



**National Institute for
Health and Clinical Excellence**

Quick reference guide

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Colonoscopic surveillance for prevention of colorectal cancer in people with ulcerative colitis, Crohn's disease or adenomas



About this booklet

This is a quick reference guide that summarises the recommendations NICE has made to the NHS in 'Colonoscopic surveillance for prevention of colorectal cancer in people with ulcerative colitis, Crohn's disease or adenomas' (NICE clinical guideline 118).

Introduction

- Some people with inflammatory bowel disease (ulcerative colitis or Crohn's disease) or with adenomas have a higher risk of developing colorectal cancer than the general population.
- In this guide 'adenomas' is used to refer to precancerous polyps. Adenomas larger than 10 mm are more likely to progress to invasive cancers.
- Colonoscopic surveillance can identify precancerous lesions early and prevent progression to colorectal cancer. It can also identify invasive cancer at an early stage. The aim of this guideline is to reduce the variation in the timing, frequency and method of surveillance to improve the care of people with inflammatory bowel disease or adenomas at increased risk of developing colorectal cancer.

Patient-centred care

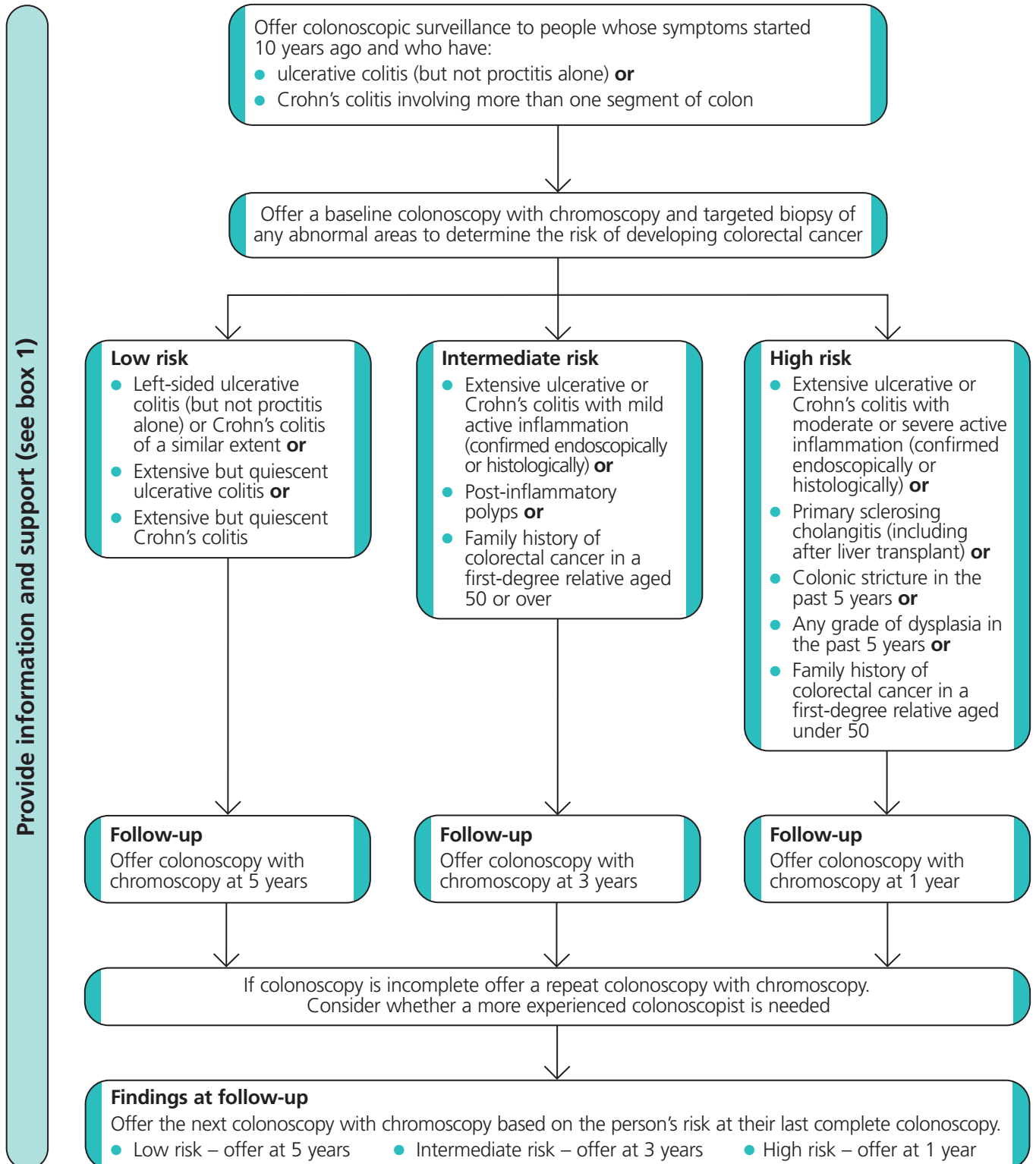
Treatment and care should take into account patients' individual needs and preferences. Good communication is essential, supported by evidence-based information in a variety of formats, and including illustrations, to allow patients to reach informed decisions about their care. Follow advice on seeking consent from the Department of Health or Welsh Assembly Government if needed. If the patient agrees, families and carers should have the opportunity to be involved in decisions about treatment and care.

