**Title:** Trainees’ Knowledge and Application of Guideline Recommendations for Colorectal Cancer Screening and Surveillance: A Gap that Needs to be Bridged.

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**Objectives:** Our objective was to assess knowledge of colorectal cancer (CRC) screening or surveillance guidelines in medical and surgical trainees.

**Abstract:** Screening and surveillance have proven to decrease the incidence and mortality of CRC. Unfortunately, data demonstrates clinicians in practice do not follow the published guidelines for CRC screening and surveillance. Many factors contribute to this hiatus including knowledge, complexity and acceptance of guidelines by clinicians. To date, no assessment of the knowledge of CRC screening or surveillance guidelines nor the correct application of the guidelines has been performed in trainees.

An IRB approved 16 question anonymous web based survey was created and program directors of all ACGME approved internal medicine, family medicine, surgery, ob/gyn, urology, gastroenterology and colorectal surgery training programs were requested to forward the survey hyperlink to fellows and residents in their departments.

586 responses were received: internal medicine (159), family medicine and primary care (147), gastroenterology (114), general surgery (51), ob/gyn (78), urology (13), colorectal surgery (13) and unspecified (11). 97% reported they followed guidelines however only 68% and 50% were confident in recalling screening and surveillance guidelines respectively. Overall 18% and 8% of respondents identified all factors and correctly answered corresponding vignettes for screening and surveillance respectively. Significant differences existed between specialties. GI fellows had greatest overall accuracy in surveillance (39%) and were the worst (4%) in screening

Primary care and subspecialty trainees exhibit a substantial gap between their reported confidence in recalling CRC screening and surveillance guidelines and the application of them on a survey. This discordance crosses specialties and stage of practice. Interventions need to be designed to assist care providers in making guideline concordant CRC screening and surveillance recommendations.