Colon Cancer Screening	Referral Guide: Page 1 of 2	Gastroenterology

Diagnosis/Definition:

Screening of an asymptomatic patient for colon cancer, whether by colonoscopy, flexible sigmoidoscopy, barium enema, or FOBT. Other methods such as virtual colonoscopy, capsule endoscopy or stool DNA testing are promising, but still unproven methods.

Initial Diagnosis and Management:

Patients need to be screened for colon cancer, beginning at age 50. Colon cancer screening can be done via a referral to the GI service for a colonoscopy, flexible sigmoidoscopy and double contrast barium enema (if colonoscopy is not feasible due to comorbid conditions or body habitus), or have fecal occult blood testing done yearly in conjunction with a 5 year flexible sigmoidoscopy.

What the patient chooses to have done is up to the two of you (patient and health care provider). The most important thing to remember is that the patient is screened for colon cancer and is screened on a regular basis. Listed below are the available options:

FOBT – has to be done annually
Flexible sigmoidoscopy – has to be done every 5 years
FOBT annually/Flex Sig – every 5 years
Double contrast BE with Flex Sig – every 5 years
Colonoscopy – every 10 years

Please discuss with the patient the various pros and cons of the above procedures. They include:

FOBT – Patients whose positive FOBT is caused by neoplasms often have advanced colon cancer (i.e., larger cancers cause more blood loss and more likely to be caught at any given point in time).
Flexible sigmoidoscopy – Patients only have about 30-40% of their total colon examined during this procedure. They are not sedated, and the prep consists of only 2 enemas on the morning of their exam ± magnesium citrate the night before. If the colon cancer is not within the descending colon, rectum, or sigmoid area then it will be missed on this exam. Flexible sigmoidoscopy screening has been shown to reduce the mortality of colorectal cancer by about 25%.
Double contrast BE with Flex Sig – The BE will look at the ascending colon and transverse colon, which cannot be seen with the flexible sigmoidoscopy. If there are any lesions noted on BE, then the GI service will have to perform a colonoscopy to ascertain the pathology of the lesion.
Colonoscopy – This gives direct visualization of the total colon and is the gold standard to which other screening methods are compared. It has the added advantage of allowing biopsy or removal of any lesions seen during the procedure, in particular adenomatous polyps which are thought to be precancerous lesions. For this procedure the patient's entire colon must be prepped, which will involve the entire day prior to the procedure. Because conscious sedation is employed, the patient must have a ride home after the procedure.

Ongoing Management and Objectives:

Indications for Specialty Care Referral:

History of colon cancer, or adenoma(s) removed in either the patient, or any first degree relative
Patient or family history of polyposis syndromes either familial adenomatous polyposis or Gardner's Syndrome
Patient has ulcerative colitis or Crohn's Disease of greater than ten years duration
Patient over the age of 50 wishes to be screened for colon cancer with a colonoscopy or flexible sigmoidoscopy

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Test(s) to Prepare for Consult:	**Test(s) Consultant May Need To Do:**
CBC with differential Basic metabolic panel Fecal occult blood test Request for consult must contain the following basic information: Brief physical examination including vital signs, lungs, heart, abdomen, rectal comorbid conditions including COPD, Cad, HTN, chronic liver disease, chronic renal insufficiency	Flexible sigmoidoscopy Double contract barium enema Colonoscopy Referral to the University's Genetic colon Cancer Screening Clinic

Criteria for Return to Primary Care:

After the appropriate procedure has been done for the patient to screen them for colon cancer, they will be returned to their PCP. The results of their endoscopic procedure will be on their medical record. If a colon cancer is found during their screening, then the patient will receive a timely referral over to the oncology and surgical services.

Revision History: Created **Revised**