

Colonoscopy Unneeded For Common Symptoms

BY DAVID MONAGAN

LONDON — Clinical symptoms are of little value in the selection of appropriate patients for colonoscopy for the purpose of early detection of colorectal cancer, despite common beliefs to the contrary.

These were the disappointing results of a large Australian retrospective analysis presented at the 13th World Congress of Gastroenterology meeting.

The early warning signs for colorectal cancer are well known—recurrent abdominal pain, rectal bleeding or pain or

‘Basic screening tests have much higher predictive value of colorectal cancer than [do] patient symptoms. Perhaps it is time for a reappraisal.’

excretion of mucus, or radical alteration in bowel habits, among other symptoms.

But most of these symptoms have little predictive value and, when considered in isolation, these symptoms may lead to thousands of unnecessary colonoscopies being undertaken at great cost, according to Dr. Peter Katelaris, one of the lead researchers of the CRISP (Colorectal Research in Symptom Prediction) study performed at the Concord Repatriation General Hospital in Sydney.

“Most symptoms are not predictive of bowel cancer and are a poor guide to the best use of colonoscopy,” Dr. Katelaris remarked.

“Basic screening tests have much higher predictive value of colorectal cancer than [do] patient symptoms. Perhaps it is time for a reappraisal,” said Dr. Katelaris, clinical associate professor in the department of gastroenterology at the University of Sydney.

The CRISP analysis of 5,577 patients compared their self-reported symptoms on a presenting questionnaire and their medical

histories against their diagnosis based on colonoscopy.

A total of 159 patients (3%) were confirmed to have cancer. Yet a similar population of the same median age would generally have had a 2% rate of colon cancer.

“We are talking about an absolute increase of 1%, which is not very useful for interventions on this scale. We’re wasting a lot of colonoscopy resources on this,” Dr. Katelaris said at the meeting.

Only one predictive factor stood out in CRISP: patient age. Those aged 70 years and older showed an 8.6% increased likelihood of receiving a cancer diagnosis after undergoing colonoscopy.

A history of previously diagnosed polyps or having undergone colonoscopy in the preceding 10 years also indicated increased risk of a colon cancer diagnosis.

Heavy smoking also slightly increased the likelihood of a cancer diagnosis, when combined with other factors.

But the most common triggers for colonoscopy referral—abdominal pain, rectal bleeding, and related bowel irregularities—showed almost no correlation with histologic findings, unless symptoms had persisted for months.

In women, these symptoms had particularly low predictive value for a cancer diagnosis.

In fact, Dr. Katelaris noted, 20% of those patients diagnosed with cancer upon colonoscopy in this cohort showed no symptoms whatsoever.

“Colonoscopy to detect cancer need not be done for many bowel symptoms [that] are currently considered to be indications,” Dr. Katelaris and his coauthors said.

“Colonoscopy can be avoided in people at low risk; in our study, 95% of cancers could have been detected by doing only 60% of the colonoscopies,” the researchers said. ■

MINDFUL PRACTICE

Which Fiber Is Best for IBS?

BY JON O. EBBERT, M.D., AND ERIC G. TANGALOS, M.D.

The Problem

A 37-year-old woman presents to your clinic for a 9-month history of abdominal cramping, moderate to severe pain, and bloating. Her abdominal pain improves after a bowel movement. Bowel movement frequency ranges from several times daily to one movement every 2 days. She reports significant changes in the consistency of her stools, ranging from frank diarrhea to hard and pebblelike, and passes occasional mucus but no blood. She also reports frequent sensations of incomplete voiding and urgency. She does consume diet sodas and sugar-free gum with sorbitol, but she has tried eliminating lactose, fructose, and sugar substitutes without significant changes. Mild left lower quadrant pain is present on direct palpation, with no rebound or guarding. She has a normal complete blood count and erythrocyte sedimentation rate, and has a negative test for tissue transglutaminase antibodies.

The Question

In patients with suspected irritable bowel syndrome (IBS), does consumption of fiber improve symptoms and, if so, which type of fiber is best?