NICE clinical guidelines are recommendations about the treatment and care of people with specific diseases and conditions in the NHS in England and Wales.

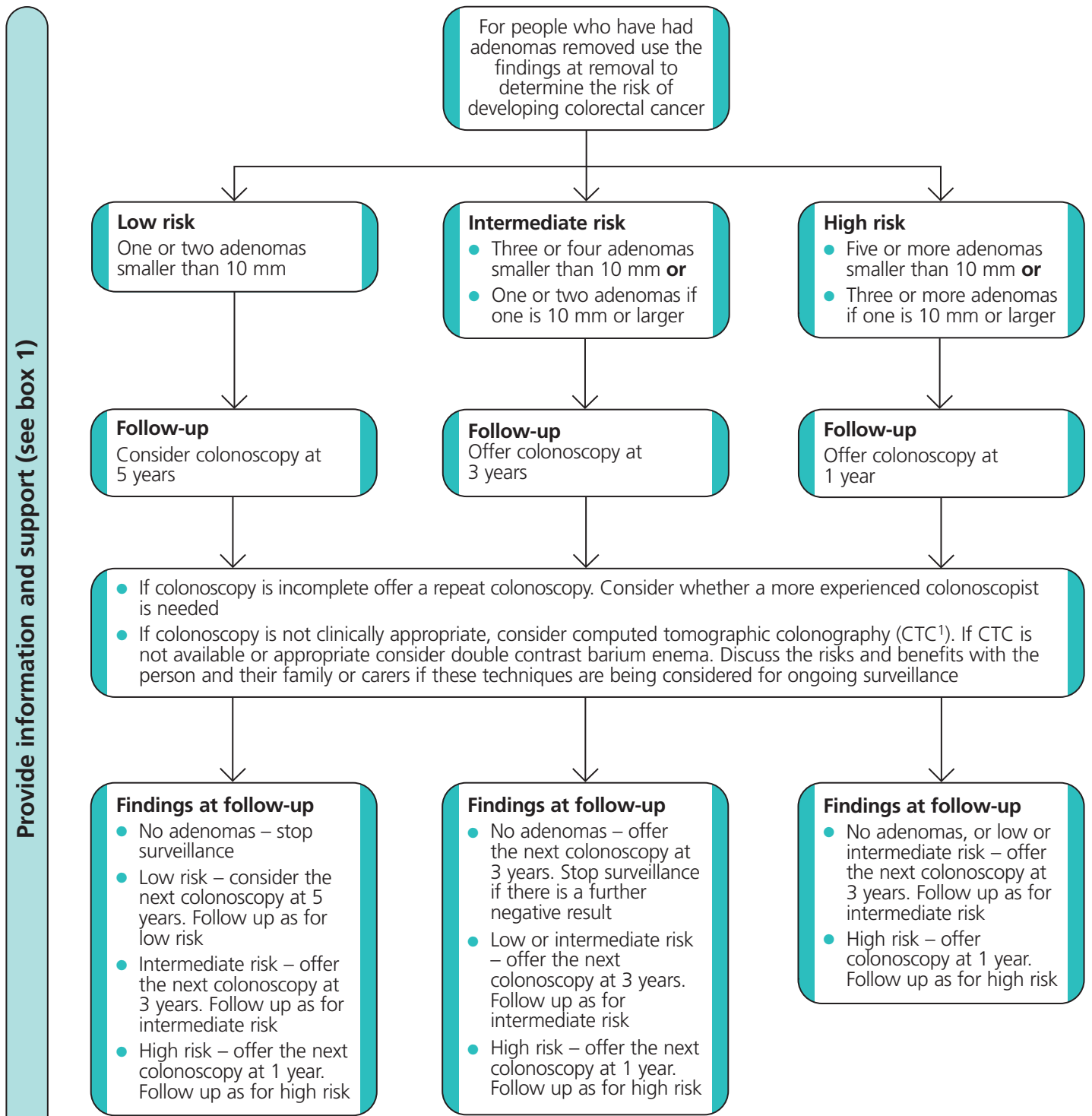
This guidance represents the view of NICE, which was arrived at after careful consideration of the evidence available. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. However, the guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer, and informed by the summary of product characteristics of any drugs they are considering.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties.

