

Michigan Colorectal Cancer Early Detection Program

Annual Meeting
May 2011



New Client

- The client had the following:
 - Negative FOBT 1998.
 - Negative colonoscopy 7/1/1998.
 - No personal or family history of CRC/polyps.

When and how should they be rescreened?

Annual FOBT

- Average risk client
- Their last colonoscopy was in 1998 which is more than 10 years ago. The client is due for CRC screening and due to no personal or family history, an FOBT is appropriate.

New Client

- Client had a negative FOBT 20 years ago.
- Colonoscopy 2009 - benign polyps.
- No family history, personal history, or symptoms.

When and how should this client be screened?

Not Eligible for the MCRCEDP

Average Risk

- The client had a negative colonoscopy and does not require any CRC screening for 10 years (2019).
- At that time, it would be appropriate to screen the client with an FOBT.

Client #1

- No CRC screening history.
- Personal history is negative.
- Brother had polyps removed at 48, but not sure what type of polyps.
- Father has precancerous polyps at the age of 50.
- What type of CRC screening?

Screening Colonoscopy

- Client is at increased risk (family history).
- Due to the father's history of precancerous polyps, the client should be screened by colonoscopy.

Same Client #1

- No personal or CRC screening history.
- Brother had polyps removed at 48, but not sure what type of polyps.
- Father has precancerous polyps at the age of 50.

Same client but new scenario:

- The client's colonoscopy was negative/normal.

When should he/she be rescreened?

Screening Colonoscopy

- Client is at increased risk
- Due to his/her father's history, the client should still be screened by colonoscopy **every 5 years.**

Client #1

- No personal or CRC screening history.
- Brother had polyps removed at 48, but not sure what type of polyps.
- Father has precancerous polyps at the age of 50.

Different colonoscopy outcome:

- The same client had a colonoscopy, but 2 small precancerous polyps were found during the scope.

When should the client be rescreened?

Surveillance Colonoscopy-

- Client is at increased risk
- Follow increased risk guidelines and note interval for screening will depend on polyp:
 - Size
 - Number
 - Intact Removal
- Colonoscopy in **3-6 years**.

New Client

- Client had a colonoscopy in 2004 – Negative
- Mother was diagnosed with CRC at 61. Late stage CRC diagnosis.
- No personal history or other family history.
When should the client be screened?

Borderline Case.....Call MDCH

- Increased risk due to family history.
- Though her mother was diagnosed with CRC at 61, her cancer was found late stage. If mom had been screened earlier, the cancer may have been diagnosed when she was in her 50's...
- The client will be screened by colonoscopy because of her mothers “on the border age” for the CRC diagnosis. Case by case situation.

New Client

- Normal colonoscopy 4/1/01
- Personal and family history is negative.
- No other screening since 2001.

When should the client be rescreened?

Annual FOBT

- Client is at average risk
- Colonoscopy was negative so they are due to be screened in 2011 since their last colonoscopy was more than **10 years ago**.

FOBT is appropriate.

New Client

- Client had a colonoscopy in 2004 and two hyperplastic polyps were removed.
- Family history of brother with CRC at 52.

Is the client due for a screening?

Screening Colonoscopy- Now

- Client is at increased risk.
- Due to the brother's history of CRC at the age of 52, the client is eligible for a **colonoscopy every 5 years**. Since last screened in 2004-due for a scope 2009.
- All 1st degree family members should also be educated about screening every 5 years.

Same Client

- During the client's colonoscopy, two adenomatous polyps are found during the client's scope (approximately 0.5 cm).

When should the client be rescreened?

Surveillance Colonoscopy 3-6 years

- Client is at increased risk
- The client should now be screened **in 3 -6 years due to personal history** of adenomatous polyps.

Same Client

- The same client is rescreened in 3 years and small hyperplastic polyps are removed.
- Family history of brother with CRC at 52.

When should the client be rescreened?

Screening Colonoscopy- 5 years

- Client is at increased risk.
- Though the client had hyperplastic polyps removed, due to the **brother's CRC history (age 52)**, the client will still need to be screened in 5 years.

New Client

- Normal FOBT in 2009.
- Colonoscopy 2004 and was told they found a precancerous polyp.
- Diagnosed with IBS, with no rectal bleeding.
- No family history.

When should the client be rescreened?

Surveillance Colonoscopy - Now

- Client is at increased risk
- Since the client was found to have precancerous polyps in 2004 during a colonoscopy, he should have been scoped again in 3-6 years. He is overdue for a colonoscopy.

New Client

- Client had a sigmoidoscopy 6/1/1995.
- Client had a negative colonoscopy in 2008.
- Client had two colonoscopies previous to 2008 with polyps remove (unknown type).
- No family history.

When should this client be re-screened?

Ineligible for the MCRCEDP FOBT - 2018

- The client is considered at average risk and could be screened through the MCRCEDP by FOBT in 2018.
- Reminder: In ten years a colonoscopy (etc) would also be an appropriate screening, but only an FOBT is reimbursable through the MCRCEDP for an average risk client.

New Client

- Sigmoidoscopy 1/1/09- negative.
- Family history – father with polyps at 50, but unknown as to what type.

What type of screening should the client receive?

Annual FOBT (with Sigmoidoscopy)

- The client is at average risk. If more information were obtained on the client's father it may change the risk status/screening.
- A sigmoidoscopy every five years **with annual FOBT**. Since the sigmoidoscopy was completed in 1/1/09, the client is eligible for an FOBT.

New Client

- Normal FOBT 3/1/10.
- Normal colonoscopy 4/1/01.
- Negative personal and family history.

What screening should this client receive?

Annual FOBT

- Client is at average risk – annual FOBT.

