RACGP
Royal Australian College *of* General Practitioners

Healthy Profession.
Healthy Australia.

2 May 2018

Professor John Thompson,
E: guidelines@cancer.org.au

Dear Professor Thompson,

Re: RACGP response to the consultation on Draft clinical practice guidelines for surveillance colonoscopy.

The Royal Australian College of General Practitioners (RACGP) thanks the Cancer Council Australia for the opportunity to comment on the *Draft clinical practice guidelines for surveillance colonoscopy*.

The RACGP notes that the target population for this Guide is people who have precancerous lesions detected on colonoscopy, a diagnosis of colorectal cancer (CRC), or a diagnosis of inflammatory bowel disease. The Guide does not apply to asymptomatic people, or those for whom a family history of CRC is relevant and for whom colorectal screening (as opposed to surveillance) is appropriate.

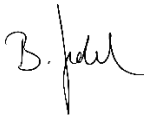
General practitioners (GPs) see patients at risk of colorectal cancer, who have precancerous polyps, CRC or inflammatory bowel disease. While these guidelines are relevant to general practice, GPs have very little control over the quality of these types of procedures. It is therefore critical that the guideline provides easily accessible advice to GPs about when they should recall people with various different types of polyps or adenomas. Additionally, patients should be provided information leaflets advising interval timeframes, to increase awareness in people who are having screens too frequently.

A simplified summary or algorithm about recall would be welcome. Currently the draft guideline is quite verbose and GPs would struggle to find the information they need. We recommend the use of GRADE as a useful approach for presenting evidence, particularly as the levels of evidence presented are very low. www.gradeworkinggroup.org/

The RACGP would also like to comment on *The elderly and stopping rules*. As noted in the Guide, there is little evidence in support of age cut off-for stopping surveillance colonoscopy. We acknowledge that the Charlson score is a useful piece of evidence to assist facilitating further discussion with the patient in shared decision making. However, we would advise GPs to not rely on the Charlson score alone and to adopt a shared decision approach about stopping surveillance colonoscopy should also consider patient age, frailty (risk of procedure), life-expectancy and patient values for patients aged 75 – 80 years. We agree with 80 as an absolute age to cease screening procedures, and we suggest all surgeons are made aware of this.

Thank you again for the opportunity to comment and we welcome future opportunities for engagement on the issues discussed in this submission.

Yours sincerely



Dr Bastian Seidel
President