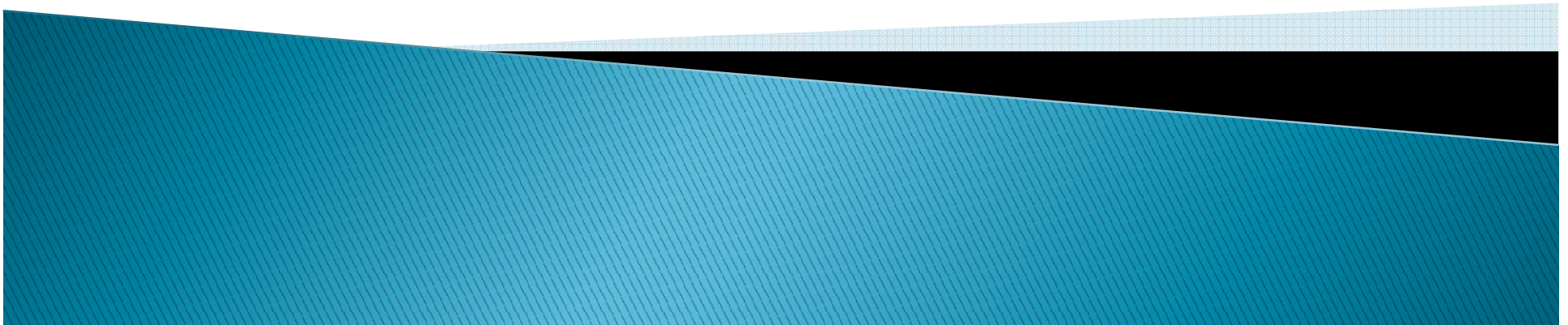


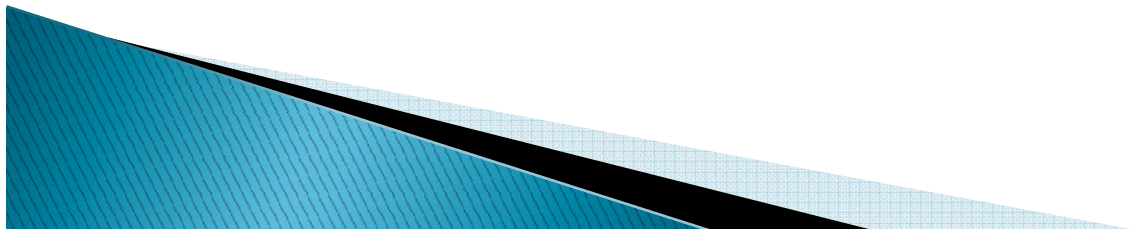
Interval Cancers in BCS

Dr. Maurice Loughrey
Royal Victoria Hospital, Belfast



Interval Cancers –Defns

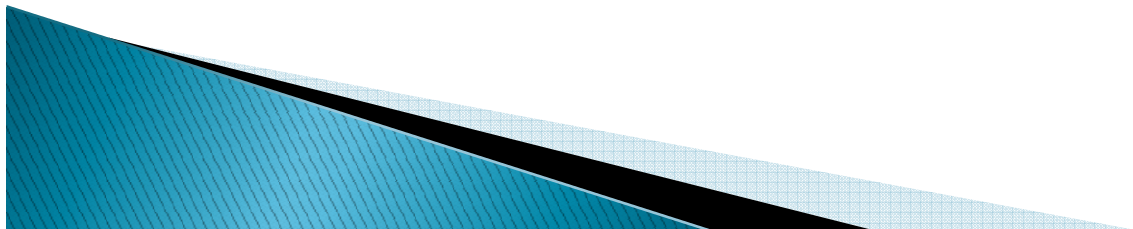
- ▶ “Cancers arising in interval between screening rounds”
- ▶ CRC following –ve FOB?
- ▶ CRC following complete colonoscopy?



Possible Causes of Interval Cancer

- ▶ 'Missed' cancer (poor colonoscopy)
- ▶ Incomplete polypectomy
- ▶ Failed biopsy detection
- ▶ New tumour (rapid growth?)

