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New Studies Highlight the Importance of Bowel Prep and Effectiveness of Colonoscopy in Detecting Potentially Dangerous Polyps

Orlando, FL, October 6, 2008 – New research presented at the American College of Gastroenterology’s 73rd Annual Scientific Meeting in Orlando emphasizes the importance of adequate bowel preparation prior to colonoscopy, and highlights the remarkable effectiveness of colonoscopy in detecting and removing pre-cancerous polyps, particularly tiny, flat, potentially pre-cancerous growths in the colon known as “sessile serrated adenomas.”

Dr. Brindusa Truta and Francisco C. Ramirez of the Carl T. Hayden VA Medical Center in Phoenix analyzed data of 21,600 colonoscopies performed at their institution from January 1998 to December 2007.

Researchers analyzed findings from 280 patients who underwent more than one colonoscopy in the last ten years, and had at least one positive fecal occult blood test (FOBT). Twenty two percent (57 patients) of these patients had a ‘cleared’ exam, but underwent repeat colonoscopy after receiving a positive FOBT result. Researchers found 5 percent of patients had colon cancer, 33 percent had adenomatous polyps, and 26 percent of patients with adenomas had advanced neoplasia. The average time interval between the first colonoscopy and the repeat colonoscopy for a positive FOBT was 39 months. Poor quality bowel preparation at the initial colonoscopy was associated with more missed cancers and undetected polyps.

According to lead investigator Dr. Truta, “A positive fecal occult blood test after a ‘cleared’ colonoscopy should trigger a repeat colonoscopy, especially if a suboptimal bowel preparation was encountered at the initial exam.”

Not All Small Polyps Are Innocent

In a separate study, Dr. Suryakanth R. Gurudu and his colleagues at Mayo Clinic in Scottsdale, Arizona examined medical records from the Clinic’s pathology database of patients who had sessile serrated adenomas removed with colonoscopy between 2005 and 2007.

Sessile serrated adenomas are a sub-class of tiny, flat pre-cancerous polyps, often found on the right side of the colon. “While small polyps are generally considered less dangerous than large polyps, not all small polyps are innocent,” said lead investigator Dr. Gurudu.

Of the 5,991 patients who were found to have polyps, sessile serrated adenomas comprised 2.9 percent of all polyps removed. The sessile serrated adenomas were small and 42 percent were less than or equal to 5mm in size, while 69 percent were less than or equal to 9 mm in size. Ninety-seven percent of polyps were removed by colonoscopy and 2.7 percent required surgical excision.

According to Dr. Gurudu, “Many of these polyps due to their size and shape might have gone undetected or not reported on an x-ray exam of the colon known as CT colonography. The effectiveness of cancer prevention comes from removing all precancerous lesions with colonoscopy, regardless of size.”

About the American College of Gastroenterology

Founded in 1932, the American College of Gastroenterology (ACG) is an organization with an international membership of more than 10,000 individuals from 80 countries. The College is committed to serving the clinically oriented digestive disease specialist through its emphasis on scholarly practice, teaching and research. The mission of the College is to serve the evolving needs of physicians in the delivery of high quality, scientifically sound, humanistic, ethical, and cost-effective health care to gastroenterology patients.

The ACG is committed to providing accurate, unbiased and up-to-date health information. Visit the ACG Web site www.acg.gi.org to access educational resources for patients and their families spanning the broad range of digestive diseases and conditions - both common and not-so-common. Organized by disease, state and organ system, these educational materials, developed by ACG physician experts, are offered for the information and benefit of patients and the public.

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