

30 percent reduction in deaths from bowel cancer

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Credit: Medical University of Vienna

The rate of new cases of bowel cancer in Austria has fallen by around 20% in the last ten years, while the associated mortality rate has fallen by nearly 30%. This trend is primarily due to improvements in preventive



screening colonoscopy, in which precancerous stages are removed before the disease can take hold. This is confirmed by a recent study conducted at MedUni Vienna and is evidence of the exceedingly high quality of screening colonoscopy performed in Austria. The diagnosis and treatment of bowel cancer are also topics being covered by the 10th European Federation for ColoRectal Cancer Congress, which is being held at MedUni Vienna from 20 to 22 April 2017.

In Austria there are around 4,700 new cases of bowel <u>cancer</u> every year. The massive reduction in the number of new cases and consequently the number of associated deaths is primarily due to the high quality of the screening examinations. This is confirmed by a study led by Monika Ferlitsch, from the Department of Medicine III at MedUni Vienna and Vienna General Hospital and member of the Comprehensive Cancer Center (CCC) of MedUni Vienna and Vienna General Hospital.

As part of a Quality Assurance project, the quality of colonoscopies was evaluated during a period between 2007 and 2014 by analysing 159,246 screening colonoscopies. Although there was a significant increase in the number of early precursors (adenomas) during the observation period, there was a significant drop in the rate of advanced changes. Says Ferlitsch: "The results confirm that there has been a clear improvement in the <u>quality</u> of screening examinations. We discover changes earlier and more frequently, thus preventing tumours from developing or metastasising." The study is a joint project conducted by MedUni Vienna, the Austrian Society of Gastroenterology and Hepatology (OEGGH), the Federation of Austrian Social Insurance Institutions and Austrian Cancer Aid.

However, Ferlitsch and her team are also involved in other Quality Assurance projects. For example, the scientist was commissioned by the European Society of Gastrointestinal Endoscopy ESGE) to compile clinical guidelines for the removal of colorectal polyps and for



endoscopic mucosal resection (ablation of mutated mucous membrane). Says Ferlitsch: "If polyps are removed during <u>screening</u> colonoscopy in compliance with the Guidelines, there is a much greater probability that they will be removed completely. This means that the polyp cannot grow again and so cannot develop into <u>bowel cancer</u>."

Thus, by ensuring radical removal of polyps, the doctors reduce the risk of an interval carcinoma forming, that is to say a tumour that occurs in the interval between two examinations. One third of these are due to missed adenomas, one third to incomplete removal of adenomas and one third to fast-growing adenomas. Says Ferlitsch: "These Guidelines are the result of a joint international project led by MedUni Vienna. We were able to benefit in particular from the expertise of two Australian centres. We are greatly honoured that the ESGE entrusted this task to us and it is testament to our expertise in this field."

More information: Monika Ferlitsch et al. Colorectal polypectomy and endoscopic mucosal resection (EMR): European Society of Gastrointestinal Endoscopy (ESGE) Clinical Guideline, *Endoscopy* (2017). DOI: 10.1055/s-0043-102569

Provided by Medical University of Vienna

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