The Search

You log on to the newly reconstructed PubMed (www.pubmed.gov) and enter “fiber” AND “irritable bowel syndrome” and limit your search to randomized, controlled trials. You find a relevant study. (See box at right.)

Our Critique

This was a well-conducted study addressing a common medical complaint using a widely available and inexpensive therapy. More than three-quarters of patients were able to correctly guess what type of treatment they received. As the authors discuss, the number needed to treat (NNT) is four, which translates into needing to treat four patients to have one report of at least 2 weeks of adequate pain relief per month. The United States is the world’s largest importer of psyllium, with more than 60% going to pharmaceutical firms to make products like Fiberall, Metamucil, and Perdiem, which can be recommended to patients with suspected IBS.

Clinical Decision

You share the information with the patient and recommend psyllium. You tell her to start with 1 tablespoon per day with plenty of water. You also inform her that her symptoms may worsen temporarily for a short period of time before improving. From your clinical experience, your only caution is that there may be an increase in flatulence depending on bowel transit time. You tell her to report back to you in 1 month.

DR. EBBERT and DR. TANGALOS are with the Mayo Clinic in Rochester, Minn. They report having no conflicts of interest. To respond to this column or suggest topics for consideration, write to Dr.

Ebbert and Dr. Tangalos at our editorial offices or e-mail them at imnews@elsevier.com.



C.J. Bijkerk, et al.

Soluble or insoluble fibre in irritable bowel syndrome in primary care? BMJ 2009;339:b3154.

► **Design and setting:** Randomized clinical trial done at a general practice in the Netherlands.

► **Patients:** Medical records were scanned for eligible patients, who received an invitation from their physician to participate in the trial. Patients were eligible for enrollment if they were aged 18-65 years and had been diagnosed with IBS in the previous 2 years. Patients were excluded if they were diagnosed with organic bowel disease on follow-up, had used fiber treatment in the previous 4 weeks, had severe psychosocial disturbance and psychiatric disorders, or had received treatment for IBS in the previous 2 years.

► **Intervention:** Patients were randomized to a 12-week regimen of 10 g psyllium (soluble fiber), 10 g bran (insoluble fiber), or placebo. Doses were to be taken with meals by mixing with food (yogurt was recommended). Supplements were provided by the practice nurse at monthly study visits.

► **Outcomes:** The primary outcome was adequate relief of IBS-related abdominal pain or discomfort in the past week. Responders were defined as participants who reported adequate relief of symptoms during at least 2 of the previous 4 weeks. The primary outcome was assessed at 1, 2, and 3 months. Secondary outcomes included symptom severity, quality of life, and fiber intake assessed with a food frequency questionnaire.

► **Results:** Of the 275 participants, 85 were randomized to receive psyllium, 97 bran, and 93 placebo. Participants were predominantly white (94%) and female (78%), and had a mean age of 35 years; 56% had constipation-predominant IBS. Participants were comparable at baseline, but those in the psyllium group reported less-severe abdominal pain. In the first and second months of treatment, psyllium was associated with significantly higher rates of response, compared with placebo (first month: 57% vs. 35%; second month: 59% vs. 41%). No significant difference between psyllium and placebo was observed in the third month. Bran was more effective than placebo only in the third month (57% vs. 32%). Psyllium also reduced the severity of symptoms of IBS, compared with placebo after 3 months of treatment, while bran did not. No differences were observed among the three groups for changes in severity of abdominal pain or quality of life. Adherence did not differ between the psyllium and bran groups. The most commonly reported adverse events were diarrhea and constipation, and these events did not differ by group.

Screening Can't Rely on Signs

MY TAKE

These findings underscore that a screening test is one performed on asymptomatic patients. Effective colorectal cancer prevention relies on screening patients of a certain age or risk profile, independent of symptoms.

WILLIAM E. GOLDEN, M.D., is professor of medicine and public health at the University of Arkansas, Little Rock. He reports no conflicts of interest.