

What do I do if something is found on my colonoscopy?

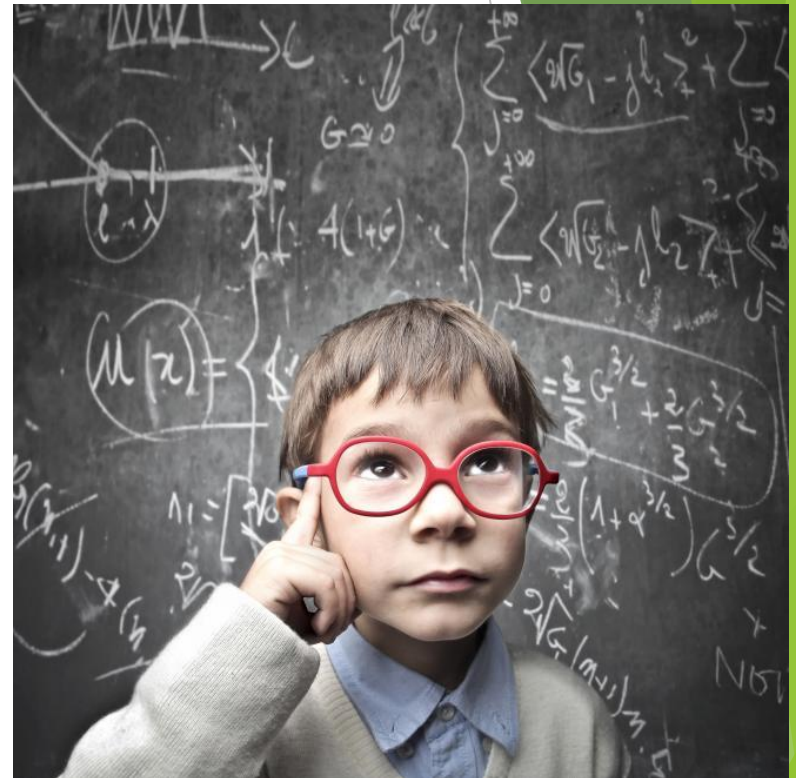
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COLON & RECTAL SURGERY

"Where the health issues no one talks about are expertly resolved."

Is colonoscopy a good screening test?

- ▶ Serious disease
- ▶ Effective treatment before symptoms occur
- ▶ Prevalence of detectable pre-clinical phase is high

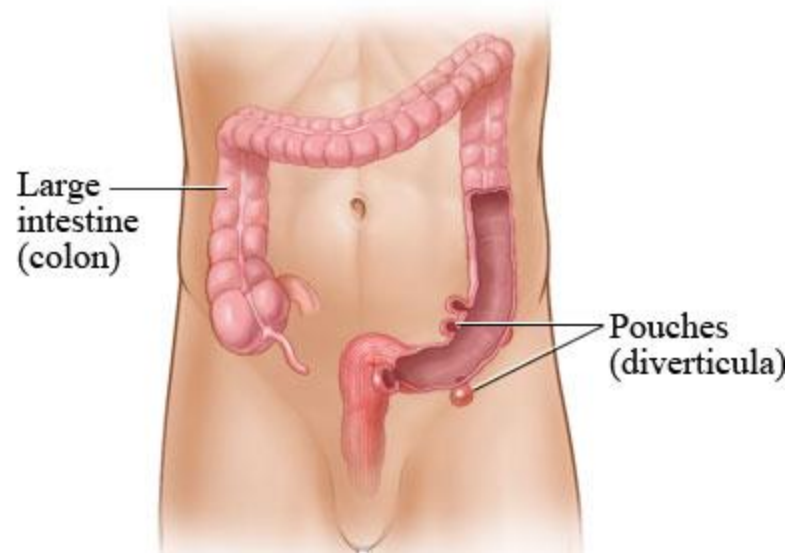


When to get one?

