

# Follow-Up Colonoscopy Standards Vary Widely

VITALS

**Major finding:** In the community-based setting, surveillance colonoscopy is substantially overused for low-risk patients, but it is underused for those with advanced lesions, according to current guidelines.

**Source of data:** Subjects participating in a randomized, controlled trial of community-based cancer screening were interviewed. The participants had undergone flexible sigmoidoscopy at the time of randomization between 1993 and 2001. They had then undergone follow-up diagnostic colonoscopy within 18 months of that exam, and had been followed for at least 5 more years (median follow-up, 9 years), undergoing surveillance colonoscopy as recommended by their physicians.

**Disclosures:** This study was supported by the National Cancer Institute. The investigator reported no financial conflicts of interest.

BY MARY ANN MOON

In community practice, surveillance colonoscopy is substantially overused for low-risk patients, but it is underused for those with advanced lesions who need it most, Dr. Robert E. Schoen and his colleagues reported.

Interventions are needed to better align the use of surveillance colonoscopy with actual patient risk, they noted.

Survey results have suggested that primary care physicians, gastroenterologists, and surgeons all endorse surveillance colonoscopy at more frequent intervals than is recommended in guidelines.

However until now, “no studies have measured the actual use of surveillance colonoscopy on a community-wide basis, nor have they examined how surveillance is being employed in relation to prior histologic findings,” said Dr. Schoen of the University of Pittsburgh Cancer Institute and his associates.

The investigators assessed use of surveillance colonoscopy by interviewing 3,627 subjects participating in a randomized, controlled trial of community-based cancer screening. These subjects had undergone flexible sigmoidoscopy at nine regional study centers across the United States at the time of randomization between 1993 and 2001.

They had then undergone follow-up diagnostic colonoscopy within 18 months of that exam, and had been followed for at least 5 more years (median follow-up, 9 years), undergoing surveillance colonoscopy as recommended by their physicians.

The study subjects were aged 55-74 years at enrollment. In all, 60% were men, 93% were white, and nearly 70% had attended or graduated from college.

At the initial screening, 1,342 subjects had advanced adenoma, 1,022 had non-advanced adenoma, and 1,263 had non-adenomatous findings.

Among the subjects who had no adenomas, 27% underwent surveillance colonoscopy within 5 years and 45% did so within 7 years.

A large subgroup of these subjects

(70%) had no symptoms and no family history of colorectal cancer, nor had their exams been incomplete or inadequate. In other words, they had no identifiable reason for a repeat surveillance exam. Yet more than 35% of them underwent a second surveillance at a median of 3 years after the first.

Including the baseline exam, more than 90% of these sub-

jects had three colonoscopies within a 9-year period. “This level of utilization contrasts to current guidelines, which advise that colonoscopy can be deferred for 10 years after an exam in which no adenoma is detected,” Dr. Schoen and his colleagues said.

The subjects with nonadvanced adenoma also overutilized surveillance colonoscopy. More than one-third of them had repeat exams within 4 years, when early guidelines had recommended a 5-year interval and more recent guidelines recommend a 5- to 10-year interval in such cases.

Almost all the repeat colonoscopies were performed by the same physician, by the same practice, or in the same location as the screening colonoscopy that categorized these subjects as low risk. This means that lack of communication among physicians was unlikely to be the reason for unnecessary overutilization, the investigators said.

In contrast with low-risk patients, only 31% of the subjects with advanced adenoma had a repeat colonoscopy within the recommended 3 years, and only 58% underwent surveillance within 5 years, according to the findings.

“Subjects with advanced adenoma are advised to undergo a surveillance exam within 3 years because of their increased risk for subsequent colorectal cancer, and the 3-year follow-up recommendation has been in place for many years,” the researchers noted.

It is unclear why so many of these high-risk subjects did not undergo surveillance as recommended.

In general, older patients were less likely than younger patients to have repeat colonoscopies, and Dr. Schoen and his associates initially speculated that perhaps they had a higher burden of comorbid conditions that rendered colon cancer less of a concern.

