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COLORECTAL CANCER SURVEILLANCE IN INFLAMMATORY BOWEL DISEASE: A PRIMARY CARE PERSPECTIVE

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Introduction Patients with colitis are at increased risk of colorectal cancer (CRC). The British Society of Gastroenterology (BSG) has been advocating colonoscopic surveillance to detect dysplasia and early CRC since 2002¹. The aim is to assess whether patients with inflammatory bowel disease (IBD) in primary care have been receiving appropriate surveillance for CRC according to the BSG guidelines (2002).

Methods Three GP practices were audited. Patients with IBD were identified from primary care computerised records by searching for IBD, Crohn's disease, ulcerative, indeterminate and distal colitis and proctitis. Cases were verified by paper records. Data regarding diagnosis, date of symptom onset, disease extent and CRC surveillance was collected and analysed. Individualised recommendations were made according to the current BSG guidelines for CRC surveillance. A detailed report was given to the primary care practice, and patients not known to secondary care were added to the North Bristol NHS Trust IBD database.

Results 166 patients were identified with IBD from 29 054 patients. 100 patients (60.2%) had colitis extent requiring surveillance. 59 patients (59%) had symptom onset >10 years; 10 patients (16.9%) had undergone colonoscopy at 8–10 years, 19 (32.2%) had not and 6 (10.2%) are due in 2010. 11 (18.6%) had an unknown extent of disease but no clear surveillance, and 13 (22%) had no record of any colonoscopy within their notes. Of 59 patients, 37 (62.7%) were eligible for repeat colonoscopy; 3 (8.1%) had undergone this, 27 (72.9%) had not and in 7 (18.9%) it was unclear from records.

Conclusion Records in the practices we audited were unclear and incomplete, but it appears that patients with IBD in primary care are not receiving appropriate CRC surveillance. This emphasises the need for a reliable surveillance programme with established links with secondary care.

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Keywords colorectal cancer surveillance, inflammatory bowel disease, primary care.

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