VALUE DEMONSTRATED OF COLON SCREENING IN MEN AND WOMEN WITH HIGH AND MODERATE FAMILY RISK OF COLORECTAL CANCER

Wednesday, 16th March 2005: The importance of screening for polyps in the colon of people who have colon cancer in their family has been demonstrated in a research study presented to the Annual Scientific Meeting of the British Society of Gastroenterology in Birmingham.

It was shown to be particularly valuable in high-risk patients and in moderate risk patients in the 50-plus age group.

The research raises the issue of whether there should be national funding for family bowel cancer screening for those at high and medium risk because of their family history of the disease.

The screening by colonoscopy involves a telescopic examination of the whole bowel, while the patient is sedated, but conscious. The aim is to look for adenomatous polyps, pea-like growths which have abnormal cells. “Given long enough, their growth becomes out of control and the polyp can then turn into cancer,” said Dr Perminder Phull of the Gastrointestinal and Liver Service, Aberdeen Royal Infirmary.

When polyps are discovered, they can be removed during the screening, so that they cannot become cancerous. “Some patients watch on screen,” said Dr Phull. “Colonoscopy may be a little uncomfortable, but is usually not painful.”

Dr Phull and colleagues at the Department of Medical Genetics, University of Aberdeen addressed the issue of whether colonoscopy screening in familial colorectal cancer is worthwhile. “We performed an audit of subjects with a family history of colorectal cancer, referred by the regional genetics service for screening” said Dr Phull.

Of 150 men and women screened by colonoscopy in the trial, 51 were in the high-risk group and 99 were in the moderate risk group. No actual cancers were found in either group. But in the moderate risk group, 12 of the 99 (12%) had adenomatous polyps, and one woman had more than 40 polyps. “If she had not had this colonoscopy, she would have had a very high chance of developing cancer,” said Dr Phull. “She was a young woman in her 30s.” In the high-risk group, 11 of the 51 (22%) had the potentially dangerous polyps.

In the moderate risk group, 17.5% of those aged 50-plus had polyps. This compared to 8.5% in the under 50s.

In the high-risk group, 25% of those younger than 50 and 15.8% of those older than 50 had polyps.

The researchers conclude: “Screening colonoscopy in familial colorectal cancer identifies a significant number of subjects with adenomatous polyps. The yield of screening colonoscopy is greater in high-risk subjects or moderate-risk subjects over the age of 50 years.”
Dr Phull commented: “For the next stage, we need a cost benefit analysis. We do a lot of screening that is not funded. This is a big problem across the country. Funding would be needed on a national scale”, he said.

Ends

**Paper to be given by Dr Perminder Phull at:**
12.30pm, Wednesday 16th March 2005
Results of screening colonoscopy in familial colorectal cancer (Phull PS, Gregory H, Miedzybrodska Z)

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