The findings from the investigation indicate that the costs of colonoscopy likely have been underestimated because estimates usually are based on “ideal” adherence to screening guidelines, and it appears that many patients undergo the procedure more often than recommended. ■

# Lubiprostone Provides Capsule Option for Constipation in Kids

BY MIRIAM E. TUCKER

NATIONAL HARBOR, MD. — Lubiprostone significantly improved spontaneous bowel movement frequency and associated symptoms in a multicenter, open-label study of 109 children with functional constipation.

Lubiprostone, which stimulates intestinal fluid secretion via chloride channel activation, is approved for the treatment of chronic idiopathic constipation in adults. This phase IV study assessed the safety and efficacy of oral lubiprostone in children and adolescents with functional constipation.

Lubiprostone offers the option of taking a small pill, as an alternative to drinking 240 mL or more of polyethylene glycol, Dr. Paul E. Hyman said at the annual meeting of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition.

To qualify for the study, which was sponsored by Sucampo Pharmaceuticals Inc., potential participants had to be less than 18 years of age, at least 12 kg in weight, and capable of swallowing capsules without chewing. The children had to have fewer than three spontaneous bowel movements (SBMs) per week and meet at least one of the following criteria: at least half of the SBMs were hard or with at least moderate pain, or they had large-diameter stools once weekly or less.

A total of 124 children received lubiprostone, with the dosage based on weight: 27 received 12 mcg/day, 65 re-

ceived 12 mcg twice a day, and 32 received 24 mcg twice a day. A total of 109 children completed the 4-week study. Each child served as his or her own control during a 2-week baseline period prior to the 4-week treatment.

In the intent-to-treat analysis, improvements in SBM frequency were significant in all dosage groups. Overall, there was a doubling, from 1.5 SBMs/week at baseline to approximately 3/week at weeks 1, 2, 3, and 4 of the study. There also were statistically significant reductions in straining and pain during SBMs beginning at week 1 and maintained through week 4, and significant improvement in consistency at all four time points, compared with baseline, said Dr. Hyman, professor of pediatrics and head of the division of gastroenterology in the department of pediatrics at Louisiana State University, New Orleans.

The percentage of patients using rescue medications—such as oral laxatives, suppositories, or enemas—after 3 days without defecation decreased from 29% during the 2-week baseline period to 10% during week 1, 22% during week 2, and 14% at weeks 3 and 4.

About half of the patients were full or moderate responders. The most common treatment-related adverse events were nausea (14.5%), vomiting (9%), and headache (3%), which diminished after the patients were advised to take lubiprostone with food.

Dr. Hyman is a consultant to Sucampo. ■

# Malnutrition Found Common In Adults, Children With IBD

BY SHERRY BOSCHERT

SAN DIEGO — Malnutrition was as likely in adults with inflammatory bowel disease as it was in children, a study of data on 385 patients has shown.

The investigators were surprised to find statistically similar rates of malnutrition in 264 adults with inflammatory bowel disease (IBD), compared with 121 pediatric cases—9% vs. 10%, respectively, Valerie Marcil, Ph.D., reported in an award-winning poster presentation at the annual meeting of the American College of Gastroenterology.

Malnutrition is common in IBD, and it had been thought that the added energy costs of growth in children and adolescents would make them more likely to be malnourished than were their adult counterparts.

Anemia was more common in pediatric patients (59%) than in adults (22%), while vitamin B<sub>12</sub> deficiency was seen more often in adults (12%) than in pediatric cases (5%), reported Dr. Marcil of McGill University, Montreal, and her associates. There were no

significant differences between age groups in the percentage of patients with low serum levels of iron (17% in adults and 22% in children) or folate (2% vs. 3%, respectively).

Participants had Crohn's disease, ulcerative colitis, or unclassified colitis. The data showed that active Crohn's disease made malnutrition more likely in both adults and pediatric cases, compared with inactive disease. Active disease did not increase the risk of malnutrition in the other subgroups.

Crohn's disease was the most common form of IBD in both adults (74%) and children (92%) in this study.

The cross-sectional comparison used data from four tertiary care centers in the university's IBD database. Malnutrition was defined in patients younger than 20 years as a body mass index z score for age below two standard deviations. In adults aged 20-64 years, a BMI less than 18.5 kg/m<sup>2</sup> defined malnutrition, and in the elderly, a BMI less than 22 defined malnutrition.

Dr. Marcil reported having no conflicts of interest. ■