New Client

- Colonoscopy 4/7/04 with removal of hyperplastic polyps.
- 6/5/06 colonoscopy with removal of 2-3 adenomatous polyps removed.
- Surgery a month ago for hemorrhoids and currently having a some rectal bleeding.

When should this client be rescreened?

Refer client back to Surgeon! Call MDCH.....

- The client should follow-up with the surgeon with post-op rectal bleeding NOW.
- The client is due to be screened by colonoscopy due to adenomas 6/5/09. Client **may be eligible** for screening in the future depending on resolution of rectal bleeding. Contact MDCH for these cases.

New Client

- Client's 61 year old sister had precancerous polyps removed.
- Grandmother died of CRC at 69.
- No personal history or previous CRC screening.

How should this client be screened for CRC?

Colonoscopy

- Two or more 1st degree relatives **at any age** with CRC/adenomas places the client at increased risk.
- The client should be screened by colonoscopy and other 1st degree relatives educated about their risk for CRC.

New Client

- Client has no personal history of CRC.
- No family history of CRC.
- Physician did a digital rectal exam in the office and it was “mildly positive”.
- Client was referred to the MCRCEDP.

What would you do?

Call MDCH

- FOBT by DRE is not accepted CRC screening.
- These are on a case by case basis and needs to be reviewed and discussed at MDCH. Positive FOBT is high risk.....
- Client should have been screened by FOBT. through the program, but following MDCH review will be screened by colonoscopy.

New Client

- No family history of CRC.
- Client had a negative sigmoidoscopy in 2009.

When should the client be screened?

Annual FOBT (with Sigmoidoscopy)

- The client is at average risk.
- Although the client received a sigmoidoscopy in 2009, it is appropriate to also screen annually with an FOBT.

New Client

- The client had a colonoscopy late in 2009 and a small serrated adenoma was removed.
- Surgeon indicated in a letter that a repeat colonoscopy should be completed in 2 years.

When should the client be screened?

Surveillance Colonoscopy 3 years

Contact MDCH

- The MCC Guidelines state that small adenomatous polyps should be followed up with a colonoscopy in 3-6 years.
- The surgeon may recommend the scope earlier than our guidelines allow, but we are unable to offer and reimburse an early colonoscopy through the MCRCEDP.
- Call MDCH if there are concerns/questions.

New Client

- Client has no personal CRC or screening history.
- No family history of CRC or adenomas.
- Checked yes to inflammatory bowel disease, but wrote “irritable bowel syndrome”.

Is this client eligible for screening?

FOBT

- Average risk
- **Inflammatory** bowel disease (IBD) is not the same as **irritable** bowel syndrome (IBS): ulcers, tissue sloughing and damage to the bowel.
- **Irritable** bowel is more of a functional problem where things look normal, but the digestive system isn't working as well as it should. Symptoms of IBS may include abdominal cramping, bloating, gas, mucus in the stool, diarrhea and constipation. I think of it as an irritation/nuisance to differentiate.

New Client

- Normal colonoscopy 4/1/01 and personal history is all negative.
- No family history of CRC or adenomas.

When/how should the client be screened?

Annual FOBT

- Average risk
 - >10 years since their last colonoscopy
 - No personal or family history or CRC/adenomas

New Client

- Client indicated "yes" on rectal bleeding--with occasional small specs on toilet paper.
- Client also felt she was straining at the time of BM and feels it is related to hemorrhoids.

FOBT after further discussion.....

- Average risk
- Give the client an FOBT kit with instructions NOT collect a sample if there is any active bleeding. Encourage client to increase fluid, activity etc to reduce constipation.

New Client

- Client had FOBT on 4/7/10- negative.
- Double contrast barium enema on 7/1/10 -normal for left lower abdominal pain which continues occasionally--she states feels like a "stitch" in her side after running too far or too long--if she lays down for 15-20 minutes it goes away.
- No personal or family adenoma or CRC history.
How/when should the client be screened?

Ineligible for Screening

- The DCBE was normal when completed in 2010.
- The client does not require screening until 2015 (5 year interval).
- Educate client about following up with PCP if further symptoms. Do not wait.

New Client

- Client has no CRC screening history.
- No family CRC history.
- She indicated yes to rectal bleeding and has some blood occasionally when straining with stools.

Is the client eligible for screening through the MCRCEDP?

FOBT

- Although the client has intermittent bleeding with stools it is possible they could be screened through the MCRCEDP. The client should be educated about completing the FOBT when no visible bleeding is present.
- To reduce constipation, encourage the client to increase activity, fluids, fruits and vegetables and follow the FOBT diet prior to specimen collection.

New Client

- Client had a normal sigmoidoscopy 1/1/06.
- Father had tubular adenoma between 50-60 years of age.
- No additional personal or family CRC/adenoma history.

Screening Colonoscopy

- Increased risk- father's history.
- Although the sigmoidoscopy was normal, the client should be re-screened because it has been > 5years since the sigmoidoscopy.
- Due to father's history of adenomas at an early age, the client should have a screening colonoscopy every 5 years.

New Client

- Client has no previous screening/history
- Sister with a precancerous polyp at the age of 65.
- Client has a brother with precancerous polyps removed at the age of 63.

What type of screening should the client receive?

Screening Colonoscopy

- The client is at increased risk
- Two or more 1st degree relatives with CRC or adenomas at **any** age places the client at increased risk for colorectal cancer.

CRC Humor

Walgreen BCCCP and CRC screening

- <http://www.youtube.com/watch?v=bODQe5wMG-g>

Jo Jo's Colonoscopy

- <http://www.youtube.com/watch?v=vMMOd84F3Do>