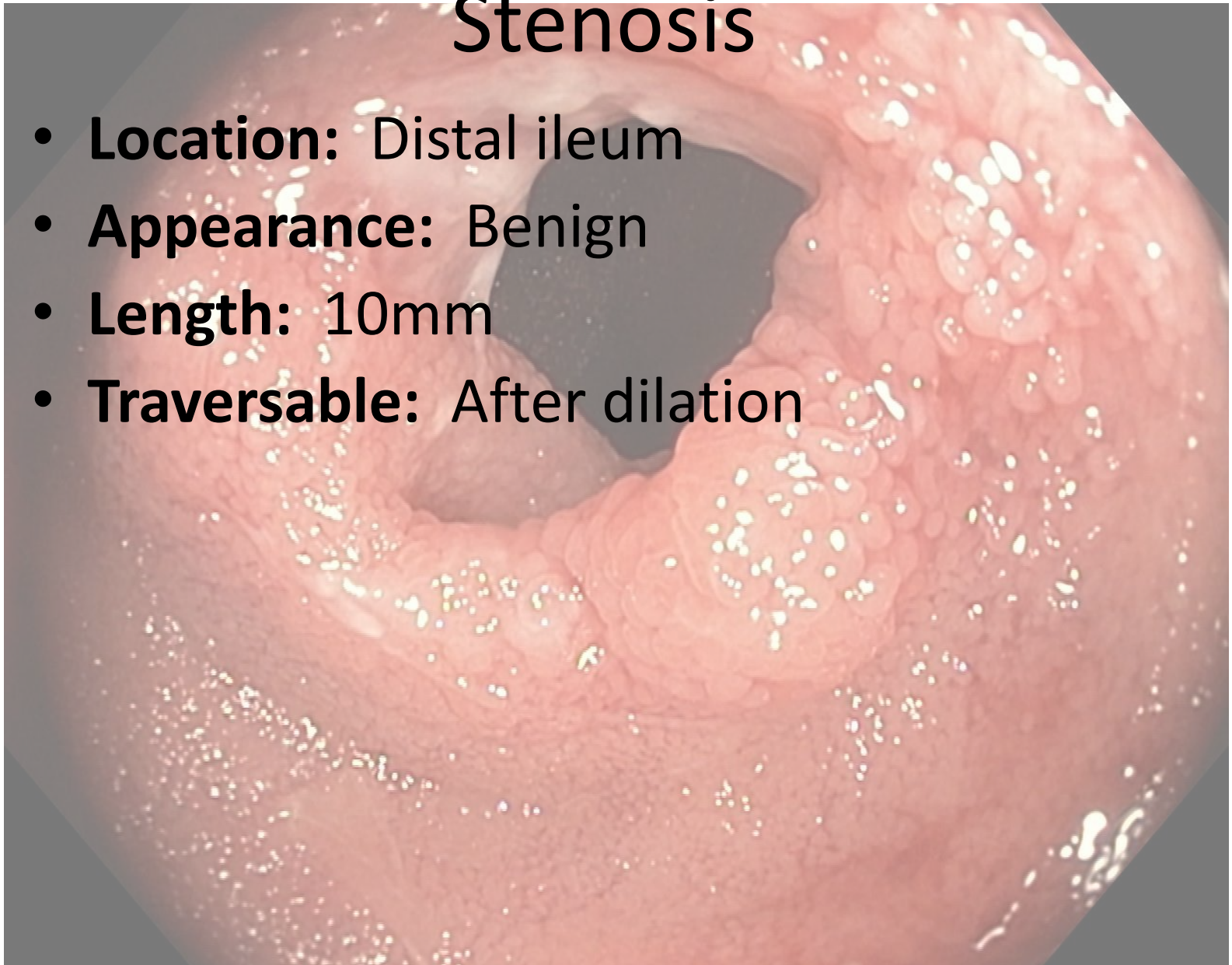
MST structure





Stenosis

- **Location:** Distal ileum
- **Appearance:** Benign
- **Length:** 10mm
- **Traversable:** After dilation



- A: Home
- B: Proc. Info.
- C: *Indications
- D: Exam Info
- E: Visualization
- F: EGD Finding
- G: Colon Finding
- H: Bil/Pan Finding**
- I: Staging
- J: Assess/Comm
- K: Treatment Plan
- L: Scheduling
- M: Post Exam
- N: Delayed Cor

