



Title	Non-physicians Performing Screening Flexible Sigmoidoscopy: Clinical Efficacy and Cost Effectiveness
Agency	CADTH, Canadian Agency for Drugs and Technologies in Health Suite 600, 865 Carling Ave, Ottawa, ON K1S 5S8, Canada; Tel: +1 613 226 2553, Fax: +1 613 226 5392; publications@cadth.ca, www.cadth.ca
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Aim

To review evidence relating to the clinical evidence, safety, and cost effectiveness of the non-physician endoscopists (NPE) model compared with the physician endoscopist model for screening sigmoidoscopy.

Further research/reviews required

There is a need to standardize the training protocol for NPE.

Conclusions and results

Seventeen studies, including one survey, were selected for the clinical review.

Given the information available, it would appear that non-physician endoscopy is a viable model for Canada, because it might lead to increased screening availability and reduced waiting times. The NPE model would help meet the challenge of screening people at an average risk of colorectal cancer (CRC) – a large and growing segment of the population. This alternative to endoscopy, done solely by physicians, can provide economical CRC screening if proficiency is established and patient satisfaction is assured.

Recommendations

Not applicable.

Methods

Published and unpublished literature was systematically searched for studies reporting clinical outcomes of endoscopies performed by non-physicians (NPE), and from those performed by physicians. The outcomes investigated were the rate of polyp detection, rate of cancer detection, mean depth of endoscope insertion, and mean procedural time. Safety endpoints included the incidence of perforation, bleeding, infection, death, and the number of patients withdrawn because of adverse events. Patient satisfaction was also examined. Comparisons were made whenever possible between non-physician and physician endoscopy. The cost effectiveness of the two approaches was also examined using a cost minimization analysis.