

# CT Colonography Refines Neoplasia Screening

BY KATE JOHNSON  
Montreal Bureau

Detection rates for advanced colorectal neoplasia were similar in a comparison of screening computed tomographic colonography versus optical colonoscopy, but the numbers of polypectomies and complications were significantly lower with CT colonography, Dr. David H. Kim and colleagues reported. "CTC [computed tomographic colonog-

raphy] may provide a more targeted screening approach for detection of advanced neoplasia," they wrote, describing CTC as "an effective filter for therapeutic OC [optical colonoscopy]" (N. Engl. J. Med. 2007;357:1403-12).

Universal polypectomy at the time of screening OC is widely considered the most effective means of capturing advanced adenomas—benign lesions with a high risk of progression to cancer, according to Dr. Kim, of the University of

Wisconsin (Madison) and his colleagues. However, most subcentimeter polyps are not adenomatous, suggesting a need for more selective alternatives to the practice of universal polypectomy, they wrote.

Their study compared results from 3,163 consecutive patients undergoing OC screening and universal polypectomy with 3,120 consecutive patients undergoing CTC screening followed by a choice of same-day therapeutic OC for all polyps of at least 6 mm or CTC surveillance for one

or two polyps of 6-9 mm. Within the CTC group, a total of 246 patients (7.9%) were referred for therapeutic OC, whereas 158 patients (5.1%) with a total of 193 polyps chose CTC surveillance.

Detection of polyps measuring 6 mm or more occurred in 12.9% of the CTC group and 13.4% of the OC group, and the prevalence and detection of advanced neoplasms also was similar, at 3.2% in the CTC group and 3.4% in the OC group; the differences were not significant.

However, these detection rates were achieved with the removal of 2,434 polyps in the OC group, compared with just 561 in the primary CTC group. In addition, there were seven colonic perforations in the OC group (0.3%), four of which required surgical repair. There were no serious complications in the CTC group during either the primary examination or subsequent therapeutic OC.

"Our results suggest that primary CTC with selective OC also deserves consideration as a preferred screening strategy because it appears to achieve the same goals of detection and prevention but with the use of substantially fewer resources," they wrote.

There is limited follow-up data for the subgroup of 158 CTC patients who chose surveillance of their 193 polyps. To date, 54 have returned for follow-up, revealing that 96% of 70 polyps have either remained stable or decreased in size. Three polyps grew at least 1 mm and were removed, but none revealed high-grade dysplasia.

"On the basis of previous experience with CTC screening, approximately 60% of polyps of 6-9 mm detected by CTC would be expected to be adenomatous, and approximately 3% of CTC-detected adenomas of 6-9 mm contain advanced histologic findings," the authors wrote. "Therefore, we estimated that CTC surveillance would yield three to four advanced adenomas, resulting in a yield of advanced neoplasia among small lesions that was very similar to the yield associated with OC."

Although detection rates for lesions measuring 6 mm or more were similar for both groups, there was a significant difference in overall detection rates (12.9% in the CTC group vs. 37.6% in the OC group). This is explained by the difference between the two groups in the management of diminutive lesions (measuring 5 mm or less). All such lesions were removed during OC, but were ignored in patients undergoing CTC. Recommendations released by the American Gastroenterological Association Institute Task Force on CT Colonography stipulate that:

- ▶ Any polyp measuring 6 mm or more at the widest diameter should be reported, and the patient should be referred for consideration of endoscopic polypectomy.
- ▶ Patients with three or more polyps of any size in the setting of high diagnostic confidence should be referred for consideration of endoscopic polypectomy.
- ▶ The appropriate clinical management of patients with one or two lesions measuring 5 mm or less is unknown; therefore, the follow-up interval should be based on individual characteristics of the patient and the procedure.

## REGISTER NOW!

Family Practice News® & Internal Medicine News®

and



Boston University School of Medicine

JOINTLY SPONSOR

## Endocrinology in the News

A Continuing Medical Education Conference designed for all health care professionals involved in the management of metabolic disorders and other issues related to endocrinology.

