IS THERE A DIFFERENCE IN COLONIC NEOPLASIA IN PATIENTS SCREENED VIA A GOVERNMENTAL SCREENING PROGRAM AND AGE EQUIVALENT PATIENTS WHO HAVE FIT TESTING OUTSIDE THAT PROGRAM?

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Disclosures

- No disclosures

Background

- Colorectal cancer screening show beneficial effect on burden of disease
  - Favourable shift in stage of screen detected tumours, lower risk of dying of CRC amongst screening participants and modelling evidence of cost-effectiveness.
- Multiple countries have established centralised, organised process of population screening
  - Screening focuses on middle-aged and older people in whom there are no obvious symptoms indicative of CRC.
- NBCSP
  - graduated program aiming for coverage of patients aged 50-74 by 2020
  - FIT followed by colonoscopic assessment within 30 days
- Parallel expansion of FIT use outside of the government program.
  - Voluntary organisations, general practitioners and patient initiated.
  - In presence or absence of symptoms

Approach to community initiated FIT positive patients?

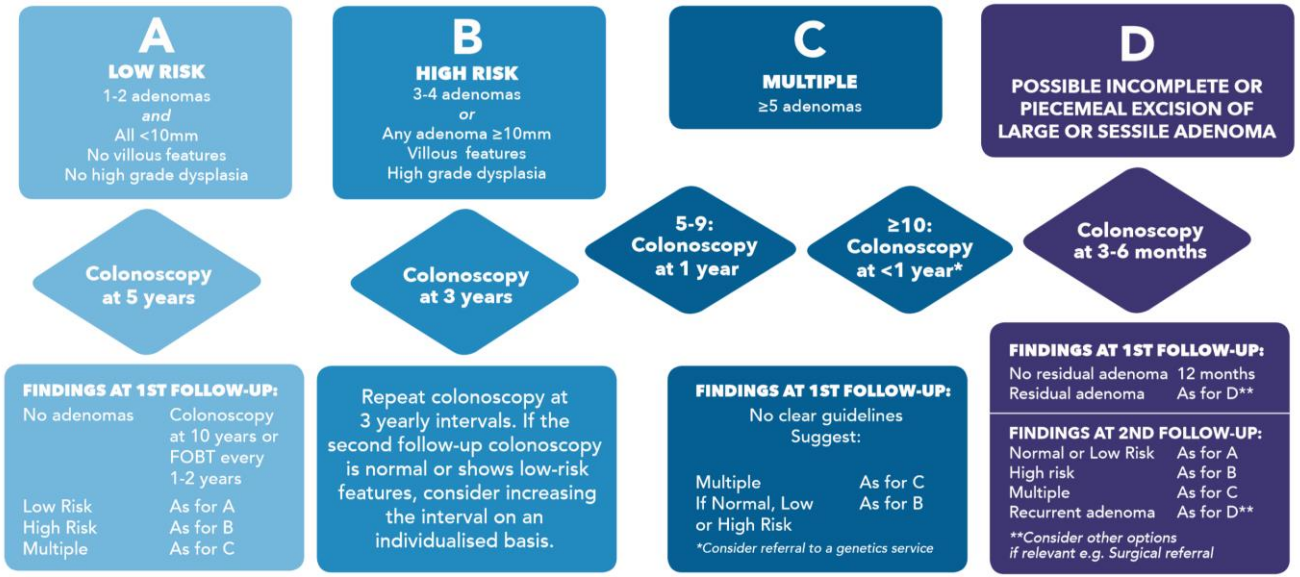
- Provision of endoscopies with the same priority for patients with a positive FIT regardless of route of instigation of the test?
- Prioritise those who have been through the NBCSP system and treat the remainder depending on the presence of symptoms, if any?

