Colonoscopy after Bowelscope (BS) Flexible Sigmoidoscopy (FS) – Urgent or Routine?

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Introduction

The implementation of BS (1 off FS for 55yr olds) has led to significant pressures on endoscopy units. It has led to a large number of procedures. All patients who are in designated GP practices are invited for screening FS around their 55th birthday.

In addition patients with certain findings (see table 1 below) will require colonoscopy (FC) which has to be performed within 2 weeks of the FS.

The North of Tyne screening centre serves a population > 860,000. It is a collaboration between Newcastle upon Tyne & Northumbria Healthcare NHS Foundation Trusts.

Procedures are performed at 4 sites with patients invited to the site closest to their home address.

'Roll out' of BS started in 2014 and now covers patients enrolled in 50% of our regional GP practices.

Table 1

Colonoscopy Indication following FS
≥3 Adenomatous polyps
Adenoma > 10mm
Histology of subcentimetre adenoma showing significant villous component
Where polyp is found in patient on anticoagulant or Antiplatelet(excluding Aspirin)

Aims

At this 'halfway stage' of roll out we aimed to assess the following:

- The proportion of the invited patients that attend for FS
- The findings in these patients
- Proportion of these patients who require FC after FS and any significance of proximal pathology
- Incidence and sites of any malignancy
- After full Colonoscopy the proportion with neoplasia requiring future surveillance colonoscopy

Method

Data was collected on all patients who had FC after FS in the screening program for the 12 months from 1/1/2017 (obtained from the central national database and crosschecked with local records).

We reviewed all endoscopy & histology reports to obtain patient demographics, From these reports we also obtained indications for FC and findings from the procedure.

The extent of each examination (FC,FS) was accurately recorded with aid of images & Olympus imager (scope guide)

This presenter has the following declarations of relationship with industry:
Personal payments/honoraria/fees
Research grants
Educational grants
Travel grant or fellowship
Equipment grant
Sponsorship of fellow within department
NONE

Results

A total of 3629 people responded to the written invitation to take part in BS. All were invited and of these, 2698 (74%) attended for FS.

130 (4.8% of attenders) met criteria for FC.

Main indications: ≥10mm polyp (34%); ≥3 polyps (21.5%); villous histology (21.5%); anticoagulant / antiplatelet use (4.6%). Some patients with numerous polyps (later found to be non neoplastic) also had FC.

After colonoscopy, 54 have neoplasia requiring for future surveillance – 61% high risk category (1 year); 39% intermediate risk (3 years).

4 patients had malignancies: 1x rectal polyp cancer; 1x sigmoid cancer (T2N0); 1 x descending colon cancer (T3N1M1); 1 splenic flexure cancer (T4N1);

At colonoscopy, 37 patients had adenomas proximal to the splenic flexure but all were <10mm with low-grade dysplasia

Conclusions

- 74% of patients who initially showed interest attended for FS
- Almost 5% of patients attending for BS require FC; of these 41.5% will have intermediate or high risk neoplasia requiring future surveillance
- A small proportion (1.5/1000 screened) of attenders were found to have a cancer
- 28.5% had neoplastic lesions beyond the splenic flexure, none with high grade dysplasia/cancer

Therefore if the colon is examined to the splenic flexure (with confirmation using the scope guide imager) during BS screening, our data suggests that FC can be safely booked as routine (within 6 weeks). This will ease some of the pressure on endoscopy units