April 12 – 13, 2008

Loews Philadelphia Hotel, Philadelphia

### Topic Highlights

Preventing Type 2 Diabetes and Cardiovascular Disease: Lessons From Recent Trials

Incretins – What's Here and What's Coming?

Metabolic Syndrome – Why the Controversy?

Should We Care About HDL Cholesterol?

Nutritional Approach to Obesity: High vs. Low Carb Diet?

Conditions and Comorbidities Affecting Thyroid Function Tests

When to Suspect Adrenal Hypertension

Testosterone Replacement and the Aging Baby Boomer

The Differential Diagnosis of Thin Bones

Bisphosphonates and Recombinant PTH: Indications, Benefits and Complications

Vitamin D Therapy – Expanding Clinical Applications

PCOS and Fertility

Estrogen Therapy and the Menopausal Woman

Case Presentations... and more

### Tuition

Physicians:

Early Bird: \$450

After Dec. 1<sup>st</sup>: \$495

Nurses:

Early Bird: \$300

After Dec. 1<sup>st</sup>: \$325

### Accommodations

Loews Philadelphia Hotel (215) 627-1200

Mention the Family Practice News, Internal Medicine News and Boston University School of Medicine group to receive the special rate of \$199 per night.

**Educational Needs Addressed:** This conference will provide participants with a comprehensive review of endocrinologic and metabolic disorders, presenting up-to-date information in the diagnosis and management of these disorders, including diabetes mellitus, osteoporosis, obesity, pituitary illnesses and androgen-related problems such as polycystic ovary syndrome (PCOS).

**Educational Objectives:** At the conclusion of this conference, participants will be able to:

- Articulate recent advances in the management of metabolic disorders and other endocrinology-related issues.
- Identify signs and symptoms that suggest metabolic disorders.
- Discuss obesity and comorbidities.
- Explain the management and treatment strategies for metabolic disorders, including, but not limited to, diabetes control and complications of thyroid disorders, hypertension, and osteoporosis.

**Accreditation:** This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Boston University School of Medicine and Elsevier/IMNG. Boston University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Boston University School of Medicine designates this educational activity for a maximum of 9.5 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Check our websites for conference updates.

www.bu.edu/cme • www.familypracticenews.com • www.internalmedicineneeds.com



### Course Director

**Elliot Sternthal, MD**  
Clinical Director of Diabetes Services  
Boston Medical Center  
Assistant Professor of Medicine  
Boston University School of Medicine

### Faculty

**Shalender Bhasin, MD**  
Boston Medical Center  
Boston University School of Medicine

**Susan S. Braithwaite, MD**  
University of North Carolina School of Medicine

**Seth Braunstein, MD, PhD**  
Hospital of the University of Pennsylvania  
University of Pennsylvania

**Andrea Coviello, MD, MSE**  
Boston University School of Medicine

**Diana Cullum-Dugan, RD, LD**  
Boston Medical Center

**Alan Farwell, MD**  
Boston Medical Center  
Boston University School of Medicine

**Osama Hamdy, MD, PhD**  
Joslin Diabetes Center  
Harvard Medical School

**Stephanie Lee, MD, PhD**  
Boston Medical Center  
Boston University School of Medicine

**Alan Malabanan, MD**  
Beth Israel Deaconess Medical Center  
Harvard Medical School

**Norman A. Mazer, MD, PhD**  
Boston Medical Center  
Boston University School of Medicine

**Marie E. McDonnell, MD**  
Boston Medical Center

**George J. Philippides, MD, FACC**  
Boston Medical Center  
Boston University School of Medicine

**Ernst J. Schaefer, MD**  
Tufts University School of Medicine  
Friedman School of Nutrition, Science and Policy

**Vin Tangpricha, MD, PhD**  
The Emory Clinic  
Emory University School of Medicine

**Andrea L. Utz, MD, PhD**  
Massachusetts General Hospital  
Harvard University

### To register, please contact:

Boston University  
School of Medicine

### Continuing Medical Education

715 Albany Street, A305  
Boston, MA, 02118

Phone: (617) 638-4605

Toll-free: (800) 688-2475

Fax: (617) 638-4905

E-mail: cme@bu.edu

Website: <http://www.bu.edu/cme>