

Surveillance Colonoscopy Guidelines Not Followed

BY KERRI WACHTER
Senior Writer

WASHINGTON — Physicians don't seem to be doing such a good job of adhering to recommendations for colonoscopy surveillance, following some patients too often and not following others often enough, Dr. Robert E. Schoen reported at the annual Digestive Disease Week.

Dr. Schoen, a professor of medicine and epidemiology at the University of Pittsburgh, and his colleagues looked at surveillance colonoscopy records for 3,607 participants (60% men, 93% white) in the Prostate, Lung, Colorectal, and Ovarian Cancer (PLCO) screening trial. All of the patients had an abnormal screening flexible sigmoidoscopy and then underwent diagnostic colonoscopy within 1 year.

At 5 years' follow-up, only 63% of the patients with advanced adenoma had undergone a surveillance colonoscopy. At 10 years, 83% had had a follow-up colonoscopy. On the other side of the spectrum, 40% of those with no polyps had undergone a surveillance colonoscopy at 5 years; that number rose to 64% at 10 years. (See box.)

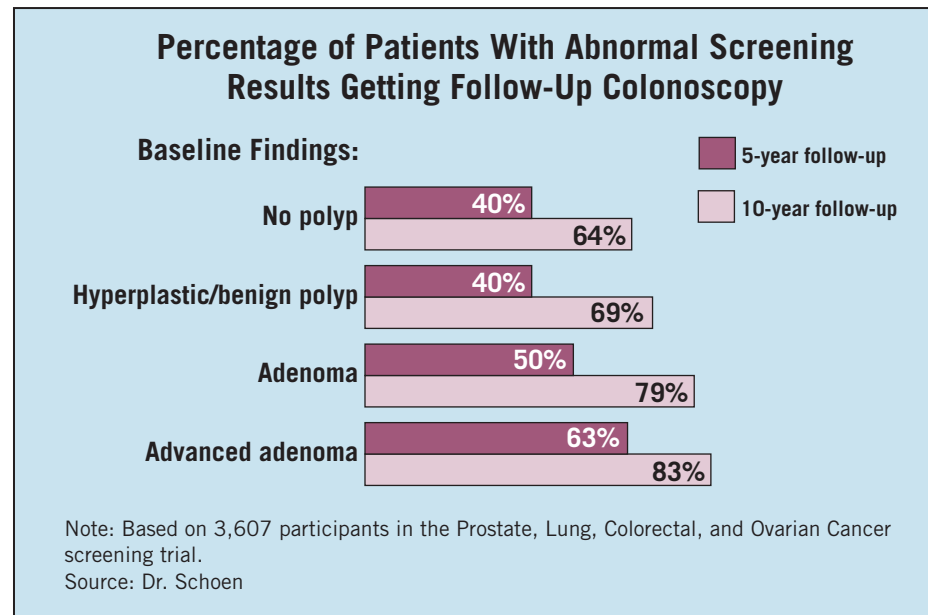
"There is an element of both underutilization and overutilization," Dr. Schoen said. According to recommendations by the U.S. Multi-Society Task Force on Colo-

rectal Cancer and the American Cancer Society, patients with two or fewer small (less than 1-cm) tubular adenomas with only low-grade dysplasia should have their next follow-up colonoscopy in 5-10 years. Patients with small rectal hyperplastic polyps should be considered to have normal colonoscopies and should have their next follow-up colonoscopy in 10 years. Patients with 3-10 adenomas, any adenoma 1 cm or larger, any adenoma with villous features, or high-grade dysplasia should have a follow-up colonoscopy in 3 years (Gastroenterology 2006;130:1872-85.)

In the PLCO trial, patients who had an abnormal flexible sigmoidoscopy were referred to their primary care physician for a decision regarding further testing. Colonoscopies were performed by community-based physicians, not trial investigators. Likewise, surveillance decisions were made by community-based physicians.

For this study, patients were interviewed over the telephone. They were reminded of their baseline colonoscopy findings and asked about follow-up surveillance colonoscopy. Medical records were used to confirm reported colonoscopies. There were at least 5 years of follow-up data after the baseline colonoscopy, with a median of 9 years.

At baseline colonoscopy, 37% of the pa-



tients had advanced adenoma, 28% had a nonadvanced adenoma, 20% had hyperplastic polyps or another benign mucosal abnormality, and 15% had no polyps.

At 7 years, 34% of those with advanced adenoma, 20% of those with nonadvanced adenoma, 15% of those with benign polyps or abnormalities, and 15% of those with no polyps had at least two follow-up colonoscopies.

Patients aged 70-74 with an advanced

adenoma had an odds ratio of 1.6 for not getting a follow-up colonoscopy, compared with younger patients with an advanced adenoma.

