



American Cancer Society, the American College of Radiology and the U.S. Multi-Society Colorectal Cancer Task Force now recommends virtual colonoscopy for colorectal cancer screening.

March 5, 2008 -The U.S. Multi-Society Task Force on Colorectal Cancer (a group that comprises representatives from the American College of Gastroenterology, American Gastroenterological Association, and American Society for Gastrointestinal Endoscopy) in conjunction with the American Cancer Society, and the American College of Radiology have released joint consensus guidelines (first-ever) for colorectal cancer screening. The list of recommended options now includes stool DNA (sDNA) and CT colonography (CTC), also known as virtual colonoscopy.

The expert panel felt very strongly that colon cancer prevention should be the primary goal of colorectal cancer screening. Thus, the guidelines state a preference for tests designed to detect both early cancer and adenomatous polyps as these tests have proven to provide a greater potential for cancer prevention through early polyp removal.

“This is the first time that guidelines from the American Cancer Society express a strong preference for tests that can identify both polyps and cancer and lead to cancer prevention,” noted David A. Lieberman, M.D., on behalf of the U.S. Multi-Society Task Force on Colorectal Cancer. “We feel strongly that this will help consumers make decisions that can, quite literally, save their lives.”

The guidelines, which represent the most current scientific evidence and expert opinion available, were published early online on the ACS website <http://caonline.amcancersoc.org/>. and will appear in the May/June issue of *CA: A Cancer Journal for Clinicians*. They will also be published later this year in the journals *Gastroenterology* and *Radiology*.

“Despite clear evidence that colorectal cancer screening saves lives and the existence of several effective tests, screening rates have lagged, costing thousands of lives every year,” said Otis W. Brawley, M.D., national chief medical officer of the American Cancer Society. “Our hope is that these new recommendations will help relieve some of the challenges health care providers have had in promoting screening to their patients and lead to more Americans preventing colon cancer by having polyps removed before they turn into cancer.”

The panel recognized that some patients will not want to undergo an invasive test that requires a bowel prep, may prefer to have screening in the privacy of their home, or may not have access to the invasive tests due to lack of coverage or local resources, so will opt for stool occult blood or DNA testing, which can be performed at home, without bowel prep. But the panel said providers and patients should understand that those tests are less likely to prevent cancer compared with the invasive tests; they must be repeated at regular intervals to be effective; and if the test is abnormal, an invasive test (colonoscopy) will still be needed.



"The addition of these new technologies can potentially encourage many more people to choose to be screened for colorectal cancer," said Arl Van Moore, M.D., FACR, chair of the American College of Radiology Board of Chancellors. "This could result in early detection of the disease for more patients, increasing the chance of successful treatment, and potentially reduce colorectal cancer deaths nationwide."

Based on a review of the historic and recent evidence, the following tests were deemed acceptable options for the early detection of colorectal cancer and adenomatous polyps for asymptomatic adults aged 50 years and older:

Tests that detect adenomatous polyps and cancer

- Flexible sigmoidoscopy every 5 years, or
- Colonoscopy every 10 years, or
- Double contrast barium enema (DCBE) every 5 years, or
- CT Colonography (CTC) every 5 years

Tests that primarily detect cancer

- Annual guaiac-based fecal occult blood test (gFOBT) with high test sensitivity for cancer, or
- Annual fecal immunochemical test (FIT) with high test sensitivity for cancer, or
- Stool DNA test (sDNA), with high sensitivity for cancer, interval uncertain

Other WIS articles about virtual colonoscopy and colorectal cancer

The difference between virtual and conventional (optical) colonoscopy

FAQ's about Virtual Colonoscopy

PET/CT Colorectal Cancer Brochure

PET/CT Colorectal Cancer Data sheet

What causes colorectal cancer?

Can colorectal cancer be prevented?

Stages of Colorectal cancer

These articles are available in the Health Topics area of our Website:

<http://www.washingtonimaging.com/public/HealthTopics.asp>

For additional information on Virtual Colonoscopy and Colorectal Cancer, please visit:

American Cancer Society: www.cancer.org

American Gastroenterological Association: www.gastro.org

American College of Radiology: www.acr.org

American College of Gastroenterology: www.acg.gi.org

American Society for Gastrointestinal Endoscopy: www.asge.org



WASHINGTON
IMAGING
SERVICES, LLC

1135 116th Ave NE, Suite 260
Bellevue, WA 98004
Phone: 425-688-0100
Fax: 425-454-8911

450 NW Gilman Blvd., Suite 105
Issaquah, WA 98027
Phone: 425-688-0100
Fax: 425-454-8911