National Institute for Health and Clinical Excellence

Colonoscopic surveillance for colorectal cancer in high-risk groups: inflammatory bowel disease and polyps

Scope Consultation Table

28 October – 25 November 2009

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	Association of Coloproctology of Great Britain and Ireland	4.00	General	This appears to include patients who have inherited polyposis syndromes (which will include familial adenomatous polyposis, MYH associated polyposis (both with adenomas), Peutz_Jeghers syndrome, juvenile polyposis, mixed polyposis syndromes (hamartomatous polyps). These are uncommon conditions, for some of which there are clear, evidence based guidelines already in the literature. It is crucial that someone with an good understanding of these conditions is involved in the process.	Thank you for your comment. The patients with inherited polyposis syndromes have been excluded and are outside the scope for this guideline. Please refer to the groups that will not be covered under section 4.1.2(e) of the scope.
SH	British Society of Gastroenterology/Royal College of Physicians	12.00	3.2 b	BSG 2002 guidance did not recommend flexi sig between 5 yearly colonoscopy for any patient with colitis	Thank you for your comments. The BSG 2002 guidance for screening and surveillance of asymptomatic colorectal cancer in patients with inflammatory bowel disease states the following: "*It may be argued that colonoscopy is not necessary in a patient with left sided disease. However, disease can extend and if these patients only have a flexible sigmoidoscopy any extension of disease*

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					may be missed. Therefore, although there is no evidence, it is recommended that such patients should have a colonoscopy every five years with a flexible sigmoidoscopy in the interim years."
SH	British Society of Gastroenterology/Royal College of Physicians	12.01	3.2 c	BSG guidance of 2004 for management of IBD recommended compliance with the BSG 2002 guidance (see reference - Eaden JA, Mayberry JF. Guidelines for screening and surveillance of asymptomatic colorectal cancer in patients with inflammatory bowel disease. Gut 2002;51(Suppl 5):V10–2) and an update will soon appear in Gut for both polyp and colitis surveillance).	Thank you. Changes have been made accordingly. Please refer to section 3.2 (c) and (d) of the scope. We look forward to the upcoming guidelines.
SH	British Society of Gastroenterology/Royal College of Physicians	12.02	3.2 d	There is no lack of National guidance indeed guidance produced by the BSG and ACPGBI has been available since 2002 (Eaden JA, Mayberry JF. Guidelines for screening and surveillance of asymptomatic colorectal cancer in patients with inflammatory bowel disease. Gut 2002;51(Suppl 5):V10–2) and an update will soon appear in Gut for both polyp and colitis surveillance.	Thank you for your comment and references. The aims of the guideline are to provide evidence-based recommendations to reduce current variation in practice. Having a NICE guidance in the area may help reduce these variations.
SH	British Society of Gastroenterology/Royal College of Physicians	12.03	2	The remit encompasses 2 entirely separate surveillance cohorts (IBD and "polyps"). As written, it is confusing & appears to combine both – suggest rephrasing to read "to produce 2 short clinical guidelines on colonoscopic surveillance for patients with (1) ulcerative colitis and Crohn's disease; and (2) adenomatous polyps, to prevent colorectal cancer"	Thank you for your comment. We are aware that this scope discusses two separate populations and this guideline will discuss the evidence for the different populations separately.
SH	British Society of	12.04	2	Should read "adenomatous polyps" not "polyps"	The remit is given to NICE by the Department of

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	Gastroenterology/Royal College of Physicians				Health and cannot be changed by the technical team.
SH	British Society of Gastroenterology/Royal College of Physicians	12.05	3.1b	Should read "adenomatous polyps" not "polyps"	Thank you for your comment. Based on the Department of Health remit this guideline will consider polyps in general. The explanation of the different types of polyps and their associated risk is described in section in 3.1(c)
SH	British Society of Gastroenterology/Royal College of Physicians	12.06	3.1e	Should read "...similar to that for people with ulcerative colitis *for the same extent of colonic involvement*"	Thank you. Changes have been made under section 3.1 (e).
SH	British Society of Gastroenterology/Royal College of Physicians	12.07	3.2a	Should read "post-polypectomy " not "post-operative"	Thank you for the correction. The scope has been modified accordingly. Please refer to section 3.2 (a) of the scope.
SH	British Society of Gastroenterology/Royal College of Physicians	12.08	3.2c	This statement is incorrect and misleading – the 2004 guidelines were NOT an update of the 2002 surveillance guidelines, they were separate guidelines on the management of IBD. Within that broader document, there is a small section on surveillance which references the 2002 surveillance guidelines.	Thank you for your comment. The scope has been edited accordingly. Please refer to section 3.2 (c) of the scope.
SH	British Society of Gastroenterology/Royal College of Physicians	12.09	4.1.1a	Needs to be rephrased to either "...IBD *involving the colon*..." or "...IBD (defined as ulcerative colitis or Crohn's *disease*"	Thank you for your comment. Changes have been made to the scope accordingly. Please refer to section 4.1.1 (a)
SH	British Society of Gastroenterology/Royal College of Physicians	12.10	4.1.1b	Should read "Adults with adenomatous polyps in the colon or rectum"	Thank you for your comment. Based on the Department of Health remit this guideline will consider polyps in general. At the stakeholder workshop it was felt that we should keep the general term polyps as per the remit and then use evidence to determine which sub-groups should get surveyed and at what frequency depending on their associated risk.