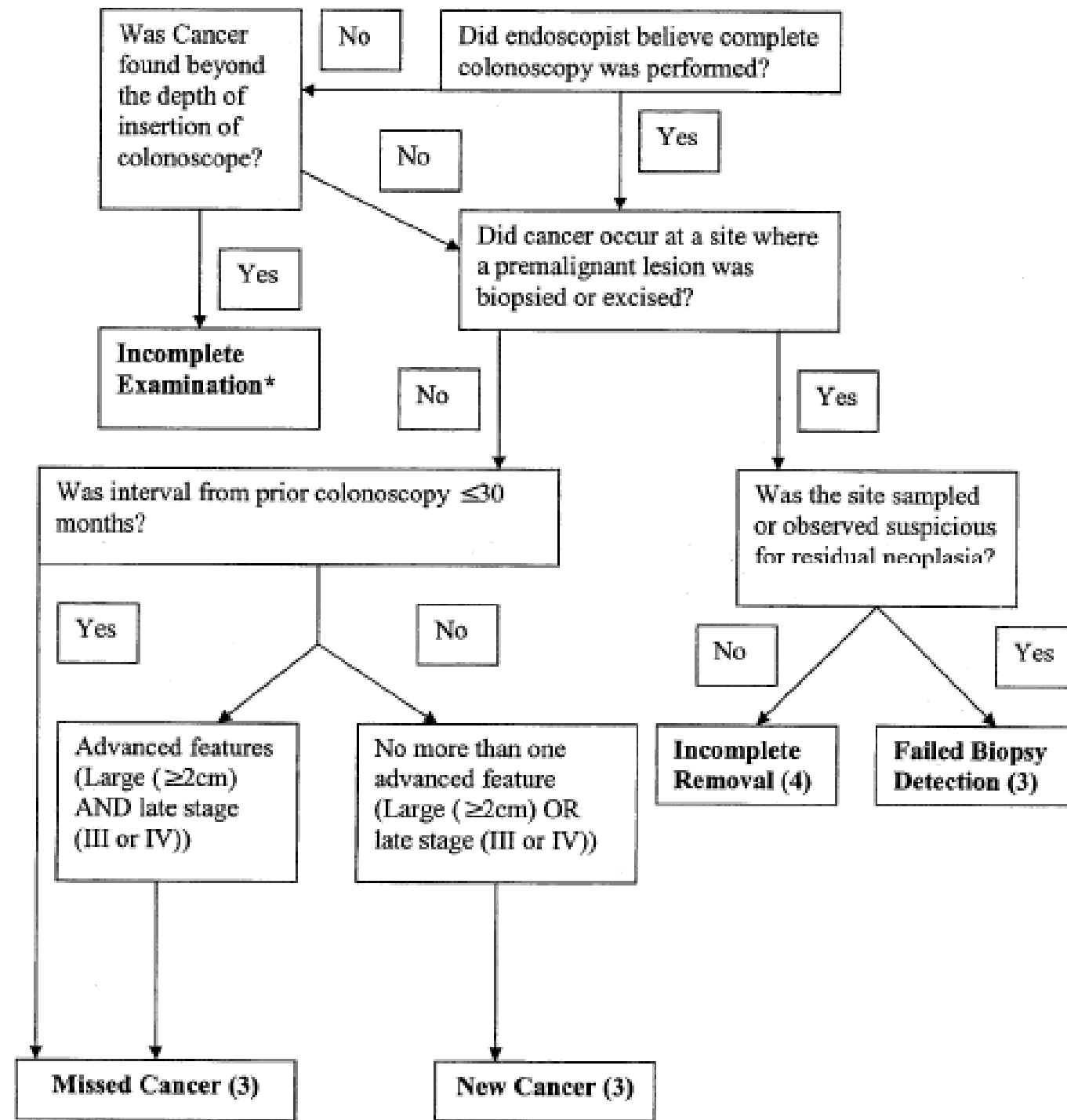
Haseman 1997
Gorski 1999
Pabby 2005
Farrar 2006
Kaminski 2010



