

Colorectal Cancer Screening in Patients after Polyp Removal: A Survey of Primary Care Physicians

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The full report is titled “Colorectal Screening after Polypectomy: A National Survey Study of Primary Care Physicians.” It is in the 7 November 2006 issue of *Annals of Internal Medicine* (volume 145, pages 654-659). The authors are V. Boolchand, G. Olds, J. Singh, P. Singh, A. Chak, and G.S. Cooper.

What is the problem and what is known about it so far?

Colorectal cancer (cancer of the colon [large intestine] or rectum) is a common cause of cancer death in the United States. Experts recommend that people 50 years of age and older get colon cancer screening. Most cancer of the colon begins as polyps, which are benign (noncancerous) growths on the colon’s inner surface. Removing a polyp prevents it from ever becoming cancer. There are different kinds of polyps, some that are likely to become cancer and some that rarely do. Doctors can remove polyps during colonoscopy. Colonoscopy is a procedure during which doctors examine the inside of the colon with a flexible, lighted instrument. After removing a polyp, doctors often repeat the colonoscopy periodically to look for new polyps or cancer.

Colonoscopy is expensive, is time-consuming for patients, and can have complications. Therefore, it is important to adjust the frequency of colonoscopy to the likelihood that new polyps or cancer will occur. The United States Multisociety Task Force (USMSTF) on Colorectal Cancer is a group of representatives from several professional organizations that has developed guidelines about how often to repeat colonoscopy for patients with different types of polyps. A recent survey of gastroenterologists and surgeons suggested that they believed in more frequent colonoscopy than the guidelines recommended.

Why did the researchers do this particular study?

To compare primary care doctors’ recommendations with USMSTF guidelines on the frequency of surveillance colonoscopy.

Who was studied?

568 primary care physicians who were members of the American College of Physicians or the American Academy of Family Physicians.

How was the study done?

The researchers mailed a survey to 500 members of the American College of Physicians and 500 members of the American Academy of Family Physicians. The surveys asked the doctors when they would recommend repeated colonoscopy after 6 different possible colonoscopy results that ranged from no polyp to a large polyp with precancerous changes.

What did the researchers find?

Of the 1000 doctors contacted, only 568 completed the survey. In general, responding doctors reported that they would recommend repeated colonoscopy sooner than the guidelines recommended. This was especially true for the types of polyps that are least likely to become cancer.

What were the limitations of the study?

The guidelines that were available at the time of the survey did not offer specific recommendations for 2 of the 6 types of polyps included in the survey. Many of the surveyed doctors did not respond, and the results show what the doctors said they would do rather than what they actually did.

What are the implications of the study?

Primary care doctors may be recommending more frequent repeated colonoscopy for patients who have had a polyp removed than guidelines recommend. Organizations that develop these guidelines need to better educate doctors about them.

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