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SH	British Society of Gastroenterology/Royal College of Physicians	12.11	4.1.2d	HNPCC accounts for only as small proportion of those with a family history - what about those with a family history of colorectal cancer that *isn't* HNPCC?	Thank you. The scope is going to cover the population with a family history that are not HNPCC and the scope has been modified accordingly. Please refer to section 4.1.2 (d).
SH	British Society of Gastroenterology/Royal College of Physicians	12.12	4.1.2e	Most of the population will have a family history of polyps! This should read "family history of *polyposis syndromes*"	Thank you for your comment. Changes have been made under section 4.1.2 (e).
SH	British Society of Gastroenterology/Royal College of Physicians	12.13	4.3.1b	Should read "adenomatous polyps" not "polyps"	Thank you for your comments. Based on the Department of Health remit this guideline will consider polyps in general. At the stakeholder workshop it was felt that we should keep the general term polyps as per the remit and then use evidence to determine which sub-groups should get surveyed and at what frequency depending on their associated risk.
SH	British Society of Gastroenterology/Royal College of Physicians	12.14	4.4	An important additional outcome for adenoma surveillance is the development of "advanced adenomas", defined as adenomas of 10+mm in size or displaying high grade dysplasia. This is analogous to the premalignant outcome of 4.4b for IBD.	Thank you for your information. Progression of disease will be considered as an outcome.
SH	British Society of Gastroenterology/Royal College of Physicians	12.15	3.2a	Please be advised that BSG guidelines for adenoma surveillance are being updated (very few changes) – currently in press with Gut.	Thank you for your information. We look forward to the upcoming guidelines.
SH	British Society of Gastroenterology/Royal College of Physicians	12.16	3.2b	Please be advised that BSG guidelines for colitis surveillance are being updated, with major changes in light of new evidence – currently in press with Gut. NICE guideline development should take these into account.	Thank you for your information. We look forward to the upcoming guidelines.
SH	Department of Health	22.00		This organisation responded and said they had no comments to make	Noted
SH	Randox Laboratories Ltd	50.00	4.3.1 a)	We would like an additional surveillance method included. Genetics is now playing a role not	Thank you for your comments. The technical team feels that somatic mutation screening is not relevant

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				only in diagnosis but also in monitoring, therefore, after the words "narrow band imaging" we would like the method "somatic mutation screening" inserted.	to the remit of this scope.
SH	Royal College of Nursing	56.00	General	The RCN welcomes proposals to develop this guideline. The document is comprehensive.	Thank you for your comment.
SH	Royal College of Nursing	56.01	General	Nurses working in this area of health reviewed the draft scope and the feedback from the IBD Network is that there are no additional areas to be examined.	Thank you for your feedback.
SH	Royal College of Nursing	56.02	3.2 (b)	We would like clarification in colitis of necessity to scope in left sided disease and proctitis.	Thank you for your comment. We will be including all colitis, which would include the left sided disease and proctitis.
SH	Royal College of Physicians London	60.00		See joint comments made with BSG (order number 12.00)	Noted. Thank you. The BSG 2002 guidance for screening and surveillance of asymptomatic colorectal cancer in patients with inflammatory bowel disease states the following: *"It may be argued that colonoscopy is not necessary in a patient with left sided disease. However, disease can extend and if these patients only have a flexible sigmoidoscopy any extension of disease may be missed. Therefore, although there is no evidence, it is recommended that such patients should have a colonoscopy every five years with a flexible sigmoidoscopy in the interim years."*

These stakeholder organisations were approached but did not respond:

Airedale Acute Trust
Antimicrobial Resistance and Healthcare Associated Infection (ARHAI)

Association of British Insurers (ABI)
BASO ~ The Association for Cancer Surgery
Beating Bowel Cancer
Belfast Health and Social Care Trust
BMJ
Bowel Screening Wales
Brighton and Sussex University Hospitals Trust
British National Formulary (BNF)
British Society of Gastrointestinal and Abdominal Radiology (BSGAR)
British Society of Paediatric Gastroenterology, Hepatology & Nutrition (BSPGHAN)
Cambridge University Hospitals NHS Foundation Trust (Addenbrookes)
Cancer Screening Programmes London
Care Quality Commission (CQC)
Coloplast Limted
Commission for Social Care Inspection
Connecting for Health
Department for Communities and Local Government
Ferring International Center
Ferring Pharmaceuticals Ltd
GE Healthcare
Gloucestershire Hospitals NHS Trust
Imperial College London
Institute of biomedical Science
Leeds PCT
Liverpool PCT Provider Services
Luton & Dunstable Hospital NHS Foundation Trust
Macmillan Cancer Support
Medicines and Healthcare Products Regulatory Agency (MHRA)
Merck Sharp & Dohme Ltd
Ministry of Defence (MoD)
National Association for Colitis and Crohns Disease (NACC)
National Patient Safety Agency (NPSA)
National Public Health Service - Wales
National Treatment Agency for Substance Misuse
NHS Clinical Knowledge Summaries Service (SCHIN)
NHS Plus
NHS Quality Improvement Scotland
NHS Sheffield

Norgine Pharmaceuticals Ltd
North of England Cancer Network
North Tees and Hartlepool Acute Trust
North West London Cancer Network
PERIGON Healthcare Ltd
Primary Care Society for Gastroenterology (PCSG)
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of General Practitioners Wales
Royal College of Midwives
Royal College of Obstetricians and Gynaecologists
Royal College of Paediatrics and Child Health
Royal College of Pathologists
Royal College of Psychiatrists
Royal College of Radiologists
Royal College of Surgeons of England
Royal Society of Medicine
Sandwell PCT
Scottish Intercollegiate Guidelines Network (SIGN)
Sheffield Teaching Hospitals NHS Foundation Trust
Social Care Institute for Excellence (SCIE)
Social Exclusion Task Force
South Asian Health Foundation
South Tees Hospitals NHS Trust
UCLH NHS Foundation Trust
Welsh Assembly Government
Welsh Scientific Advisory Committee (WSAC)
Western Health and Social Care Trust
York NHS Foundation Trust