

## **Ambulatory Topic Review: Colon Cancer**

### **General**

- Third most common cancer in men and women, and second most common cause of cancer death in the USA.
- Most colorectal cancers arise from adenomas over the course of 7 to 15 years.

### **Epidemiology/Risk Factors**

- Fiber has no conclusive evidence for prevention.
- Aspirin and NSAIDs reduce colon cancer risk but their associated risks outweigh benefits (GI bleed etc.)
- Antioxidants not recommended to prevent colon cancer; vitamin E actually increases risk for adenomatous polyps.
- Obesity increases risk for colon cancer mortality (RR 1.8 in obese men, 1.4 in women).
- High fat intake increases risk of adenomatous polyps; other studies have not seen association between high fat intake and development of cancer.
- Red meat: evidence is inconclusive.
- Incidence of colorectal cancer by risk category:
  - Average (no family history) 75%
  - Family history of colorectal cancer 15-20%
  - HNPCC 3-8%
  - FAP 1%
  - Personal history of ulcerative colitis 1%

### **Screening**

- All adults 50 and older should be screened.
- Cease continued screening in adults 75-85 years who have been previously screened, or adults over 85 not previously screened.
- Screening options:
  - FOBT every year
  - Flexible sigmoidoscopy every 5 years (with or without FOBT every 3 years)
    - Perforation rate 1 in 25,000-50,000.
  - Colonoscopy every 10 years
    - Perforation rate 5.6 in 10,000.
    - For most accurate screening, withdrawal time from cecum at least 6 mins.
  - Newer methods have insufficient evidence (CT colonography, fecal DNA testing)

### **Surveillance**

- Hyperplastic polyps: repeat colonoscopy in 10 years
- 1-2 small (<1cm) tubular adenomas (including those with low-grade dysplasia): follow up colonoscopy in 5-10 years
- 3-10 adenomas, adenomas >1cm, or villous features/high grade dysplasia: next colonoscopy in 3 years
- More than 10 adenomas on one colonoscopy: Follow up in less than 3 years.
- Sessile adenomas that are removed piecemeal: consider 2-6 month followup.
- Curative resection for colon or rectal cancer: Surveillance colonoscopy in one year

## References

- **Colorectal Cancer: A Summary of the Evidence for Screening and Prevention.** THAD WILKINS, MD, and PETER L. REYNOLDS, MD. *Am Fam Physician.* 2008 Dec 15;78(12):1385-1392.
- **Colorectal Cancer: Risk Factors and Recommendations for Early Detection.** THOMAS E. READ, M.D., and IRA J. KODNER, M.D., Washington University School of Medicine, St. Louis, Missouri. *Am Fam Physician.* 1999 Jun 1;59(11):3083-3092.
- **Colonoscopy Surveillance After Polypectomy and Colorectal Cancer Resection.** CONSENSUS GUIDELINES FROM THE U.S. MULTI-SOCIETY TASK FORCE ON COLORECTAL CANCER and THE AMERICAN CANCER SOCIETY. DURADO D. BROOKS, MD, MPH, et al. *Am Fam Physician.* 2008 Apr 1;77(7):995-1002.