

RESOLUTION 24 - 2010

Subject: CT Colonoscopy for Patients Who Decline Colonoscopy or Are Not Good Candidates for Colonoscopy

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Referred to: Quality and Clinical Outcomes

1 Whereas, Colorectal cancer (CRC) is the second leading cause of cancer-related death among men
2 and women in Wisconsin [1]; and

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4 Whereas, One out of three Wisconsinites over the age of 50 have never been screened by
5 sigmoidoscopy or colonoscopy [2]; and

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7 Whereas, CRC is largely preventable by the detection and removal of adenomatous polyps [3]; and

8
9 Whereas, The American Cancer Society has concluded, and multiple studies have shown that the
10 latest technology in CT colonography (CTC), also referred to as "virtual colonoscopy," is comparable
11 to colonoscopy for the detection of polyps of significant size [3,4,5]; and

12
13 Whereas, When detection of extracolonic findings such as AAA and extracolonic cancer are
14 considered, CTC is a highly cost-effective and clinically efficacious screening strategy for the
15 Medicare population [6,7]; and

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17 Whereas, CTC has the advantage of no sedation or recovery time, and a high acceptability rating
18 among patients [3,4,8]; and

19
20 Whereas, Noninvasive CTC has a low rate of complications, and symptomatic perforation is rare
21 [9,10,11]; and

22
23 Whereas, Radiogenic health effects from doses as low as those used in CTC have not been
24 demonstrated, and the estimated theoretical increase in lifetime risk of colon cancer is 0.044%
25 [12,13]; and

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27 Whereas, In February 2010, an NIH State-of-the-Science Panel concluded that using the full range of
28 screening options and evidence-based interventions for unscreened populations could improve
29 national CRC screening rates [14]; and

30
31 Whereas, A joint guideline from the American Cancer Society, the U.S. Multi-Society Task Force on
32 Colorectal Cancer, and the American College of Radiology states that there is sufficient data to
33 include CTC as an acceptable option for CRC screening [3]; therefore be it

34
35 RESOLVED, That the Wisconsin Medical Society support CT colonography (CTC) for patients who
36 would benefit from screening but either decline colonoscopy or are not good candidates for
37 colonoscopy, and be it further

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39 RESOLVED, That the Wisconsin Medical Society communicate this recommendation to

40 its members via an article in the *Wisconsin Medical Journal* that summarizes the data on CTC and
41 reviews the ACS Joint Guidelines on Screening and Surveillance for the Early Detection of
42 Colorectal Cancer and Adenomatous Polyps..

Fiscal note: The individual page cost in the *Wisconsin Medical Journal* is \$400.

References:

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14. Steinwachs D, Allen JD, Barlow WE, *et al.* National Institutes of Health State of the Science Conference Panel Statement: Enhancing Use and Quality of Colorectal Screening (Draft statement). February 2-4, 2010. Bethesda, MD.

Relevant Policies

Society: None

AMA:

H-55.981 Carcinoma of the Colon and Rectum

Our AMA supports: (1) Appropriate screening programs to detect colorectal cancer in individuals who are older than 50 years of age or have risk factors. (2) The general recommendations of major health care organizations for colorectal cancer (CRC), which are as follows: annual fecal occult blood testing, beginning at age 50, and flexible sigmoidoscopy every 3 to 5 years from age 50, for persons at average risk. Colonoscopy and/or double-contrast barium enema procedures, which screen the entire colon, should be considered as appropriate alternatives. (3) Persons at increased risk for CRC (family history of CRC, previous adenomatous polyps, inflammatory bowel disease, previous resection of CRC, genetic syndromes) receiving more intensive screening

efforts. (4) Physicians becoming aware of genetic alterations that influence the development of CRC, and of diagnostic and screening tests that may become available in this area. (Sub. Res. 513, I-95; Appended: CSA Rep. 7, I-98; Reaffirmed: CSAPH Rep. 2, A-08)

D-270.993 Support for the Screen for Life Bill (HR 1422/S. 740) to Increase Screening for Colorectal Cancer

Our AMA does not support H.R. 1422/S. 740, the " Colon Cancer Screen for Life Act." (BOT Action in response to referred for decision Res. 913, I-03)

D-55.998 Encourage Appropriate Colorectal Cancer Screening

Our AMA, in conjunction with interested organizations and societies, will promote educational and public awareness programs to assure that physicians actively encourage their patients to be screened for colon cancer and precursor lesions, and to improve patient awareness of appropriate guidelines, particularly within minority populations and for all high risk groups, including all individuals over age 50. (Res. 510, A-03)