


RED BOWTIE CHECK

Colorectal Cancer

A Call to Action in South Dakota

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November 29, 2005



The barrier to reducing the number of deaths from colorectal cancer is not a lack of scientific data but a lack of organizational, financial, and societal commitment.

-Daniel K. Podolsky, MD (NEJM 7/20/00)

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The South Dakota Council on Colorectal Cancer is a statewide alliance of individuals and organizations working together to reduce the burden of colorectal cancer in South Dakota by increasing awareness and utilization of colorectal cancer screening through professional and public education.




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5 Key Messages

- Screening saves lives
- All persons aged 50 years and older should begin regular screening
- High-risk individuals may need to begin screening earlier
- Colorectal Cancer can be prevented
- Any screening test is better than no screening test

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Burden of Disease

- Second leading cause of cancer death in US
- Both women and men
- All races
- American Cancer Society 2004 estimates:
 - 146,940 new cases
 - 56,730 deaths
- Treatment costs over \$6.5 billion per year
 - Among malignancies, second only to breast cancer at \$6.6 billion per year

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Colorectal Cancer in South Dakota

Incidence

- Colorectal cancer was the third most common cancer reported in South Dakota in 2001 of which approximately 52% diagnosed at the late regional and distant stages
- 490 new diagnoses expected in 2004

Mortality

- 190 deaths expected in 2004

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Natural History

Polyp → **Advanced cancer**

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Screening=Prevention & Early Detection

Prevention = polyp removal →
Decreased Incidence

Early Detection →
Decreased Mortality

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Prevention

- Approximately 90% of all colorectal cancer cases and deaths are thought to be preventable.
- Screening tests that detect occult blood in the stool or identify polyps can prevent the occurrence of colorectal cancers by allowing the detection and removal of pre-cancerous lesions before they undergo malignant transformation.

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Early Detection

Five-year survival rates at stage of diagnosis:

- Early in a localized stage- 90%
- Regional spread- 64%
- Metastasized- 8%

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Screening Guidelines

According to the American Cancer Society guidelines for the early detection of colon cancer, starting at age 50 both men and women should discuss the full range of testing options with their physicians and choose one of the following:

- Yearly fecal occult blood test (FOBT)
- Flexible sigmoidoscopy every five years
- Yearly FOBT and flexible sigmoidoscopy every five years (preferred over either FOBT alone, or flexible sigmoidoscopy alone)
- Double-contrast barium enema every five years
- Colonoscopy every 10 years

All positive tests should be followed up with colonoscopy

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Fecal Occult Blood Test

- Detects hidden or "occult" blood in stool
 - Sampling is done at home
 - Samples collected from a series of bowel movements then returned to clinic
 - Dietary restriction must be followed
- Inexpensive

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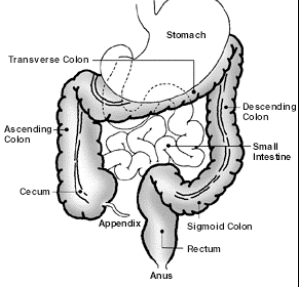
Flexible Sigmoidoscopy

- A slender, flexible, hollow, lighted tube inserted into the rectum allowing healthcare provider to view lower third of colon
 - Minimal bowel preparation
 - No sedation



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Diagram of the Colon and Rectum



Labels in diagram: Stomach, Transverse Colon, Ascending Colon, Cecum, Appendix, Sigmoid Colon, Rectum, Anus, Descending Colon, Small Intestine.

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Double Contrast Barium Enema

- An x-ray with air and dye injected into bowel through the rectum
 - Full bowel prep needed
 - Can usually view entire colon
 - No sedation needed

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Colonoscopy

- Flexible lighted tube inserted into rectum, allowing doctor to view entire large bowel
 - Allows biopsy and removal of polyps
 - Full bowel prep needed
 - Sedation usually needed

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Assessing Individual Risk

Increased risk includes:


- personal history of colorectal cancer or polyps
- family history of colorectal cancer or polyps
- history of inflammatory bowel disease
- certain inherited cancer syndromes
- signs/symptoms
 - rectal bleeding
 - iron deficiency anemia

➤ **Should undergo evaluation at an earlier age and more frequently**

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Assessing Individual Risk (continued)

**Average Risk:
Everyone Else 50 and Over**



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Colorectal Screening Rates Low: Utilization Report 2001

Fecal Occult Blood Test

Ever had:

- 43.8% in SD
- 44.6% nationwide

Within the preceding two years:

- 31% in SD

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Colorectal Screening Rates Low: Reasons (according to Patients)

- Physician didn't recommend
- Lack of knowledge of screening benefits
- Low awareness of colorectal cancer as a health threat
- Access
- Cost
- Fear, embarrassment, discomfort
- Time

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Awareness


- Most of those interviewed in the Midwest Division (97%) had heard of colorectal cancer
- Although 38% could not think of any risk factors for colorectal cancer on their own, many recognized them when they heard them
- 36% could not think of any early detection tests without prompting
- Fewer than half (43%) of those who heard of colorectal cancer thought it was extremely important that they be tested
- 57% of those who have heard of colorectal cancer said a health care professional recommended that they be tested

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Colorectal Screening Rates Low: Reasons (according to Physicians)

- Unclear about guidelines
- Low awareness of screening benefits
- Lack of skills to perform screening
- Low reimbursement
- Time
- Believe that patients don't want screening

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Shared Decision Making

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A Call to Action

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Thank You!

By getting tested, you can prevent or cure colon cancer.

