

# VIRTUAL COLONOSCOPY: ROLE IN CRC SCREENING, TODAY AND IN THE NEAR FUTURE

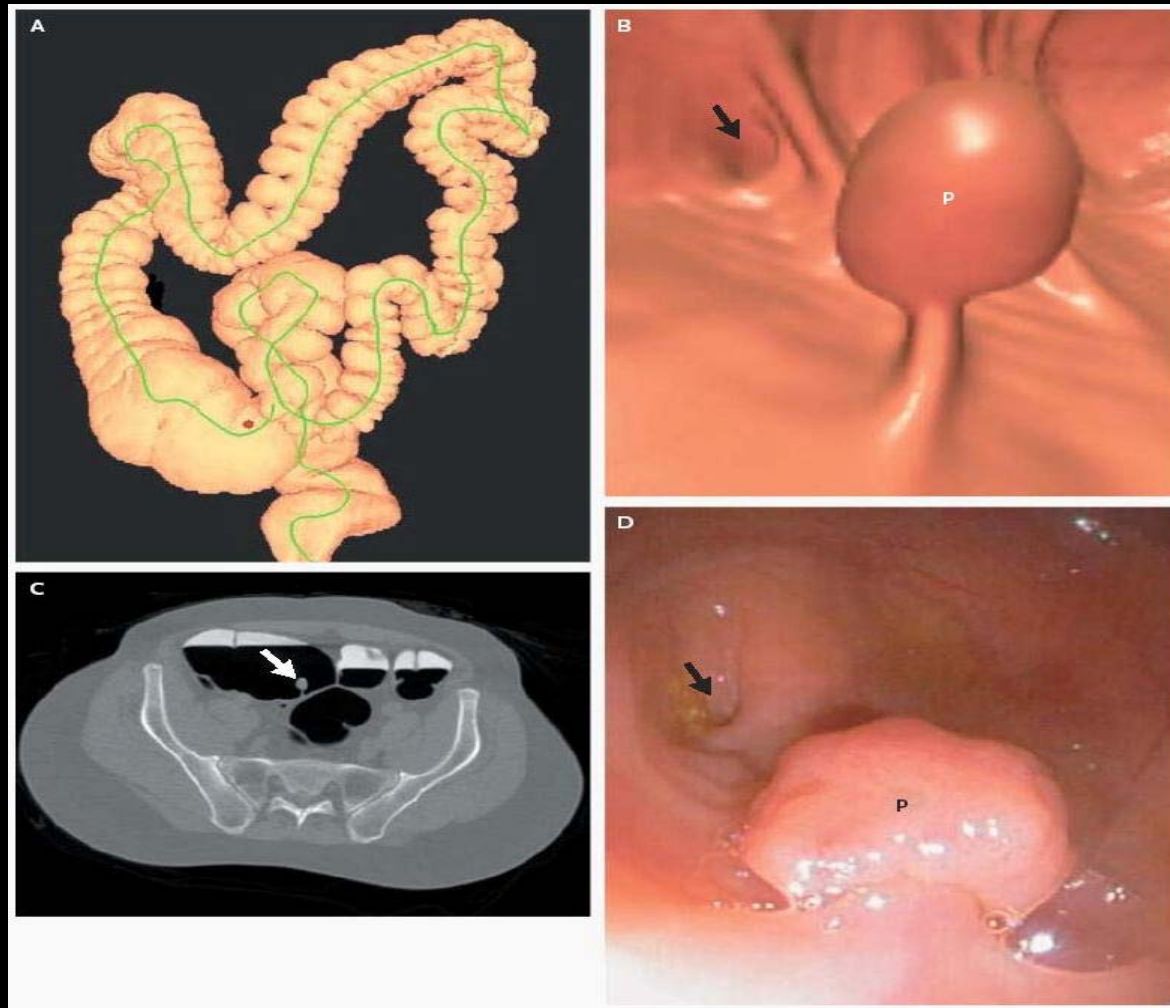
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# Virtual Colonoscopy



# PICKHARDT et al STUDY

(NEJM Dec. 2003)

- 3 hospitals, 6 radiologists, 1233 patients
  - Oral contrast, multidetector CT scanners, initial 3-D reading with 2-D confirmation, complete colonoscopy in 99.4%
  - VC as accurate as C for polyps  $\geq 6$  mm
- “VC using advanced methodology equals colonoscopy for medium- and large-size polyps in a low-prevalence population”

# SCREENING VC: ISSUES

- Widespread availability of accurate examinations using latest methodology
- Cost (diagnostic only)
- Need for well-tolerated bowel prep and bowel distention

**My prediction:** VC soon will be added to menu of options. VC will provide needed screening capacity and will increase screening rates.

# CAPACITY TO DO DIRECT SCREENING COLONOSCOPY

- Direct colonoscopy screening of all those over age 50 using 50% of available capacity would take 10 years (Seefe, et al, CDC, Gastroenterology, Dec. 2004)
- Colonoscopy capacity is seriously limited
- After the discussed issues adequately are addressed, VC could supply much of the currently unavailable capacity