

# Manitoba Colorectal Cancer Screening Program

## Screening, Surveillance and Follow up Recommendations

CancerCare Manitoba, with support from Manitoba Health, has established the Manitoba Colorectal Cancer Screening Program to help detect colorectal cancer (CRC) early and reduce the number of Manitobans who die from the disease. The Program will be targeting individuals at average risk between the ages of 50 & 74 to be screened with a Fecal Occult Blood test (Hemoccult II Sensa).

The fecal occult blood test (FOBT) was chosen based on high level (randomized controlled trial) evidence at the population level.

Furthermore, it meets WHO criteria for screening tests including the feasibility of engaging a majority of the population and that it is a simple, low cost acceptable test with minimal risk. The Program recognizes that there are other screening tests for CRC and that recommendations vary somewhat depending on the professional group or society.

The purpose of this summary of recommendations is to provide information to health care providers that will support them in the provision of appropriate care for screening, surveillance and follow up care for CRC.

These recommendations may change as new evidence becomes available.

### Screening Recommendations

Adapted from the 2004 Guidelines of the Canadian Association of Gastroenterology and the Canadian Digestive Health Foundation.

Patient Characteristics	Classification	Recommendation*
50 – 74 years of age with no symptoms of CRC and <ul style="list-style-type: none"> <li>no personal history of CRC, polyps, or diseases of the colon requiring monitoring by colonoscopy.</li> </ul> 40+ years of age with no symptoms of CRC and <ul style="list-style-type: none"> <li>one first degree relative diagnosed with CRC or adenomatous polyps at 60 years of age or older.</li> <li>2 or more second degree relatives diagnosed with CRC or adenomatous polyps.</li> </ul>	Average Risk	<b>FOBT, every two years (Program recommendation for population screening), followed by colonoscopy if positive.</b> Any one positive sample = a positive result. On an individual basis, other screening tests may be appropriate based on clinical judgment or patient concerns: <ul style="list-style-type: none"> <li>Colonoscopy every 10 years</li> <li>Flexible sigmoidoscopy every 5 years, with or without FOBT</li> </ul> For more information on the level of evidence supporting these tests, refer to the Canadian Task Force on Preventive Health Care.
Individuals with <ul style="list-style-type: none"> <li>one first-degree relative diagnosed with CRC or adenomatous polyps before the age of 60.</li> <li>2 or more first-degree relatives diagnosed with CRC or adenomatous polyps at any age.</li> </ul>	Above Average Risk	Colonoscopy – begin at age 40 or 10 years earlier than youngest diagnosis of CRC or polyps in the family.
Individuals with <ul style="list-style-type: none"> <li>a personal history of CRC, adenomatous polyps, inflammatory bowel disease.</li> </ul>	High Risk	Ongoing investigation and surveillance with colonoscopy. Individuals with IBD should be referred for colonoscopic surveillance 8 years after the onset of colitis.
<ul style="list-style-type: none"> <li>clinical evidence or suspicion of a hereditary colon cancer syndrome (such as Hereditary Non-Polyposis Colon Cancer (HNPCC) or Familial Adenomatous Polyposis (FAP).</li> </ul>		Consider referral for genetic testing and endoscopic surveillance (see text on next page).

\* Choice of test and frequency may vary depending on level of evidence, individual patient concerns, coexisting morbidities, evaluation of risk vs benefits, and/or available resources.

Double contrast barium enema or CT colonography may be alternatives in individuals with a positive FOBT if colonoscopy is refused or unsuccessful.

Individuals with symptoms of CRC such as rectal bleeding, persistent change in bowel habits, abdominal pain, unexplained weight loss or anemia should not undergo FOBT screening as they require urgent investigation.

### Follow up and Surveillance Recommendations after Colonoscopy

Adapted from the 2008 Joint Guidelines from the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology.

Patient Characteristics	Recommendations*
Negative colonoscopy with no additional risk factors for CRC (includes hyperplastic polyps).	Rescreen in 10 years.
1 – 2 tubular adenomas <1 cm. (includes serrated adenomas)	Rescope in 5 years.
More than 2 tubular adenomas, any adenoma >1cm, or any adenoma with villous component or high grade dysplasia.	Rescope in 3 years; rescope every 5 years when polyp clearance is achieved. Consider referral for genetic testing if >10 adenomas.
Post-curative resection for CRC.	Colonoscopy end of year 1 (within 6 months if colon is not cleared preoperatively); rescope at 3 years then every 5 years indefinitely if the outcome is normal.
Rectal Cancer.	In patients who have not received pelvic radiation, rectal visualization with flexible sigmoidoscopy every 6 months for 3 years to check for recurrence.