US Dietary Polyp Prevention trial

- ▶ 2000 patients
- ▶ Colonoscopy at enrolment (T0)
- ▶ Surveillance colonoscopies at T1 and T4

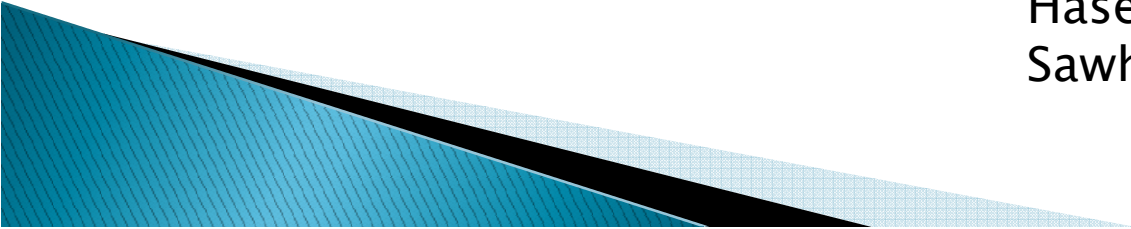
- ▶ 13 cancers detected over 5810 PYO
(2.2/1000 PYO)
- ▶ 9 detected at surveillance, 4 symptomatic



Pathology of Interval Cancers

- ▶ Limited data
- ▶ More commonly right sided and smaller
- ▶ Few poorly differentiated cancers
- ▶ Increased proportion of MSI cancers (30%)

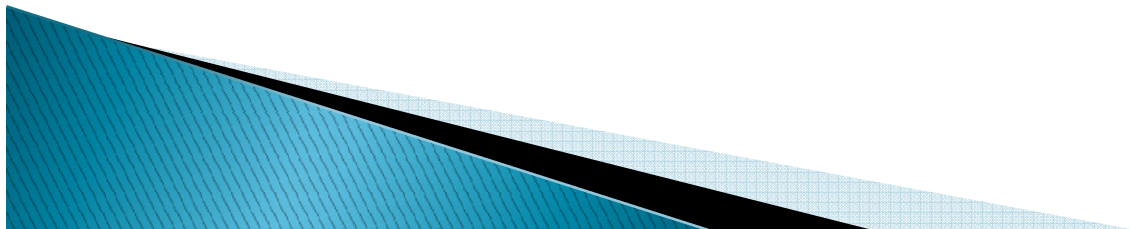
Farrar 2006
Haseman 1997
Sawhney 2006



MSI+ Interval Cancers

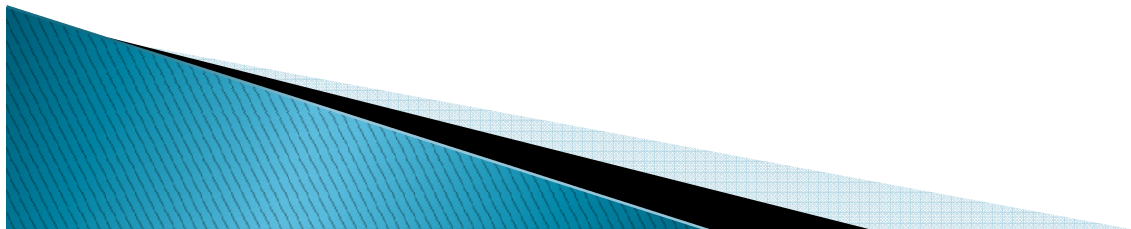
- ▶ 30% (ICs) vs 11% (controls)
- ▶ Sporadic vs. HNPCC
- ▶ Proximal site
- ▶ Precursors (SSAs) difficult to identify

Sawhney 2006



BCSP Study of Interval Cancers

- ▶ Central identification of cases
- ▶ Collection of demographic and clinical info
- ▶ Letter to pathologists requesting material
- ▶ Central pathology review
- ▶ ?Mismatch repair IHC
- ▶ ?Molecular markers



Conclusion

- ▶ Interval cancers are rare
- ▶ Most probably relate to colonoscopy quality
- ▶ May identify interesting pathology/subsets

