18. **Detecting Polyps in Women**  (May 19/11)

Although many studies show that men have more adenomas (pre-cancerous polyps) than women, there is no difference in the rates of colorectal cancer between men and women. Could this be because women have polyps that are harder to detect during screening and so aren’t removed in time to prevent cancer? This question was addressed in the current study. In 600 consecutive colonoscopies, researchers counted the number of polyps overall, as well as those that were flat and those that were both flat and found in the upper part of the colon (proximal) since both flat and proximal polyps are harder to find. They used a high definition colonoscope to uncover even the most difficult polyps. They did find more polyps in men — 79 in the 248 men in the study. There were 71 in 352 women.

- But the women were much more likely to have flat adenomas: 41 of 71 or 57.7%.
- Men had 29/79 flat polyps or 39.7%.

In addition,

- Almost half (46.5%) of women’s polyps were both flat and located in the proximal colon.
- For men, about 1 in 4 polyps (25.3%) were difficult to detect (flat, proximal adenomas).

Women were almost four times as likely to have a more serious advanced flat, proximal adenoma as men. Overall, 19.1% of the advanced male polyps were flat and proximal compared to 48% of the female ones.

*Anderson, Joseph, et al., Digestive Disease Week 2011, Poster Su1538, Larger proportion of significant adenomas present as flat and proximal in women as compared to men: a prospective screening study using a high definition colonoscope.*

19. **People with Negative FOBT Might Still Be At Risk for Colorectal Cancer**  (May 19/11)

Individuals with a negative fecal test result at first screen (blood concentrations of less than 100 ng per mL) might be at increased risk of developing colorectal cancer in line with increasing fecal hemoglobin concentration. The findings suggest that initial fecal hemoglobin concentration could be used to define groups at low, intermediate, and high risk of developing new colorectal neoplasia (abnormal growth of cells), and
According to the investigators, these results confirm that the Oncotype DX colon cancer test provides new information about recurrence risk in patients with Stage II colon cancer. The test may help guide treatment decisions by identifying patients with more aggressive disease.

Poor Bowel Preps May Miss Polyps (Jun. 6/11)

When bowel preps are not good, doctors may miss almost half of adenomas (polyps) during colonoscopy. Worse, they may miss nearly 1 in 3 large adenomas, the most worrisome kind. The bad news is that bowel prep may be suboptimal in as many of one in four patients. Because of the danger of missing an adenoma after poor bowel prep, some doctors will repeat the colonoscopy, particularly if they found at least one adenoma during the first exam. Doctors at Columbia University Medical Center reviewed all colonoscopies performed there from 2006 to 2008, as well as colonoscopies that were repeated within three years. Of nearly 13,000 colonoscopies, over 3,000 had suboptimal preparation, either fair or poor. Five hundred of those were repeated during the three year follow-up. In the 216 with good preparation for the second exam, 196 adenomas were found in all, 83 only on the second test, an adenoma miss rate of 42%. The miss rate for advanced adenomas was 27%. For colonoscopies that were repeated within a year, the miss rate for all adenomas was 35% and for advanced adenomas 35%. Although only a fraction of patients with poor preps had their exams repeated, the additional polyps which were probably missed on the first test were a serious problem. The lead investigator concluded: “Our findings of a miss rate of 42% for all adenomas and 27% for advanced adenomas suggest that suboptimal bowel preparation has a substantial harmful impact on the effectiveness of colonoscopy, and follow-up examination within one year should be considered. Because neoplastic findings on the initial colonoscopy were associated with a greater miss rate, a repeat examination within one year is indicated when an adenoma is found during a colonoscopy with suboptimal bowel preparation.”