Options May Lead Patients to Put Off Screening

BY SHERRY BOSCHERT
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LAKE TAHOE, CALIF. — Patients may be more likely to be screened for colon cancer if physicians schedule colonoscopies and tell the patients to show up rather than giving them a choice of screening options, Dr. John M. Inadomi said at a meeting on gastroenterology and hepatology sponsored by the University of California, Davis.

That’s what he and associates at the University of California, San Francisco, found in a small pilot study, and they plan to study this further in a much larger trial, he said. In the pilot study they randomized subjects and followed them for 6 months to see how many completed the colon cancer screening tests. None of the patients who either chose or were told to get three fecal occult blood tests (FOBTs) plus flexible sigmoidoscopy completed both. “So first of all, if you’re trying to get people to do both FOBT and flex sig, forget it,” said Dr. Inadomi, chief of clinical gastroenterology at San Francisco General Hospital and director of GI Outcomes and Health Services Research at the university.

Fifteen patients in the “choice” arm of the study were counseled by a nurse-specialist who recited a scripted message designed to help patients choose between getting a colonoscopy or getting three FOBTs plus a flexible sigmoidoscopy. In the “no choice” arm, patients were told to show up for a colonoscopy.

“In the pilot study, we randomized 41 subjects and followed them for 6 months to see how many completed the colon cancer screening tests. None of the patients who either chose or were told to get three fecal occult blood tests (FOBTs) plus flexible sigmoidoscopy completed both,” Dr. Inadomi said.

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Among 26 patients in the “no choice” arm, 13 were told to show up for a colonoscopy and 9 patients (69%) did so. Of the 13 patients who were told to get FOBTs plus flexible sigmoidoscopy, 1 patient completed the FOBTs and 4 patients underwent flexible sigmoidoscopy, but none underwent both tests.

Screening Interval Should Reflect Duration of IBD

LAKE TAHOE, CALIF. — The frequency of colonoscopies to screen for cancer in patients with Crohn’s disease or ulcerative colitis should be based on how long they’ve had colitis, Dr. Joshua R. Korzenik said at a meeting on gastroenterology and hepatology sponsored by the University of California, Davis.

But if a colonoscopy can answer an important clinical question facing the patient today, it should be done now regardless of the colitis duration, said Dr. Korzenik, co-director of the Crohn’s and Colitis Center at Massachusetts General Hospital, Boston.

Without that pressing motivation, a screening colonoscopy typically would be appropriate every 3-4 years during the first decade of a patient’s Crohn’s or ulcerative colitis. Because these patients can develop cancer not only from polyps but from flat, normal-appearing mucosa, multiple biopsies are needed. A minimum of 33 biopsies should be taken, spaced about every 4-10 cm throughout the colon.

“If the colonoscopy detects high-grade dysplasia, the patient should undergo a colectomy,” Dr. Korzenik advised.

—Sherry Boschert