- ▶ Symptoms
- ▶ Typical risk: age 50
- ▶ Otherwise, 10 years prior to youngest family member with polyps or cancer
- ▶ Certain other conditions increase your risk as well

What can be found?

- ▶ “Normal”
- ▶ Diverticula
 - ▶ 1 in 5 will develop a problem
 - ▶ Does not affect timing of the next
- ▶ Inflammation
- ▶ Polyps
- ▶ Cancer/mass



Cancer

- ▶ Nearly 100,000 cases in the US every year
- ▶ About 1 in 20 will develop colon cancer in lifetime
- ▶ 2nd leading cause of cancer death
- ▶ **BUT ...**
- ▶ Death rate has been dropping, due to better detection and treatment
- ▶ Cancer detected early (stage I) has a relative 5-year survival of 92%
- ▶ **Now over 1 million colon cancer survivors**

Suboptimal prep?



- ▶ 20% of the time from a variety of reasons
- ▶ Repeat colonoscopy in 1 year
- ▶ Consider another way to screen
 - ▶ Stool-based test yearly
 - ▶ +/- flexible sigmoidoscopy

You made it through the procedure?



What's next?

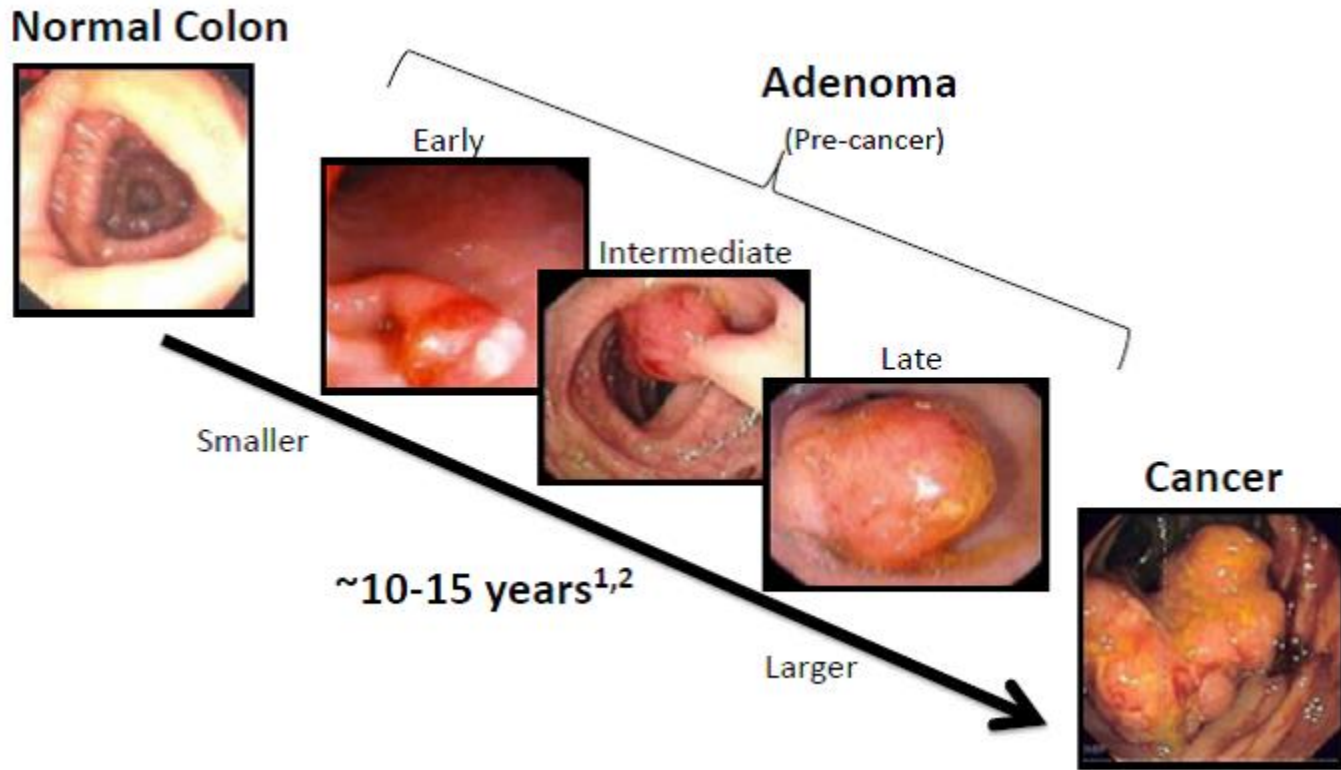
Depends on what is found

- ▶ Colonoscopy is so valuable because colon cancer develops slowly (over 10 years) from precursors (polyps)

No polyps?

- ▶ 10 years!
- ▶ It takes that long for polyps to grow
- ▶ Remain in “screening” category

Based on neoplasia pathway



Not all polyps are
created equal



Not “real” polyps

- ▶ May be normal tissue that appeared to be a polyp
- ▶ Inflammatory
- ▶ Hyperplastic - more cells, but not cancerous
- ▶ Stay in “screening” category (likely 10 year interval)

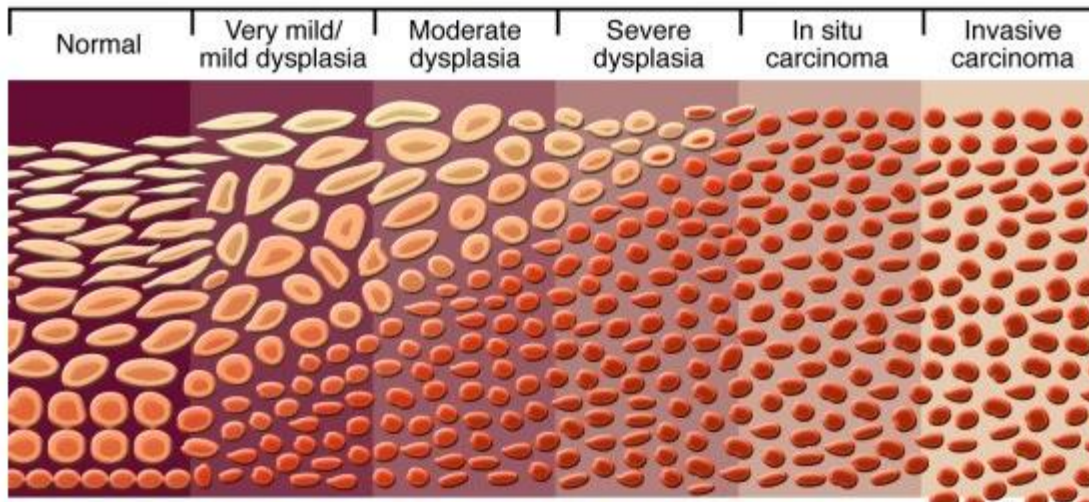


Adenoma

- ▶ Pre-cancerous
- ▶ If removed entirely, the risk from that polyp is eliminated, but it seems your risk of developing another is high
- ▶ Thus, repeat screening based on size, number, and how close to cancer it looks on pathology

