
Colonoscopy surveillance after colorectal carcinoma: Determining the optimal interval for follow-up

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Introduction: Patients who underwent curative surgery for colorectal (CRC) cancer are at risk for developing metachronous colorectal tumours or anastomotic recurrence. The aim of this study is to determine the incidence of recurrent colorectal cancer found in a colonoscopy surveillance program.

Methods: This single centre retrospective observational cohort study includes patients that underwent curative surgery for CRC between 2005 and 2015. All reports of postoperative colonoscopies were retrieved to calculate incidence rates of recurrence and metachronous CRC. Survival analysis was performed to estimate survival between endoscopic surveillance and no surveillance.

Results: Of 2420 patients, 1644 (67.9%) underwent at least one postoperative colonoscopy and 776 (32.1%) did not. In 1087 patients, colonoscopy was performed in the first 18 months after surgery, detecting 34 (3.1%) metachronous colorectal tumours or anastomotic recurrences. Thirty-three other patients were also diagnosed with recurrent colorectal cancer, but these tumours were found by other diagnostic modalities, or even preoperatively, rather than by colonoscopy. Five year survival was higher for patients who had at least one postoperative colonoscopy than for patients who did not undergo surveillance colonoscopy ($P < 0.001$). After the multivariate analysis, a surveillance program was associated with improved survival (hazard ratio 0.53; 95% confidence interval 0.44-0.64).

Conclusion: Patients with a history of colorectal cancer have an increased risk for a second colorectal tumour. Therefore, just as according to national guidelines, we would recommend a surveillance program with a first colonoscopy one year after curative surgery. Surveillance is associated with improved survival, even after adjustment for covariates.

Biography

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