Note: If the colon was not cleared of polyps or question of incomplete polypectomy or removal of a high risk polyp, consider rescopying in 6 months.

\*Follow up or surveillance may vary according to clinical judgment.

## Genetic Testing for Hereditary Colorectal Cancer

A complete family history is important as referral for genetic counseling and/or genetic testing to the WRHA Program in Genetics and Metabolism (Phone 204-787-2494; Fax 204-787-1419) may be appropriate in some cases. Generally, hereditary colorectal cancer (HNPCC, FAP) should be considered when there are:

- multiple family members with disease (colorectal cancer or adenomatous polyps)
- disease at a younger age (<45 years)
- and/or disease present in successive generations.

For more detailed guidelines on risk assessment for hereditary colorectal cancer, please refer to the Canadian Association of Gastroenterology guidelines <http://www.cag-acg.org/news/guidelines.aspx>.

### CancerCare Manitoba Stage II & III Colon Cancer Follow up Recommendations: \*

Follow up ** Year 1 is the 12 month period beginning on the date of the patient's surgery.	Year 1,2,3	Year 4,5
Physician Visit: Complete history and physical including rectal exam	Every 3 months	Every 6 months
Bloodwork: Carcinoembryonic antigen (CEA)	Every 3 months	Not routine
CT Imaging: Chest/abdomen	Annually	Not routine
Chest X-Ray	Not routine	
Colonoscopy	See Preceding Table	

\* Based on the 2005 American Society of Clinical Oncology Guidelines (ASCO) <http://jop.ascopubs.org/cgi/reprint/1/4/137>

\*\* Follow up may vary based on risk of recurrence and feasibility for surgical excision in individual patients

## Manitoba Colorectal Cancer Screening Program

The Manitoba Colorectal Cancer Screening Program was established April 2007 and is inviting average risk individuals 50 – 74 years of age from selected regions to be screened using a FOBT. The program plans to expand province-wide and will be phasing in additional regions starting in 2009. Resources for health professionals and the public can be viewed at [http://www.cancercare.mb.ca/home/health\\_care\\_professionals/screening/colorectal\\_cancer\\_screening/resources/](http://www.cancercare.mb.ca/home/health_care_professionals/screening/colorectal_cancer_screening/resources/).

To request more information, order resources, or request a presentation for health professionals or the public, please contact the program at 788-8635, toll free at 1-866-744-8961, or [crc.screening@cancercare.mb.ca](mailto:crc.screening@cancercare.mb.ca)

### For more information:

- 2004 Guidelines of the Canadian Association of Gastroenterology and the Canadian Digestive Health Foundation (<http://www.cag-acg.org/news/guidelines.aspx>)
- 2008 Joint Guidelines from the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology (<http://caonline.amcancersoc.org/cgi/content/full/58/3/130>).
- Canadian recommendations on colorectal cancer screening: [http://www.phac-aspc.gc.ca/publicat/ncccs-cndcc/ccsrec\\_e.html](http://www.phac-aspc.gc.ca/publicat/ncccs-cndcc/ccsrec_e.html)
- The Canadian Task Force on Preventive Health Care: <http://www.ctfphc.org/>
- 2008 U.S. Preventive Services Task Force, Screening for Colorectal Cancer Recommendation Statement: <http://www.ahrq.gov/clinic/uspstf08/colocancer/colors.htm#rationale>
- Diagnostic Accuracy and Cost-Effectiveness of Faecal Occult Blood Tests Used in Screening for Colorectal Cancer: A Systematic Review: [http://www.york.ac.uk/inst/crd/projects/faecal\\_occult\\_blood\\_tests.htm](http://www.york.ac.uk/inst/crd/projects/faecal_occult_blood_tests.htm)

For additional resources or information for health professionals or the general public, contact the program at:  
**Manitoba Colorectal Cancer Screening Program**  
**25 Sherbrook Street, Unit 5 - Winnipeg, Manitoba R3C 2B1**  
**Telephone: 788-8635 or 1-866-744-8961, Fax: 204-774-0341**  
**E-mail: [crc.screening@cancercare.mb.ca](mailto:crc.screening@cancercare.mb.ca)**  
**or visit: [www.cancercare.mb.ca/CCSP](http://www.cancercare.mb.ca/CCSP)**

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