

Patterns of Diagnosis for Colorectal Cancer (CRC): Screening Detected versus Symptomatic Presentation

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Background:

CRC is a leading cause of cancer death in North America; studies have shown that screening improves survival. Conducted in British Columbia (BC), Canada, this study was conducted to identify the proportion of screening-eligible patients with sporadic CRC who are detected by screening tests versus symptomatic presentation, and to compare baseline patient and tumor characteristics of these two groups.

Methods:

This retrospective cohort study identified 571 cases via the BC Cancer Registry of patients (pts) age 50 years and older presenting with a first diagnosis of invasive CRC between Nov. 2002 and Apr. 2003. Pts with non-adenocarcinoma histology, HNPCC or FAP were not included.

Questionnaires for self-completion were mailed to all pts to capture: prior screening history, screening versus symptomatic presentation and demographic information. All respondents' charts were then reviewed to corroborate screening information, and to obtain TNM stage, grade and site (proximal versus distal colon versus rectal) of disease.

Results:

Of 212 eligible respondents (37% response), 14 pts (6.6%) with a new CRC were detected by screening versus 198 pts (93.4%) presenting with symptoms. Respondents were 59% male, average age at diagnosis 69 years, 91% Caucasian, 37% rectal, and 18% M1 at diagnosis. No significant differences in the age, gender, ethnicity, socioeconomic status, tumour stage and site were detected between the screened versus symptomatic cohorts. Only 33 of 212 pts (15.6%) reported ever having a screening test. 19 of 198 cancers (9.6%) were diagnosed by symptomatic presentation despite a compliant screening history.

Discussion:

Despite universal health-care access in BC, only 7% of patients with a new diagnosis of CRC were detected via a screening test. Furthermore, only 15% of screening-eligible respondents had ever been screened. There were no differences in patient demographics or stage of disease at presentation but numbers in the screening cohort were limited. Significant effort is required to increase knowledge and compliance for CRC screening.