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GUIDELINES FOR COLORECTAL CANCER SCREENING

Colorectal cancer remains the third most common cancer in men and women separately. Overall it is the second leading cause of cancer related deaths after lung cancer. Approximately 50,000 deaths occur annually due to this very preventable cancer. Despite growing awareness, screening for colorectal cancer is lagging and only approximately 60% of eligible individuals get screened.

In 2008, screening and surveillance guidelines were put forth by several national organizations including the American College of Gastroenterology (ACG) and jointly by the American Cancer Society (ACS), the US Multi-Society Task Force (USMSTF) and the American College of Radiology (ACR). CT Colonography (virtual colonoscopy) was included in the latter guidelines as an optional screening test. No studies, however, have been conducted studying the appropriate interval between exams.

The ACG regards optical colonoscopy as the preferred strategy for CRC screening, and the fecal immunochemical test (FIT) to detect occult bleeding as the preferred test for cancer detection. Important revisions made to the 2000 published guidelines include:

- Preference of cancer prevention test, versus cancer detection tests.
- Screening for average-risk African Americans starting at age 45 as opposed to 50
- CT colonography every 5 years to replace double contrast barium enema for patients declining or unable to undergo colonoscopy.
- FIT replacing guaiac based tests for occult bleeding.
- Annual Hemoccult Sensa and fecal DNA testing every 3 years as alternative cancer detection tests.
- A family history of <5mm tubular adenomas in first-degree relatives is no longer considered to increase the risk of CRC.

The recommended interval between colonoscopies for average risk individuals remain 10 years. Data supporting this recommendation are indirect and to date no prospective study has been done rescreening a group of individuals 10 years after a normal exam. Studies done more recently have determined that a repeat colonoscopy after a normal exam need not be conducted before 5 years. Experts in the field most often recommend a 7-10 year interval following a normal exam, unless a clinical reason for an earlier exam or a family history of colon cancer develops.

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There are various factors that influence the final recommendation for an interval between colonoscopies. Patients are best served if this recommendation is individualized, taking into consideration both patient specific characteristics as well as procedure specific factors. Smoking, excessive alcohol intake, elevated body mass index (BMI) and certain dietary habits are known to increase the risk of colorectal cancer. Similarly, inadequate preparation for the colonoscopy, colonic spasticity, and colonic tortuosity increase the likelihood of missed polyps which per some studies may be as high as 6-10%.

All of these factors are taken with consideration when a recommendation for a subsequent exam is made. Although the evidence is lacking, some gastroenterologists in certain cases may combine a cancer prevention test such as a colonoscopy with a cancer detection test such as a fecal occult blood test.

At GGR, patients, depending on their health, are offered the option of scheduling a direct colonoscopy or meeting with one of our physicians or PA to discuss the colonoscopy procedure. Other available options for CRC screening are discussed with them at their visit. Most procedures are done in the GGR in-office endoscopy center offering ease, convenience and privacy to the patient, although, some patients have to have their procedure done in a hospital setting due to health issues. Most results of procedures are discussed with individual patients and accompanying individuals on the day of the test. Results of biopsies taken, if any, as well as recommended surveillance intervals, are subsequently communicated with the patient via a phone call or letter. Furthermore, at the time of the recommended interval, patients are reminded to schedule their follow-up exam via a letter from GGR.

GGR remains committed to CRC screening. Superb patient care and satisfaction, as well as optimal and timely communication with our patients and our referring physicians remain our daily goal.

MESSAGE FROM THE GGR PHYSICIANS

This newsletter has been created to bring you specific information in the field of gastroenterology that may be of interest to primary care physicians.

If you have a specific gastroenterological topic that you would like more information about, please call us at (585)271-2800, or visit our Web site at www.gastrogroupofrochester.com.

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