

DDF 2012 - Abstract Submission

Colorectal

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COLONOSCOPY FOR A FAMILY HISTORY OF COLORECTAL CANCER: ARE WE SCREENING 'THE WORRIED WELL'?

A. K. Hunt^{1*}, S. Qiu¹, Z. Mohamed¹, I. Beveridge¹, C. E. Collins¹, J. Mawdsley¹, K. Sundaram¹, K. J. Monahan¹

¹Family History of Bowel Cancer Clinic, West Middlesex University Hospital, London, United Kingdom

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My abstract is submitted for the following society:: BSG

Introduction: The British Society of Gastroenterology (BSG) updated guidelines for colonoscopic screening of people with family history (FH) of colorectal cancer (CRC) in 2010. In the UK, most patients anxious about their FH of CRC are referred by primary care doctors to non-specialist hospitals. Previous studies indicate guideline adherence is poor with significant clinical, medico-legal, and resource implications.

Methods: Our study analysed adherence to the 2010 BSG guidelines in a district general hospital (catchment population of 300,000). Observational data was collected from all colonoscopies in which FH was the primary indication over a 16 month period from guideline publication up to April 2011 at our centre.

Results: Of the 91 cases found (mean age 49.1 years, range 24.7-73.2), there were 11 high, 24 high moderate and 20 low moderate risk cases identified. 36 were low risk and did not fulfill criteria for initial colonoscopic screening. The 55 within guideline were screened on average 4.0 years early ($p < 0.0002$; paired T test; 0-24.2 years early), with 18 cases screened early. 17 of the 91 cases were offered unnecessary follow-up colonoscopies. Yield for polyps and CRC was significantly lower in screened individuals (16/91 (18%)) compared to patients offered colonoscopies for other indications during the same period (246/838 (25%); $p = 0.018$; X^2 test). Referrers recorded 'reassurance' in 29 cases as a factor for screening.

Risk	Life time risk of CRC death	n (%)	Cases screened early	Inappropriate follow up	Polyp/CRC cases found
Appropriate for screening					
High (i.e. known familial syndrome)	1 in 2-5	11 (12%)	0	0	2
High Moderate	~1 in 6-10	24 (26%)	6	8	5
Low Moderate	~1 in 12	20 (22%)	12	3	3
Inappropriate for screening					
Low	>1:12	36(40%)	N/A	6	6
Total		91	18/55 (33%)	17/91(19%)	16/91(18%)

Conclusion: The BSG guidelines are based on robust evidence. Despite this, many patients (40%) undergoing screening in our centre do not meet guideline criteria. Some (33%) were screened too early, and others (19%) had unnecessary follow up. Therefore, some patients are exposed to the risk of colonoscopy decades younger than recommended without justifiable benefits. This is reflected in similar data from other centres. Non adherence to guideline occurs at multiple levels from referral and beyond. Clinicians often feel compelled to offer screening against guidelines for the reassurance of anxious patients. Our study identifies multiple opportunities where intervention could result in better adherence to guidelines; interventions such as the development of family cancer clinics outside clinical genetics centres to improve management of these patients.

Would you like to apply for the BSG Travel Fellowship?: No

Disclosure of Interest: None Declared