Virtual, Optical Colonoscopy Are Alike, Study Says

BOSTON — Interim results from a large military study comparing virtual and optical colonoscopy for colorectal cancer screening suggest the two methods are comparable in sensitivity and specificity, said Maj. Richard P. Mose1, III, MC, USA.

If final results of the 8-year screening virtual colonoscopy (VC) trial confirm this, they will be seen as validating the 2003 trial (N. Engl. J. Med. 2003;349:2191-2200) that put VC on the map for colorectal cancer screening, said Dr. Moser of Walter Reed Army Medical Center in Washington.

Speaking at an international symposium sponsored by Boston University, Dr. Moser said VC trial included 3,000 average-risk subjects.

Its goals are to validate the 2003 trial, to evaluate the effectiveness and cost-effectiveness of VC screening, and to gather data on the short-term natural history of 6 to 9 mm polyps.

Patients undergoing VC screening are sent to same-day optical colonoscopy (OC) if they have a polyp measuring 10 mm or more, or three polyps measuring at least 6 mm, Dr. Moser said. Patients with fewer than three medium-sized polyps are randomly assigned to either same-day colonoscopy or 1-year VC follow-up. Patients with no polyps are randomized to either same-day OC or 3-year VC follow-up.

Interim results suggest that for polyps measuring at least 6 mm, VC has a sensitivity of about 90% vs. about 97% for OC. The specificity of VC was 73% vs. 80% specificity found in the 2003 trial, indicating a tendency to identify too many polyps.

—Kate Johnson

Patients Recruited for Pancreatic Cancer Screening Study

BY DOUG BRUNK
San Diego Bureau

SAN DIEGO — Screening for pancreatic cancer in people with a family history of the disease is not a routine practice, Dr. Marcia Irene Canto said at a meeting jointly sponsored by the AGA Institute and the Japanese Society of Gastroenterology.

"Much of our understanding of the genetics on the development of sporadic colorectal cancer stems from our understanding of hereditary colorectal cancer," said Dr. Canto, director of clinical research in the division of gastroenterology and hepatology at the Johns Hopkins University, Baltimore.

"Maybe we’re 10 years behind in fully understanding the genetics of pancreatic cancer, but hopefully we’ll get there." Since pancreatic cancer in relatives tends to develop in the 60s, Dr. Canto recommends that family members be screened starting at age 40 years, or 10 years younger than the youngest relative with the disease.

"Clearly, known family history is a risk factor," she said. Screening can detect asymptomatic treatable neoplasms, as well as pancreatic neoplasms and extra- pancreatic neoplasms.

In patients with Peutz-Jeghers syndrome, pancreatic cancer tends to present in the fourth decade of life. "Therefore, we propose that you [screen these patients] at an earlier age, maybe at age 30," she said. "We don’t know for sure.”

In addition, smoking increases the risk and lowers age of onset in people with a family history of the disease. "The first thing you can do for your patients besides taking a family history is to stop smoking," she said.

Intraductal papillary mucinous neoplasm, multifocal pancreatic intraductal neoplasia, and lobular intraductal chronic pancreatitis are part of the phenotype of familial pancreatic cancer. The best screening tests remain unknown,

"the researchers plan to screen high-risk individuals for early pancreatic neoplasia using EUS, CT, and MRI/magnetic resonance cholangiopancreatography (MRCP), and a panel of candidate biomarkers. They hypothesize that screening tests can detect early curable neoplasms that present in high-risk individuals before it progresses to invasive cancer.

Patients eligible for enrollment in the investigation include:

- Adults with at least two first- degree relatives (parent, sibling, child) with pancreatic cancer. If the family has three or more relatives with the disease, then the individual must have at least one first-degree relative affected; if the family has two relatives with pancreatic cancer, then the individual must have two first-degree relatives affected.

- Adults with Peutz-Jeghers syndrome.

- Adults who are carriers of the BRCA1 or BRCA2 gene.

- Adults who have a history of multiple mole melanoma (FAMMM) p16/CDKN2A gene and there is at least one family member who has a history of multiple mole melanoma.

For additional questions about patient enrollment, contact caps@jhmi.edu.