Method

- Analysis the results of the Newcastle Direct Access Colonoscopy Service
  - Centralised referral point, all FIT patients managed in the same manner.
  - Nurse led triage
  - Routine, medically fit, patients booked straight to colonoscopy without having to see a specialist as an outpatient in a clinic
  - Prospective recording of symptoms and endoscopic findings
  - 3341 patients between 1st July 2014 and June 30th 2018

Method

- Descriptive observational study
- Age 50-74, index diagnostic colonoscopy performed for screening only.
- Outcomes:
  - Normal (including diverticulosis)
  - Haemorrhoids
  - Inflammatory bowel disease (either active or quiescent),
  - Polyps
    - Hyperplastic polyps,
    - Low risk adenomas (1-2 < 10mm adenomas),
    - High risk adenoma (3-4 <10mm adenomas),
    - Multiple adenoma either 5-9 or ≥10 adenoma,
    - Incomplete or piecemeal excision of large sessile adenoma,
  - Cancer.



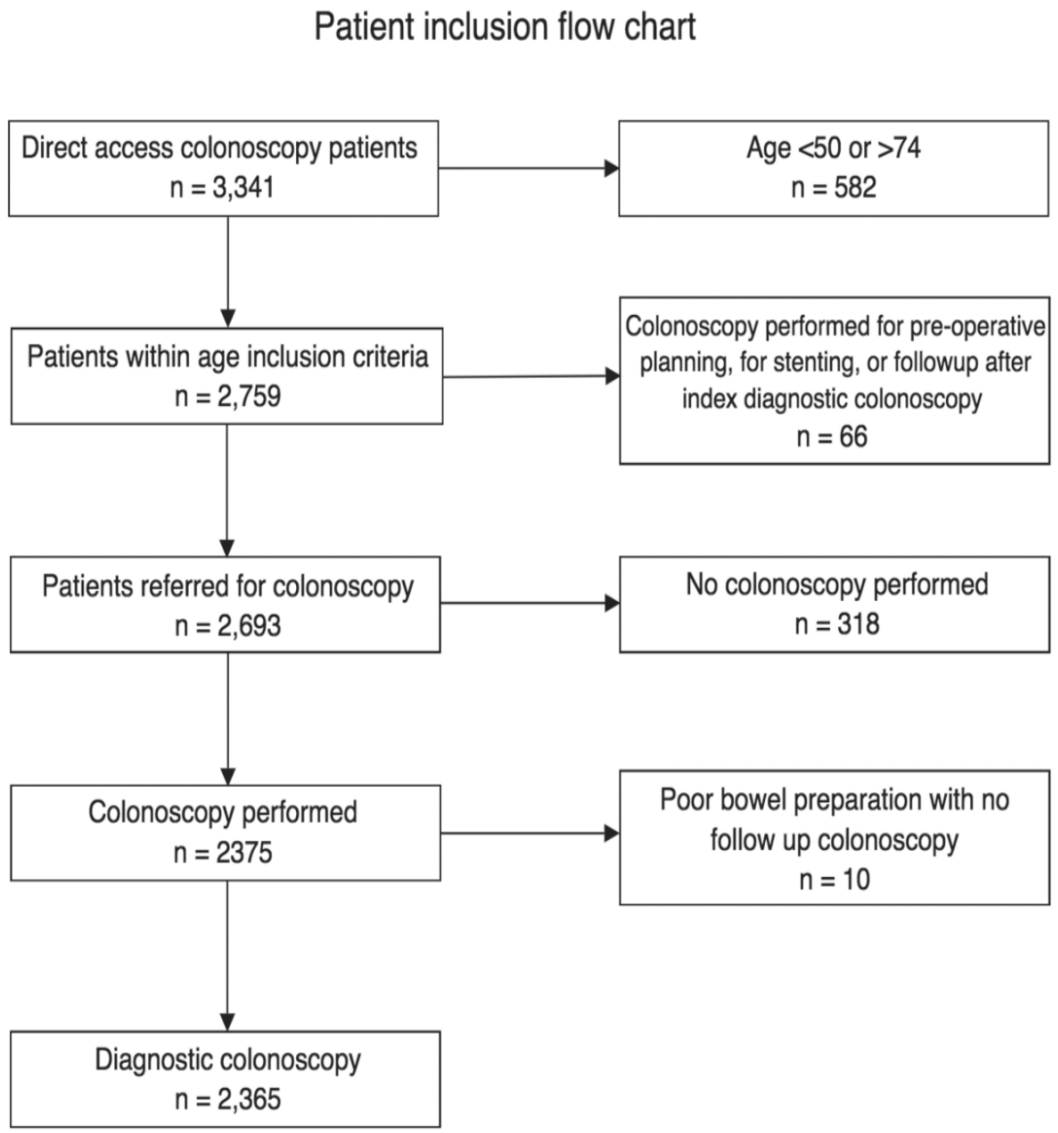
Method

- Validity of results:
  - Review of both the colonoscopy reports and histology in all cases in which there was a finding.
  - Normal colonoscopies were also validated by a retrospective analysis of 10% of the results.

