Inflammation Bowel Disease I

PWE-011 COLORECTAL CANCER SURVEILLANCE IN IBD: A RETROSPECTIVE REVIEW

doi:10.1136/gut.2011.239301.274

E A Arthurs,* K Burley, L Williams, M Lockett *Gastroenterology, North Bristol NHS Trust, Bristol, UK*

Introduction Patients with colitis are at increased risk of colorectal cancer (CRC) and colonoscopic surveillance to detect dysplasia and early cancers has been advocated by the British Society of Gastroenterology since 2002[1]. Our aim is to assess whether patients with colitis who developed CRC had received appropriate colonoscopic surveillance.

Methods Patients with colitis who developed CRC between 1999 and 2009 were identified from cancer Multidisciplinary Team summaries and histopathology records. A retrospective review of case notes was performed. Data on diagnoses, duration of symptoms, extent of disease, CRC surveillance and CRC diagnosis was collected and analysed.

Results 16 cases of colitis and CRC were identified (M:F 12:4) from our IBD patient cohort of 1820. 10 patients had an underlying diagnosis of ulcerative colitis (4 E2, 4 E3)[2], and 6 patients had been diagnosed with Crohn's disease (3 L2, 3 L3)[2]. The mean age of diagnosis of CRC was 64.5 years (range 47–87). The average duration of underlying disease was 19.4 years (range 0.5–44). 12 patients (75%) had symptom onset of >10 years ago; 3 patients (25%) had an initial screening colonoscopy at 8–10 years. 8 patients (75%) were having surveillance, of whom only 2 (25%) had surveillance in accordance with BSG guidelines 2002, and 6 (75%) had inconsistent surveillance. Reasons for patients undergoing inconsistent surveillance included non-attendance for booked colonoscopy (1), patient unknown to or discharged from secondary care and colonoscopy not organised by GP (3), patients undergoing surveillance with barium enemas (1), patient thought to be small bowel disease only (1), patient living abroad at times (1) and patient presented at 10 years with CRC (1). 1 CRC (8.3%) was diagnosed by surveillance; the remaining 11 cases were interval cancers. The only patient diagnosed with CRC by surveillance was staged at Dukes A. 5 patients (41.7%) presented with advanced disease (Dukes C, D), and 11 patients had surgical procedures (3 panproctocolectomy + ileostomy, 3 subtotal colectomy, 5 limited resections). 3 patients (25%) have subsequently died (CRC as cause of death in all cases).

Conclusion Patients with colitis have not received appropriate CRC surveillance in our trust according to the BSG guidelines (2002), and further auditing of our cohort of IBD patients is required. These results emphasise the need for a coordinated, reliable surveillance programme.

Competing interests E. Arthurs: None Declared, K. Burley: None Declared, L. Williams Grant/Research Support from: Ferring Pharmaceuticals financial support for IBD database, M. Lockett Grant/Research Support from: Ferring Pharmaceuticals, Ad Board, Schering Plough, Falk, P & G financial support for IBD database.

Keywords colorectal cancer, inflammatory bowel disease, surveillance.

REFERENCES

1. Easton and Mayberry *Gut* 2002;51(Suppl V):v10-v12.
2. Satsangi et al. *Gut* 2006 Jun;55(6):749–753.

Gut: first published as 10.1136/gut.2011.239301.274 on 13 March 2011. Downloaded from http://gut.bmj.com/ on April 9, 2024 by guest. Protected by copyright.