People with inflammatory bowel disease



People with adenomas



¹ Computed tomographic colonography (virtual colonoscopy). NICE interventional procedure guidance 129 (2005).

Box 1 Information and support

- Discuss the potential benefits, limitations and risks with people considering colonoscopic surveillance, including:
 - early detection and prevention of colorectal cancer
 - quality of life and psychological outcomes.
- Inform people about the procedures offered, including:
 - bowel preparation
 - impact on everyday activities
 - sedation
 - potential discomfort
 - risk of perforation and bleeding.
- After receiving the results of each surveillance test, discuss the potential benefits, limitations and risks of ongoing surveillance.
- Make a decision to stop surveillance jointly with the person, and if appropriate, with their family or carers, based on the potential benefits for the person, their preferences and comorbidities.
- If any findings at surveillance need treatment or referral, discuss the options with the person, and if appropriate, with their family or carers.
- Give the person and their family or carers the opportunity to discuss their concerns at any time.

Further information

Ordering information

You can download the following documents from www.nice.org.uk/guidance/CG118

- A quick reference guide (this document) – a summary of the recommendations for healthcare professionals.
- ‘Understanding NICE guidance’ – a summary for patients and carers.
- The full guideline – all the recommendations, details of how they were developed, and reviews of the evidence they were based on.

For printed copies of the quick reference guide or ‘Understanding NICE guidance’, phone NICE publications on 0845 003 7783 or email publications@nice.org.uk and quote:

- N2353 (quick reference guide)
- N2354 (‘Understanding NICE guidance’).

Implementation tools

NICE has developed tools to help organisations implement this guidance (see www.nice.org.uk/guidance/CG118).

Related NICE guidance

For information about NICE guidance that has been issued or is in development, see www.nice.org.uk

Published

- Improving outcomes in colorectal cancer. NICE cancer service guidance (2004). Available from www.nice.org.uk/guidance/CSGCC
- Wireless capsule endoscopy for investigation of the small bowel. NICE interventional procedure guidance 101 (2004). Available from www.nice.org.uk/guidance/IPG101

Under development

- Diagnosis and management of colorectal cancer. NICE clinical guideline. Publication expected October 2011.
- The management of Crohn’s disease. NICE clinical guideline. Publication expected December 2012.

Updating the guideline

This guideline will be updated as needed, and information about the progress of any update will be available at www.nice.org.uk/guidance/CG118

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