

Are your patients up to date on screening?

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Abstract

Colorectal cancer is the third most commonly diagnosed cancer and second most common cause of cancer death in the United States. The American Cancer Society estimates that there were 136,830 new diagnoses and 50,310 deaths associated with colorectal cancer in 2014. Incidence and death rates have decreased since the 1980s, which has been attributed to increased screening and colonoscopic removal of pre-cancerous polyps. Despite evidence for its effectiveness, only half of the U.S. population over the age of 50 has undergone recommended screening.

Screening Methods and Benefits

Colorectal cancer screening guidelines published by the U.S. Preventive Services Task Force, U.S. Multi-Society Task Force, and American College of Gastroenterology recommend initiating screening at age 50 years in individuals at average-risk and earlier for those at higher risk. Recommended screening modalities include colonoscopy every 10 years, flexible sigmoidoscopy or CT colonography every 5 years, and annual fecal occult blood test or fecal immunochemical test (FIT). Stool DNA (i.e., Cologuard®) has recently been added to the list of screening modalities, but the interval is still uncertain (the manufacturer recommends it every 1 or 3 years).

Screening allows for early detection of colorectal cancer. When diagnosed at an earlier stage, colorectal cancer is more likely to be cured and is associated with faster recovery. Five-year survival is 90% if localized at diagnosis but drops to 10% if metastatic. Unfortunately, less than 40% of colorectal cancers are found early.

Screening also helps prevent the development of colorectal cancer through the removal of pre-cancerous adenomatous polyps with colonoscopy. Adenomas are common and are found in a third of individuals undergoing screening colonoscopies. Once resected, the risk of malignant progression is eliminated. In 2012, long-term data was published from the National Polyp Study, which evaluated the effect of polypectomy on mortality from colorectal cancer. It was found that colonoscopic removal of adenomas resulted in a 53% reduction in colorectal cancer associated deaths. (*N Engl J Med* 2012;366:687-96)

More recently, two long-term population studies were published evaluating the effect of screening on colorectal cancer incidence and mortality. Use of lower endoscopy (colonoscopy and sigmoidoscopy) among 88,902 participants in the Nurses' Health Study and the Health Professionals Follow-up Study was associated with an estimated 40% reduction in incidence of colorectal cancer after 22 years. Risk of colorectal cancer associated mortality was also reduced 68% in individuals who underwent screening colonoscopy and 41% with sigmoidoscopy. (*N Engl J Med* 2013;369:1095-105)

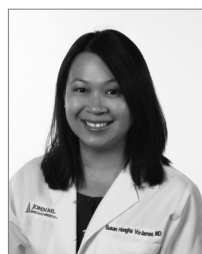
In the Minnesota Colon Cancer Control Study, 46,551 participants were randomized to usual care or to screening with fecal occult blood testing. After 30 years of follow-up, colorectal cancer associated mortality was reduced 32% with annual screening and 22% with biennial screening. All-cause mortality was unchanged. (*N Engl J Med* 2013;369:1106-14)

Conclusion

Colorectal cancer is a common and deadly disease, yet much of the morbidity and mortality associated with it is preventable with proper screening. Concerted strategies targeted at patients as well as providers are needed to increase utilization of screening. Studies have shown that a physician's recommendation significantly increases likelihood of screening. Patient education, mailed reminders, and follow-up phone calls may help to improve compliance. Centralized or electronic medical records-based reminder systems can assist providers in keeping screening up to date as well as other routine health maintenance. An online manual produced by the American Cancer Society is available to help primary care providers improve screening rates and may be found at cancer.org/colonmd.

To learn more about our Colorectal Program call (925) 947-3322.

About the Author



Dr. Vu-James is certified by the American Board of Internal Medicine, and is a member of the American Gastroenterological Association, the American College of Gastroenterology and the American Society for Gastrointestinal Endoscopy. After finishing medical school at the Washington University School of Medicine in St. Louis, she completed her residency at the Cleveland Clinic Foundation in Cleveland, Ohio. Dr. Vu-James specializes in colorectal cancer screening, inflammatory bowel disease and women's health.