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Colonoscopy service in the Medical Department on diagnosing colorectal cancer and patients' outcome

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Introduction

Colorectal cancer ranks first and second in the incidence and mortality rate respectively among all cancer types in Hong Kong. Diagnosis of colorectal cancer is mainly confirmed by colonoscopy. With the rising incidence and increasing awareness of colorectal cancer, there is an ever increase in demand for colonoscopy service. The waiting time for an elective colonoscopy in the Department of Medicine, Queen Elizabeth Hospital (QEH) is now up to 15 months. Early appointment will be given to patients with iron deficiency anaemia, per-rectal bleeding, abnormal imaging or other sinister indications after discussion with gastroenterologist. There is always a concern on the timely diagnosis of colorectal cancer for a curative treatment.

Objectives

To review our performance in diagnosing colorectal cancer, its subsequent arrangement of computed tomography (CT) imaging, surgical assessment and management outcome.

Methodology

A retrospective review of all colonoscopies and sigmoidoscopies performed in Department of Medicine, QEH from January 2013 to June 2013. All endoscopy and biopsy reports were reviewed and cases with colorectal cancer diagnosed were further analyzed including the referring indication, endoscopy waiting time, CT scan waiting time, surgical assessment waiting time and subsequent management.

Result

456 colonoscopies and 54 sigmoidoscopies were performed during the six-month period. 33 colorectal cancers (6.47%) were diagnosed. Thirty were diagnosed by colonoscopy and three by sigmoidoscopy. Twenty-five (75.8%) patients were male. The median age of diagnosis was 75 years. The most common referring indications were anaemia (72.7%), per-rectal bleeding (27.3%) and abnormal imaging (18.2%). The mean haemoglobin level was 8.9g/dL. The median waiting time from booking to endoscopy was 14 days. Thirty (90.9%) endoscopies were performed as an early appointment. CT abdomen was performed in QEH in 32 (97%) patients and the

median waiting time from booking to CT scan was 6 days. 32 (97.0%) patients were referred to QEH surgical department and the median time from colonoscopy to our surgeon's assessment was 7.5 days. Sixteen patients received a curative operation (50%, out of 32 patients, and one patient lost to follow-up), while the remaining sixteen patients received either palliative treatment or conservative care. The overall results were comparable to a similar review we conducted two years ago, when the elective colonoscopy waiting time was shorter at 9 months. To achieve earlier colorectal cancer detection and better curative rates, potential ways would include shortening of colonoscopy waiting time, careful assessment in identifying high-risk patients of having colorectal cancer together with early endoscopy arrangement, and consideration of population-based colorectal cancer screening.