Participants in the PLCO trial were recruited through 10 regional centers across the United States. Individuals were asymptomatic upon enrollment. The study involved 154,942 people aged 55-74 years at entry, and more than 65,000 individuals had a flexible sigmoidoscopy. ■

A Late Diagnosis of Intussusception May Contribute to Worse Outcomes

BY NANCY WALSH
New York Bureau

CHICAGO — The diagnosis of intussusception requires a high index of suspicion. In a recent retrospective review, only 22% of patients presented with the classic triad of emesis, pain, and hemochezia, and if a palpable mass is added to this constellation of signs and symptoms, only 6% met the diagnostic criteria, Dr. Alan P. Ladd said at the annual meeting of the Central Surgical Association.

Delay in presentation decreases the likelihood of successful radiologic reduction of intussusception and increases the chance that surgical intervention will be needed, he added.

The use of ultrasonography has reduced the morbidity of enema reduction in children with this still-common disorder. Reported success rates for enema reduction remain disparate, however, ranging from 42% to 95%, with better results occurring at hospitals with admission rates of 10,000 children per year. "We wanted to look at the trends for contemporary management at our hospital, which has 11,000 admissions each year," he said.

During 1990 through 2004, 244 children were admitted with a diagnosis of intussusception, said Dr. Ladd of the Riley Hospital for Children and Indiana University, both in Indianapolis.

A retrospective review showed 162 were boys, 68% were younger than 1 year old, and 86% had ileocolic intussusception. The most common presenting symptoms were emesis, seen in 81% of patients; hemochezia (61%); and abdominal pain (59%).

Either air- or liquid-contrasted

enemas were performed in 190 children, with an overall success rate of 46%, he said. Air-contrasted enemas were more successful than liquid-contrasted enemas (54% vs. 34%, respectively).

A significantly greater success rate of 59% was seen in patients who presented within 24 hours after symptom onset, compared with a success rate of 36% seen in those who presented later.

A total of 155 patients required surgical intervention. Those who presented more than 24 hours after symptom onset had a greater risk of needing surgical intervention (relative risk 1.6) and of requiring bowel resection (RR 2.25). Of 42 patients who had a repeated attempt at reduction after a failed attempt at another hospital, 48% were successful. "Prior outside attempts at reduction did not preclude the possibility of radiologic success," he said.

There was a recurrence rate of 5%; median time of occurrence was 3 weeks later. All were diagnosed radiologically and successfully reduced. There were no complications during the radiologic procedures, and postoperative complications were primarily infection. Two patients died after presenting in shock. ■

PPI Therapy of Little Help In Supraesophageal Reflux

WASHINGTON — Proton pump inhibitors do not improve most symptoms of supraesophageal reflux, according to a community-based study presented at the annual Digestive Disease Week meeting.

The study's aim was to determine which symptoms resolve completely with PPI therapy, and thus may be reflective of supraesophageal reflux, said Dr. Laura M. Iuga, an otolaryngologist at Mayo Clinic in Rochester, Minn., who presented the study on behalf of her colleagues.

She and her colleagues recruited study subjects from southern Minnesota through radio and print advertising, and also from Mayo's outpatient primary care and otolaryngology clinics. To be eligible, patients had to have at least one of the six chronic symptoms—chronic dry hacking cough, globus sensations, hoarseness, nocturnal cough, sore throat, and throat clearing. Patients were asked to complete the Supraesophageal Reflux Questionnaire and the Reflux Symptom Index.

After randomization, 302 patients received esomeprazole (Nexium) 40 mg twice daily, and 127 received a placebo for

6 months. The study ran from March 2005 until August 2006.

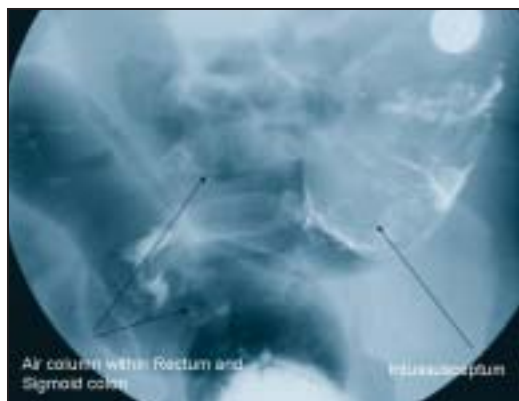
In the intent-to-treat analysis, the 112 patients who withdrew or stopped early (25% of those in each arm) were labeled as incomplete responders. A complete response was lack of symptoms at 3, 4, 5, and 6 months.

As expected, many subjects had complete resolution of their heartburn with PPI therapy, Dr. Iuga noted. About half those taking esomeprazole responded. Overall, patients with heartburn at baseline were 15 times more likely to achieve complete symptom response with esomeprazole than with placebo. "This symptom served as a positive control in the study, indicating enough power to detect a treatment effect," she said.

There was also a statistically significant difference in throat clearing among patients with that symptom, but only 7% of those in the esomeprazole arm and 1% in the placebo group had improvement, "indicating that the majority of people with throat clearing did not achieve a response," she said.

The study was supported by a grant from AstraZeneca's Investigator-Sponsored Study Program.

—Alicia Ault



A combination contrast and air enema shows intussusception in the lumen.

COURTESY DR. ALAN P. LADD