



## Key Points about the National Endoscopic Database

These key points will help investigators determine whether the National Endoscopic Databases are appropriate data sources for their research project.

- **The NED is a clinical database, not an analytical data set.** Many caveats flow from this. For example, the absence of a finding does not mean that the finding was not present, simply that it was not documented.
- **Analytical datasets will require an experienced programmer.** Data will need to be extracted and manipulated for creation of your analytical data.
- **Pathological diagnoses are limited.** The diagnoses that are readily available are endoscopic diagnoses, and do not necessarily have pathological confirmation. Some pathologic data is available for a subset of the database, however, especially about colon polyps and tumors.
- **The sites participating in the NED are not necessarily representative of all GI practices in US.** VA facilities and academic medical centers are likely over-represented.
- **For older patients (65+), the NED is felt to be representative.** This is based on a prior comparison with Medicare data.
- **You cannot extrapolate from the NED to determine the total number of procedures performed in the US.**
- **Much of the data in the NED is not considered of high enough quality to use for research.** The most reliable fields are those describing indications, findings, and immediate complications as well as patient and provider demographics.
- **The NED consists of two databases (v3 and v4).** They are similar in many ways, distinct in others, but it is laborious to combine the data in the two databases.
- **Research has never been performed about some types of procedures.** We have never performed research using some of this data, specifically data on capsule endoscopy, motility studies, bronchoscopies, and non-endoscopic procedures. The first studies to be done on EUS and ERCP procedures are just now being completed.
- **Questions about complications are frequently asked, but data is only reliable for acute complications.** CORI captures data available at the time of the procedures very well, but not things that occur before (e.g. History & Physical exams) or after (e.g. long term complications).

If you have questions concerning the feasibility of a research project using the National Endoscopic Database, please do not hesitate the CORI PI, Dr. David Lieberman.