

**COLON CANCER IN THE COMMUNITY: OCCURRENCE
RECURRENCE AND CHARACTERISTICS IN A ONE YEAR
REVIEW**

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Purpose: Surveillance colonoscopy for colon cancer (CC) prevention has been widely advocated in the USA in recent years. The findings of a community based practice are examined in this study.

Methods: We retrospectively reviewed charts of all patients (pts) who underwent colonoscopy between 1/1/03 – 12/31/03 in our private GI practice. Characteristics of all pts who had newly diagnosed CC or a history of CC undergoing follow-up colonoscopy were examined.

Results: 2167 pts underwent colonoscopy in the year 2003. 60 pts had a diagnosis of CC. 28 (47%) male, 32 (53%) female, mean age = 59. 13/60 were newly diagnosed in 2003. 70% of CC were distal to the splenic flexure, 26% were in the right colon. Only 2/13 (15%) new CC had a family history (FH) of CC or colon polyps (CP), compared to 14/60 (23%) overall. 13/60 (22%) developed CC before age 50, 33% (4/13) had a FHCC or CP. 3/60 (5%) developed a CC within 3 years of a normal colonoscopy. 6/60 (10%) had recurrence of CC within 1–4 years of surgical resection. CC was diagnosed in 11/60 (18%) pts between ages 50–55. Of 425 pts with FHCC, 7 (1.6%) developed CC. Of 259 pts with a FHCP, 7 (2.7%) developed CC. Of the 1483 pts without a FHCC or CP, 46 (3.1%) developed CC.

Conclusions:

1. 13 new cases of CC were discovered in 1 year (0.6% of colonoscopies).
2. Most CC (70%) occurred distal to the splenic flexure.
3. 22% of CC pts were under age 50.
4. Colon cancer may develop more rapidly than currently thought in certain individuals.
5. Recurrence of CC occurred in 10% of pts within 4 years of the initial resection. Annual colonoscopy for 4 years post-surgery may be advisable.
6. We did not recognize a higher incidence of CC in the FHCC or FHCP groups as compared to the general population, perhaps a sampling phenomenon.
7. Screening colonoscopy at age 50 might have discovered CC at an earlier stage in 18% of our pts, with CC diagnosed between ages 50–55.