

Primary-care physicians can fill gap in colorectal cancer screening

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The number of people who need colonoscopies to screen for colorectal cancer is outpacing the number of endoscopists available to perform them, Medical College of Georgia researchers say. But properly trained primary care physicians -- internists, family medicine physicians, obstetricians and gynecologists and general practitioners -- can perform the test as safely and effectively as endoscopists, according to a study published in the Jan. 12 issue of the *Annals of Family Medicine*. Credit: Phil Jones, Medical College of Georgia campus photographer

The number of people who need colonoscopies to screen for colorectal cancer is outpacing the number of endoscopists available to perform them, Medical College of Georgia researchers say.

A booming aging population has increased the number of people over 50, the age when the American Cancer Society recommends beginning regular screening for colorectal cancer, the third most common and second most fatal cancer in the United States.

"The key to changing that is catching the disease early through screening," says Dr. Thad Wilkins, a family medicine physician in the MCG School of

Medicine. "With slightly more than 12,000 board-certified gastroenterologists, who perform endoscopy procedures like colonoscopies, the capacity for a national screening program is limited. Resources to screen every eligible person for colorectal cancer do not currently exist in the U.S. medical system and, as a result, less than one-third of those who are eligible for colonoscopies are screened."

Properly trained primary care physicians - internists, family medicine physicians, obstetricians and gynecologists and general practitioners - can perform the test as safely and effectively as endoscopists, according to a study published in the January 12 issue of the *Annals of Family Medicine*.

Dr. Wilkins and colleagues from the University of Virginia Health System and Lexington Medical Center in Lexington, S.C., analyzed 12 studies of 18,292 patients who had colonoscopies performed by a "trained and competent" primary care physician. To determine whether the tests were performed safely and effectively, they looked at the number of complications, such as tears caused by the scope and bleeding problems; the completeness of the test, as measured by whether the physician reached the cecum, or end of the colon; and the polyp and cancer detection rates. Polyps are extra tissue inside the colon that can potentially indicate or turn into cancer.

"In our study we found a very low complication rate - only three cases of perforation and four cases of bleeding complications," he added. The analysis also reflected a nearly 90 percent reach-the-cecum rate, and a polyp-detection rate of nearly 29 percent.

"Each of these outcomes are comparable to published results by other specialists," Dr. Wilkins says. "The take-home point is that colonoscopies performed by trained and competent primary care physicians can be just as safe and effective as

those performed by other endoscopists."

The U.S. Preventive Services Task Force and other recognized groups have recommended colonoscopies as a suitable and, perhaps, the most cost-effective screening methods for colorectal cancers.

"Therefore the demand for colonoscopy will continue to grow," Dr. Wilkins says. "Primary care physicians can help meet that demand."

Source: Medical College of Georgia

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