- Statistical analysis was performed using student t-test for continuous variables whereas categorical variables were represented as proportions and compared with x^2 test or Fisher's exact test as appropriate.

Results

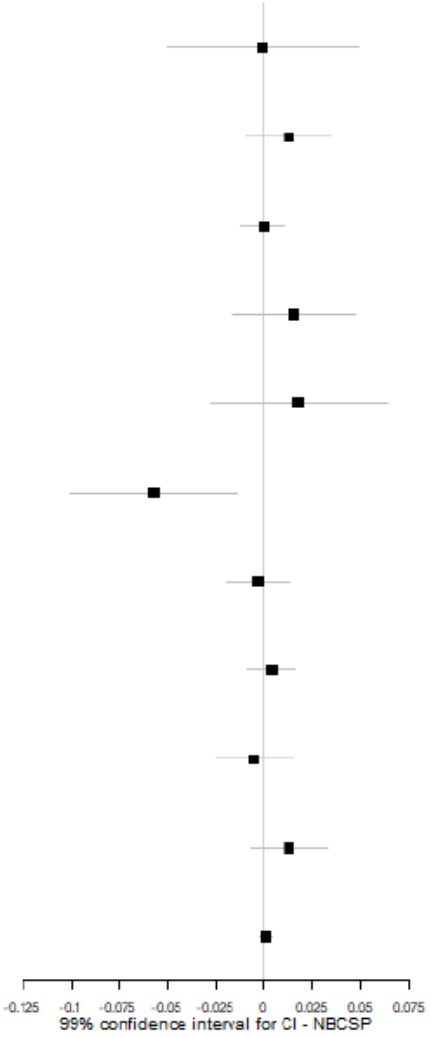
- Colonoscopy not performed (318):
  - Failure to attend/lost to follow up (n=250)
  - CT colonography (n=20)
  - Died (n=3)
  - Deemed not required (n=45)
- Poor bowel prep, yet to be re-scoped (n=10)
- Diagnostic colonoscopy n=2365
  - CI n=1233, NBCSP n=1132
  - Age + sex distribution equivalent.
- Colonoscopy quality
  - Completion rate 97.08%
  - Adenoma detection rate 49%



Results:

- No statistical difference in incidence of outcomes between groups
  - Except High risk adenomas favouring NBCSP, cause unclear, CI 99%.

	CI (n=1233)	NBCSP (n=1132)
Normal/Diverticulosis	396 (0.321)	364 (0.322)
Haemorrhoids	59 (0.048)	40 (0.035)
Inflammatory bowel disease	14 (0.011)	13 (0.011)
Hyperplastic Polyp	124 (0.101)	96 (0.085)
Low Risk Polyp 1-2 small tubular adenomas	295 (0.239)	250 (0.221)
High Risk Adenomas 3-4 or any adenoma >/= 10mm	212 (0.172)	259 (0.229)
Multiple Adenomas 5-9	26 (0.021)	27 (0.024)
Multiple Adenomas 10+	17 (0.014)	11 (0.01)
High Risk Sessile Adenomas (Large sessile Polyps (>2cms) / Malignant Polyps	40 (0.032)	42 (0.037)
Adenocarcinoma	49 (0.04)	30 (0.027)
Squamous Cell Carcinoma	1 (0.001)	0 (0)



Discussion

- Pathology detect rates are equivalent between patients who have a positive FIT performed through the NBCSP and those initiated in the community
- Study strengthened by large population involved
- Non-randomised study by design
- Further investigation
  - Impact of symptoms on the detection of pathology
  - Pathology detection rates in patients outside of the screened population age group.

Conclusion

- Colonoscopic evaluation should performed equally promptly for patients with a positive FIT regardless of the route by which they came to have the test.