Location:

Site of Tumor:

Size (cms)

Length:

Width:

Thickness:

Origin:

Invasion Into:

Wall Layer:

Adjacent Organ:

Exam Date: 1/6/97 12 Time: 10:23 AM


Erase


Description

creas

creatic head

Limit:

Save - F10 

Delete - Esc 

h

hepatic artery

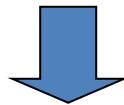
F1 Help

Scheduling New Exam F4 F5 Reports Exit CORI

F11 Pathways

MST – issues

- **Pathologist inheritance – slow move towards practical endoscopy (red fluid in the lumen)**
- **Limited selection of terms**
- **Well adapted to luminal endoscopy, incomplete for ERCP, missing for EUS**
- **Rigid structure calls for software sophistication not really available**



- **Limited use and acceptance**
- **Substantial local modifications**

MST 3.0

- **EUS and enteroscopy (including capsule endoscopy) have been included**
- **The lists of findings have been reorganized, with one generic list for each main category (luminal, ERCP, EUS). This is coupled with tables to indicate which findings are relevant for which organ.**
- **The ERCP terminology has been revised to allow more precise description of maneuvers, as well as findings**
- **The lists for indications and diagnoses have been extended and somewhat revised.**
- **New sections on therapy and adverse events have been included.**
- **Updated classifications have been included as attributes wherever relevant.**

Adverse events in MST 3.0

- **Intra-procedure v. post-procedure events**
- **Generic events regardless of type of procedure**
- **General setup MST-style**
 - Event
 - Attribute
 - Attribute value
- ***Perforation***
 - *Location*
 - *Communicating to*
 - *Type*

Expanded concept:

- Minimal Standard Documentation

- **Minimal Standard Terminology (MST)**
 - standardized and normative description of lesions (+...)
- **Minimal Standard Reporting (MSR)**
 - complete report requirements
- **Minimal Standard Imaging (MSI)**
 - standardization of digital imaging

Minimal Standard Reporting

- **Standardized, recognizable format**
- **Ensures completeness**
- **May serve multiple purposes**
 - Clinical
 - Administrative
 - Research
 - Q/A
 - Patient information

MSR – main items

- **Administrative information**
- **Technical information**
- **Medical background (indication, patient risk factors..)**
- **Procedural information**
- **Findings, sampling, therapy**
- **Summary, recommendations, F/U**
- **Coding**

EGD specifics

- **Technical information**
 - Type of scope
 - Sedation
- **Procedural information**
 - Patient compliance
 - Bowel cleanliness/overview
 - Depth of intubation
 - Special issues/difficulties

MSR – issues to consider

- **Input screens versus output data selection**
- **Software challenges in creating acceptable rigidity**
- **Individual versus summary Q/A information**
- **Local adaptations**

MSI – Minimal Standard Imaging

- **Digital image acquisition is becoming prevalent**
- **Image documentation adds value**
 - Removes interpretation bias
 - Own interpretation of findings
 - Unsurpassed for monitoring of change
- **Q/A value**
 - Completeness (landmarks)
 - Quality

Imaging modalities

- **Normal findings**
 - Landmarks/extent of examination
 - Quality of cleansing
 - Quality of imaging/inspection
- **Localized findings**
 - Features and location (and therapy)
- **Diffuse findings**
 - Features and extent

Normal anatomy landmarks

- **Upper endoscopy**
 - Cardia
 - Fundus in retroversion
 - Lesser curve and antrum overview
 - Distal extension of examination

Focal lesions

- **Overview of lesion and (if possible) nearby landmark**
- **Overview with open biopsy forceps**
- **Close-up showing surface/border/other defining details**
- **Color filter images as relevant**
- **Post therapy result**

Diffuse pathology

- **Overview image with landmarks if possible/relevant**
- **Detail of most affected area**
- **Detail of typical lesions**
- **Detail of demarkation line (if relevant)**

Stills or video?

- **Still images are easier to store, index, view and transport**
- **Video offers better visualization of «difficult» pathology**
- **Video may yield «complete» documentation**
- **Video is superior for procedures**

Conclusions

- **Standards for reporting endoscopy is a prerequisite for effective communication**
- **MST offers formative descriptors of specific lesions**
- **MSR and MSI may standardize the rest of the endoscopy documentation**