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Colorectal cancer screening: do they practice what they preach?

Colquhoun P, Newstead G, Weiss EG, Efron J, Nogueras JJ, Vernava AM, Wexner SD.

Department of Colorectal Surgery, Cleveland Clinic Florida, Naples and Weston, Florida, USA and Department of Surgery, Prince of Wales Hospital, Randwick, New South Wales, Australia.

**INTRODUCTION:** Compliance for voluntary colorectal cancer (CRC) screening reported by the American Society of Colon and Rectal Surgeons (ASCRS) is >85%. This high rate is assumed to be the result of heightened awareness of CRC. The purpose of the present paper was to determine if observed participation rates in the USA are the result of increased awareness of CRC alone. **METHODS:** Postal survey of Colorectal Surgical Society of Australia (CSSA). **RESULTS:** A response rate of 65% (52/80) was observed. As in the ASCRS, the majority of members support screening (94%); but 4% (2/52) reported that they do not advocate CRC screening, which was lower than that observed in the ASCRS survey ( $P = 0.03$ ). A total of 94% support screening of baseline risk (BLR) patients at age 50 or less. Support was similar for annual fecal occult blood testing (FOBT; CSSA 54% vs ASCRS 56%,  $P = \text{NS}$ ) for patients with BLR, but much less support for colonoscopy every 10 years (CSq10) was observed (CSSA 31% vs ASCRS 68%,  $P < 0.01$ ). Similar to the ASCRS, CS every 5 years (CSq5) was the most common strategy advocated to patients with a family history of polyps (CSSA 75% vs ASCRS 78%,  $P = \text{NS}$ ) and cancer (CSSA 94% vs ASCRS 94%,  $P = \text{NS}$ ), respectively. A total of 25% (13/52) of CSSA members report participating in CRC screening, compared to the 55% reported by the ASCRS ( $P < 0.01$ ). As in the ASCRS, CSq5 (69%) was the most common form of screening undergone. None of the CSSA members were being screened with more than one test, compared to the 46% reported by the ASCRS ( $P < 0.01$ ). Of those who had not been screened, 82% (31/38) reported that they do plan to undergo CRC screening compared to 99% reported by the ASCRS ( $P < 0.05$ ). **CONCLUSION:** Screening compliance is significantly higher in the ASCRS than in the CSSA. Awareness of CRC is not the only obstacle to improving screening compliance.