How often should a patient with diverticulosis but a normal colonoscopy be rescreened?

**Evidence-Based Answer**

The presence or absence of diverticulosis should not alter the follow-up interval for patients undergoing colonoscopy for the detection of colorectal cancer. (SOR C, based on expert opinion.) The frequency for colonoscopy screening in individuals between the ages of 50 and 75 years recommended by the US Preventive Services Task Force is every 10 years.

A recent narrative review discussed several lines of evidence suggesting that more intensive colon cancer screening might be important for patients with diverticulitis.1 The review noted that patients with diverticulosis have an elevated lifetime risk of colorectal carcinoma. Pathologic studies show colonic epithelial alterations in diverticulosis that are similar to colorectal carcinoma. Theoretically, diverticular inflammation and aberrant crypt foci could initiate a chronic inflammation–cancer sequence seen in inflammatory bowel disease. However, the review also found conflicting evidence regarding the relationship of diverticulosis and left-sided colorectal carcinoma, with positive and negative effects found in different epidemiologic studies. Ultimately, the authors concluded that patients with diverticulosis should be screened for colorectal carcinoma according to the same guidelines as patients without the condition.

Some uncertainty remains, however, about what the standard guidelines should be for the screening interval for colonoscopy. A cohort study of 1,256 patients with no adenomatous polyps on initial screening evaluated outcomes after repeat colonoscopy 5.3±1.3 years later.2 One or more adenomas were seen in 16.0% (201/1,256). Advanced adenomas (a tubular adenoma >1 cm or a polyp with villous histologic features or high grade dysplasia) were seen in 1.3% (16/1,256).

Another cohort study correlated colonoscopic findings over time.3 Among 298 patient who were neoplasia-free at baseline, 7 (2.4%) had advanced neoplasia at follow-up 5.5 years later. Among the 895 patients with some form of neoplasia at baseline, 86 (9.6%) had advanced neoplasia at follow-up.

Two microsimulation models were applied to available data to update the USPSTF colon cancer screening recommendations.4-5 The models were used to formulate different strategies of colorectal carcinoma screening compared to no screening. The models showed that the optimum colonoscopy frequency was every 10 years if adherence was 80% to 100%.

### What is the role of laboratory testing in the diagnosis of systemic lupus erythematosus? UPDATE*

**Evidence-Based Answer**

An initial urinalysis, complete blood count with differential and platelet count, and antinuclear antibody (ANA) are appropriate for evaluating patients suspected of having systemic lupus erythematosus (SLE). Further testing should be based on initial laboratory findings and clinical features. (SOR C, based on a consensus panel guideline.)

Diagnosis of SLE is based on both clinical and laboratory findings. The American College of Rheumatology (ACR) has established criteria for the classification of systemic lupus erythematosus: Evidence-Based Practice. 2004;7(8):6–7.*

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* This article is an update to: White D. What is the role of laboratory testing in the diagnosis of systemic lupus erythematosus? Evidence-Based Practice. 2004;7(8):6–7.