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OPEN FOR COMMENT: Colorectal Cancer (CRC) Screening Methods and Fenestrated Endovascular Repair (f-EVAR) of Juxtarenal Aortic Aneurysm (JRA)

This month, OHTAC has released two draft recommendations, now available for public comment:

1. Screening Methods for Early Detection of Colorectal Cancers and Polyps

The incidence of CRC in Ontario is among the highest in the world with an estimated 8,000 new cases diagnosed, and more than 3,250 deaths attributed to the disease, in the province through 2008. It is believed that by instituting regular CRC screening of the average-risk population (age ≥ 50), a greater number of localized cancers and premalignant lesions will be detected and subsequently removed, thereby reducing the disease's morbidity and mortality rates.

The Medical Advisory Secretariat (MAS) has conducted an expansive review of the available evidence comparing the performance of various CRC screening methods in the detection of colorectal cancers and large colorectal polyps in average-risk people compared with conventional colonoscopy.

The technologies reviewed were:

- Flexible sigmoidoscopy (FS)
- Computed tomographic (CT) colonography
- Magnetic resonance (MR) colonography
- Fecal occult blood testing (FOBT)
- Wireless capsule endoscopy (PillCam Colon)

Among the principle finding of the MAS report are that:

1. Numerous studies have shown that CT and MR colonography are highly effective in detecting CRCs and precancerous polyps. According to the GRADE system, however, these studies were considered to be of low quality as the population screened in the trials included both average-risk and high-risk patients.
2. There is insufficient evidence to support the use of capsule endoscopy for CRC screening.
3. Biennial FOBT can reduce mortality from CRC by 14%.
4. There is moderate-quality evidence supporting the use of colonoscopy, FS, and immunological FOBT (iFOBT) for the detection of CRCs and advanced adenomas with detection rates corresponding to:

	CRC	Advanced adenoma
Colonoscopy	0.8%	6.3%
FS	0.6%	4.6%
iFOBT	0.1%	1.1%

In order to better delineate the advantages and limits of the selected CRC screening methods, OHTAC first clarified the distinction between opportunistic and population-based screening:

Opportunistic screening: Screening is performed in the context of usual care during periodic health examinations. Health care providers make specific recommendations to patients while weighing the risks and benefits of each intervention; the screening test is selected based on an approach of shared decision making.

Population-based screening: The focus of care is on the population as a whole and the screening program operates with a specific set of goals, objectives, and operational policies. In selecting a screening test, considerations go beyond test characteristics (e.g. sensitivity) and include operational issues, resource impacts, and safety.

Based on the MAS evidence report, OHTAC has thus made the following recommendations:

Population-based Screening:

- FOBT is the only modality recommended for population-based screening for the early detection of CRCs in asymptomatic average-risk people aged ≥ 50 years. The low sensitivity of FOBT can improve with repeated testing every 2 years, emphasizing the need to adhere to regular testing.

Opportunistic Screening:

- Colonoscopy, FS, or FOBT can be safely used for opportunistic screening of asymptomatic average-risk people aged ≥ 50 years. The use of colonoscopy or FS every 5 to 10 years leads to significantly improved detection rates of CRC and polyps compared with FOBT.

While all modalities were found to be cost-effective, OHTAC could not predict the human and operational resource impact if increased colonoscopy and FS screening tests take place within the Ontario health system

2. Fenestrated Endovascular Repair of Juxtarenal Aortic Aneurysms

The standard EVAR technique for the treatment of infrarenal aortic aneurysms is limited to patients in whom there is sufficient healthy aortic tissue below the renal arteries to provide an adequate proximal sealing zone. Hence, standard EVAR is not indicated in JRAs. Fenestrated endovascular repair allows the proximal sealing zone of the graft to be placed in a healthier part of the aorta above the renal arteries, allowing for the continuation of blood flow to these vessels and their respective end organs. The MAS has conducted a full of the current evidence for the use of f-EVAR, comparing fenestrated devices against the open surgical repair, which, until now, has been gold standard approach for JRA treatment.

Based on the MAS findings, OHTAC recommends that f-EVAR should be made available to patients with a JRA greater than 5.5 cm in diameter and whose co-morbidities place them at high risk for open surgical repair. While this recommendation is based on low-quality evidence, it is unlikely that better quality evidence can be expected due to the ethical considerations of denying treatment to high-risk patients in a randomized controlled trial.

We invite you to view these research reports and provide your comments before June 2 at:

http://www.health.gov.on.ca/english/providers/program/ohtac/draft_comment.html

JUST PUBLISHED: Pressure Ulcer Prevention: An Evidence-Based Analysis

The prevalence of pressure ulcers in Ontario has been estimated to range from 13.1% to 53% with nonacute health care settings exhibiting the highest prevalence. At the request of OHTAC, MAS has conducted an extensive review of the available evidence to determine the effectiveness of preventive interventions for pressure ulcers, including risk assessment, distribution devices, nutritional supplementation, repositioning, and incontinence management. This was undertaken as part of a three-tiered evidence-based review of the literature concerning pressure ulcers, which includes economic modeling of the cost-effectiveness of prevention strategies in long-term care homes (released in Dec. 2008) and a forthcoming review of management strategies for chronic pressure ulcers.

Pressure Ulcer Prevention: An Evidence-Based Analysis is now available for download at the MAS website. The report will be of interest to all health care professionals in the community-care and nonacute settings, as well as any other practitioners working with patients at risk for ulcer development. To access the Pressure Ulcer Prevention series [click here](#).

In addition, the Toronto Health Economic and Technology Assessment collaborative is currently undertaking two field evaluations to determine: A) the effectiveness of a multidisciplinary wound care team for the management of chronic pressure ulcers; and B) the optimal frequency of repositioning long-term care recipients using high-density foam mattresses.

Further information on these field evaluations can be found at: <http://theta.utoronto.ca/projects>

Coming Soon: OHTAC Draft Recommendations for the Diabetes Strategy Platform: Anticipated date of posing for public comment is May 20, 2009.

To keep up-to-date with the draft release and all new materials from MAS and OHTAC, be sure to visit to the "What's New" section of our websites. For What's New at OHTAC, [click here](#). For What's New at MAS, [click here](#).

As usual, OHTAC and MAS welcome your questions and comments. Please submit them to us at:

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