

# Missed Colorectal Cancer Following Colonoscopy, Flexible Sigmoidoscopy, CT Colonography or CT Abdomen in a District Hospital

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## Keywords

Colorectal cancer, Diagnosis, Colonoscopy, CTC.

## Introduction

Colorectal cancer (CRC) is the 4th most common cancer in the UK, accounting for 12% of all newly diagnosed cancers [1]. Early diagnosis improves survival and avoiding delayed diagnosis is crucial. We report the miss rate of CRC in our Trust following investigation of symptomatic, asymptomatic and surveillance patients.

## Methods

A retrospective review of CRC cases diagnosed between April 2017 and April 2018. We obtained evidence of prior investigations (in the 3 years prior to diagnosis) from the endoscopy record, OpenNet patient reports and Radiology report including colonoscopy, flexible sigmoidoscopy, computer tomographic colonography (CTC) and computer tomographic abdomen (CT abdomen).

## Results

115 patients were identified of which 11 patients had been investigated within the 3 years prior to diagnosis. 9/11 (82%) had a prior CT abdomen with contrast. 4/9 (44%) were having planned follow up following previous surgery for CRC with average time from prior test of 9 months. 5/9 (56%) patients had CT abdomen for anaemia, rectal bleeding, acute pancreatitis, chronic cough and pleural effusion with an average time from prior test to diagnosis of 12 months.

1/11 patients (9%) had an earlier colonoscopy. This patient was undergoing annual polyp surveillance. At the prior colonoscopy 18

polyps were removed (tubular adenomas) with plans to complete clearance at a later stage. On this planned follow up colonoscopy 3 months later a transverse colon cancer was diagnosis.

1/11 (9%) patient had a flexible-sigmoidoscopy for left iliac fossa pain and fresh rectal bleeding 18 months before diagnosis. Patient was diagnosed with malignant of appendix unlikely to be related to symptoms.

None of the missed cases were from CTC.

## Conclusion

Colonoscopy and CTC is the most reliable test for detecting CRC. CT abdomen has a higher miss rates compared to the above. Patients with bowel symptoms and a good functional performance status should proceed with colonoscopy. Non purgative faecally tagged CTC remains an excellent alternative for patients who have comorbidities, wish to avoid colonoscopy or are not able to tolerate colonoscopy. Clinician should be reminded of the limitations of CT abdomen in detecting CRC. All patients who had curative resection for CRC should be offered a surveillance colonoscopy at 1 year after initial treatment in addition to CT [3].

## References

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