

Most Doctors Don't Follow Colon Cancer Screening Guidelines

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By [Steven Reinberg](#)
HealthDay Reporter

THURSDAY, Oct. 14, 2010 (HealthDay News) -- Only one in five doctors in the United States follows all the recommended colon cancer screening guidelines, a new report finds.

Some 40 percent of doctors follow guidelines for some tests, while the remaining 40 percent don't follow guidelines for any colon cancer screens, the researchers said.

"There's more work to be done to understand how to improve colorectal cancer screening," concluded lead researcher Robin Yabroff, an epidemiologist at the U.S. National Cancer Institute.

Most doctors also don't adhere to guideline recommendations about when people should start screening and how often they should be screened, she added.

The report is published in the Oct. 14 online edition of the *Journal of General Internal Medicine*.

In the study, the researchers looked at the recommendations for various tests to find colon cancer, including colonoscopy, flexible sigmoidoscopy, fecal occult blood test (stool-based testing) and double-contrast barium enema.

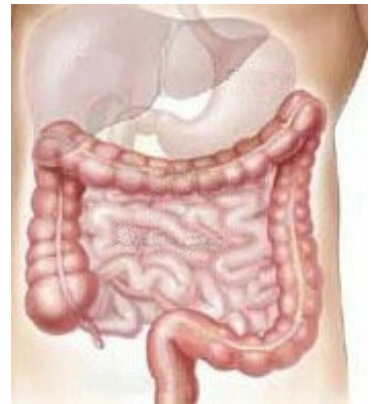
For the study, Yabroff's team questioned almost 1,300 doctors who participated in a National Cancer Institute survey. The researchers compared the survey answers against expert guidelines for the various screening tests.

They found that while most doctors correctly recommended beginning screening for adults at average risk for colon cancer at age 50, and correctly recommended how often screening was needed, only 19 percent followed the guidelines for the different types of tests they recommended.

Doctors who followed screening guidelines tended to be younger and board-certified, Yabroff's group noted.

In addition, they were more likely to use electronic medical records and take patient preferences into account. They were also likely to be influenced by the clinical evidence behind the screening guidelines, the researchers found.

Moreover, many doctors either overused or underused certain tests, Yabroff's team found.



For example, colonoscopy was the test many doctors recommended more frequently than the guidelines called for.

Colonoscopy is the most expensive screening test and the most commonly recommended, the researchers found. They note that overuse of screening can result in unnecessary follow-up testing and an increased risk of complications.

On the other hand, some doctors recommended starting colon cancer screening in patients older than age 50, or at intervals that are less frequent than guidelines recommend. Underuse of screening can result in fewer cancers being found at an early stage when they are more likely to respond to treatment, Yabroff's group says.

Commenting on the study, Dr. Durado Brooks, director of colorectal cancer at the American Cancer Society, said that "the good news is that most of these physicians do recommend colorectal cancer screening. The concern is how inexact their recommendations are."

Brooks noted that the knowledge gap around the guidelines is occurring mostly in older doctors. They often continue to practice as they have since they were trained and aren't keeping up with the latest recommendations, he said.

"We need to figure out how to disseminate that information effectively to people once they have been out in practice," he said.

But as the number of doctors using electronic health records increases, adherence to guidelines will also increase, Brooks believes.

Patients also have a role to play in cancer screening, Brooks said. First, they should be aware of the need for screening and second, they should know which tests are available, when screening should start and how often it's needed, he said.

"As much as we can get people to take responsibility for their personal health and the health of their family members, the greater the likelihood that care can be given appropriately," Brooks said.

What the Experts Recommend on Colon Cancer Screening

Here are the **American Cancer Society's** current guidelines on checking for colorectal cancer and polyps (often precursors to cancer). Starting at age 50, men and women should follow one of these testing schedules:

To detect both polyps and cancer (preferred) :

- A flexible sigmoidoscopy every five years or a colonoscopy every 10 years (sigmoidoscopy examines the lower part of the colon, colonoscopy is more extensive)
- double-contrast barium enema once every five years
- or CT ("virtual") colonoscopy once every five years

To primarily detect a cancer:

- Fecal occult blood test (gFOBT) or fecal immunochemical test (FIT) every year
- Stool DNA test (SDNA), interval as yet uncertain

Some people may require a different screening schedule due to personal or family history; the cancer society recommends that you talk with your doctor to determine which schedule is best for you.

More information

For more information on colon cancer, visit the [U.S. National Cancer Institute](#).

SOURCES: Robin Yabroff, Ph.D., epidemiologist, U.S, National Cancer Institute; Durado Brooks, M.D., director, colorectal cancer, American Cancer Society, Atlanta; Oct. 14, 2010, *Journal of General Internal Medicine*, online

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