# Surgery
## What is the best approach for patients at high risk for colorectal cancer?

Elias Jirjoss Ilias

PhD in Surgery, Medical Sciences School, Santa Casa de Misericórdia de São Paulo (FCMSCSP); Full Professor of the Brazilian College of Surgeons, São Paulo, SP, Brazil – eliasilias@hotmail.com



During the Digestive Disease Week (DDW) 2012, in San Diego, California during May 2012, one of the symposia established a line of evidence-based monitoring for patients at high risk for colorectal cancer. This monitoring focused on patients that underwent surgery due to colorectal cancer and their families, as well as patients with intestinal polyps. The monitoring suggestions were based on scientific studies that followed thousands of patients in different countries.

Due to the great importance of this issue, especially in Brazil, it was considered worthwhile to publish these follow-up recommendations in the "At the Bedside" section of the Journal of the Brazilian Medical Association (RAMB).

A) Recommendations for the patient who has been submitted to surgery due to colorectal cancer:
   - Carcinoembryonic antigen (CEA) measurement every three months in the two first years, and every six months from the third to the fifth year after the surgery;
   - Thorough clinical examination in the physician's office at the same frequency of CEA measurement;
   - Colonoscopy every six months in the first three years to check for recurrence at the anastomosis;
   - CT of the abdomen and pelvis three times a year in the first two years and subsequently, every six months until the fifth year. The liver may be the site of asymptomatic metastases in 27% of the patients. The risk of tumor recurrence is higher in the first two years; after five years, the risk is only 1%.

B) Screening of family members of patients with colorectal cancer:
   - First-degree relatives are two to three times more likely to contract colorectal cancer than the general population. If the individual's parents had colorectal cancer, the chance to present the disease is five times greater than the general population. Colonoscopy is recommended every three years in all these family members.

C) Familial intestinal polyposis
   - Patients with familial polyposis should undergo total colectomy or total proctocolectomy. The appearance of tumors in the rectum (when preserved), duodenum, and stomach of these patients must be monitored. Siblings of patients with familial polyposis should be screened to verify whether they have the syndrome; if they do, they should be submitted to the same procedures.

D) Adenomas
   - Patients with adenomas should undergo annual colonoscopy and polypectomy to screen for the appearance of new polyps. First-degree relatives over 40 years old of patients with advanced polyps should undergo colonoscopy every five years at minimum.

All risk groups should be advised to seek medical advice in case of occurrence of any persistent gastrointestinal symptom. In these cases, individuals must undergo thorough clinical examination and laboratory tests, most importantly colonoscopy.