

Many Colorectal Cancer Survivors Do Not Receive Recommended Follow-up Screening

Atlanta 2008/09/08 -A new analysis reveals that fewer than half of older patients successfully treated for colorectal cancer receive the recommended screening schedule to detect any recurrence of cancer. The study, appearing in the October 15, 2008 issue of *CANCER*, a peer-reviewed journal of the American Cancer Society, indicates poor compliance to recommended monitoring of colorectal cancer survivors could affect survival.

Patients who undergo potentially curative surgery for colorectal cancer have an increased risk of recurrence. To reduce that risk, guidelines have been developed that specify a combination of regularly scheduled physician visits, colonoscopy, and other tests to detect changes that could indicate a recurrence. While some patients may not receive these recommended services, others may undergo other procedures, such as computerized tomography (CT) and positron emission tomography (PET) scans, which are generally not recommended. Therefore, some patients may not meet guidelines standards while others receive testing that goes beyond guideline recommendations.

Because compliance with follow-up guidelines has not been well studied, Gregory S. Cooper, M.D. of University Hospitals Case Medical Center in Cleveland and colleagues analyzed information from the Surveillance, Epidemiology and End Results (SEER) program of cancer registries and Medicare claims. They assessed overall adherence to guidelines as well as differences across patient subgroups, making this study the first known national, population-based study in the United States to examine adherence to published guidelines.

A total of 9,426 patients over age 65 who were diagnosed with adenocarcinoma of the colon or rectum from 2000-2001 were included in the analysis. Patients were followed to three years after diagnosis. The study investigators considered the screening guidelines to be fulfilled if a patient received two or more office visits per year, two or more carcinoembryonic antigen (CEA) tests per year, and at least one colonoscopy within three years.

Overall, six in ten (60.2 percent) of patients received testing below recommended levels, while fewer than one in five (17.1 percent) received testing at the recommended frequency. Nearly one in four (22.7 percent) received follow-up services above those specified by screening guidelines. The researchers say that while some of the difference could be explained by clinical factors, such as stage of disease, they also found important differences across racial groups and region. The researchers say the generally lower use of testing in African Americans is likely a contributing factor to the known poorer stage-specific survival compared to Caucasians. In addition, geographic differences across SEER sites suggest that patient and physician preferences may influence choice of testing.

"Further studies should ascertain the reasons for poor compliance and the effect on patient outcome," the authors wrote.

Article: "Receipt of guideline recommended follow up in older colorectal cancer survivors: a population based analysis." Gregory S. Cooper, Tzuyung Doug Kou, and Harry L. Reynolds, Jr. *CANCER*; Published Online: September 08, 2008 (DOI: 10.1003/cncr.23823); Print Issue Date: October 15, 2008.

David Sampson
Director, Medical & Scientific Communications
American Cancer Society
213 368-8523
david.sampson@cancer.org