5 years

- ▶ 1-2 polyps
- ▶ <1cm each
- ▶ Low grade dysplasia



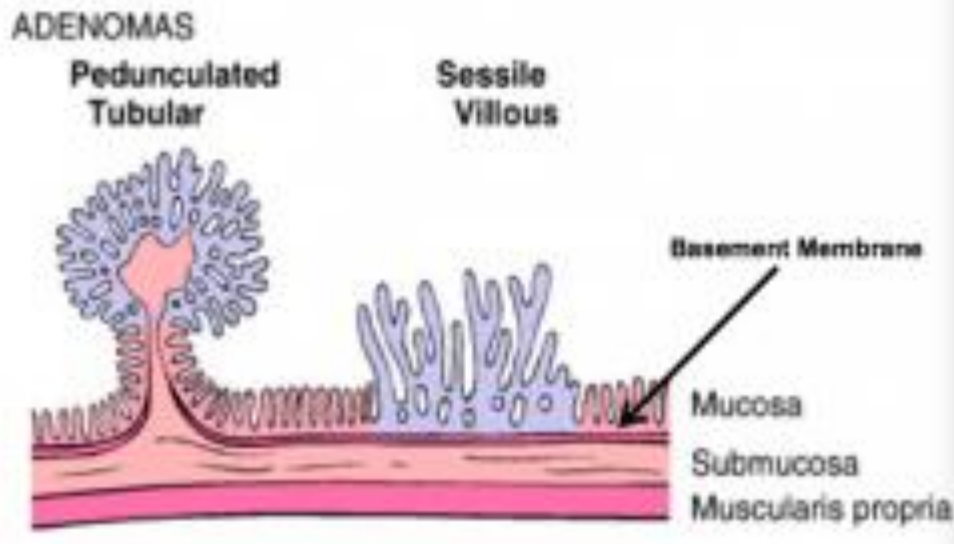
3 years

- ▶ 3-9 polyps
- ▶ Any polyp > 1 cm
- ▶ Villous histology



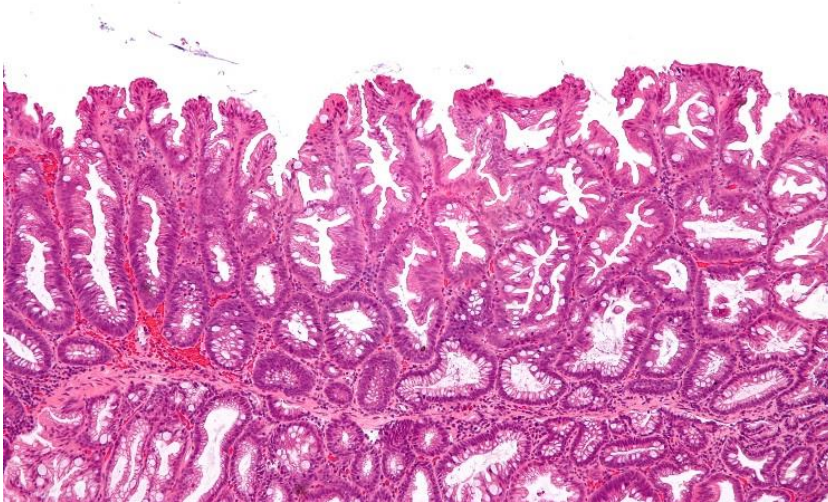
2-6 months

- ▶ Large (> 2cm) sessile
- ▶ Any incompletely removed polyps



Special consideration

- ▶ > 10 polyps
- ▶ Any with high grade dysplasia
- ▶ Sessile serrated polyps:
 - ▶ Higher risk of recurrence and progression
 - ▶ < 1 cm, no dysplasia: 5 years
 - ▶ > 1 cm, or with dysplasia: 3 years
 - ▶ Incompletely removed SSP > 1 cm: 2-6 months



Interval Guidelines

- ▶ Confidence in seeing everything
- ▶ Likelihood of developing a polyp or cancer
 - ▶ Family or personal history
 - ▶ Pathology on most recent scope

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The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

SEPTEMBER 19, 2013

VOL. 369 NO. 12

Long-Term Colorectal-Cancer Incidence and Mortality after Lower Endoscopy

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CONCLUSIONS

Colonoscopy and sigmoidoscopy were associated with a reduced incidence of cancer of the distal colorectum; colonoscopy was also associated with a modest reduction in the incidence of proximal colon cancer. Screening colonoscopy and sigmoidoscopy were associated with reduced colorectal-cancer mortality; only colonoscopy was associated with reduced mortality from proximal colon cancer. Colorectal cancer diag-

So ...

↓ colon cancer
↓ mortality



Longer life!

Thank you!



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