

March is National Colorectal Cancer Awareness Month

In the U.S. Colorectal Cancer (CRC) remains the second leading cause of cancer-related deaths in men & women. Approximately one in 24 Americans will develop CRC in their lifetime. By the time you finish reading this article one American will be diagnosed with CRC (every 3 minutes). This is bad news. The good news is with appropriate screening upwards of 90% of CRC can be prevented. Unfortunately, about one-third of people ages 50-75 have never been screened according to the American Cancer Society. In this article we will go over practical information about CRC that you can discuss with your PCP or Gastroenterologist.

What age should CRC screening start? CRC Screening starts at age 50 for average risk patients. African Americans start at age 45 due to a 20% higher likelihood of getting CRC and a 40% increased risk of dying from the disease.

When should you be screened if you have a family history of CRC? A first degree relative (parent or sibling) diagnosed before age 60 or 2 or more first degree relatives (diagnosed at any age) increase your risk and you should screen earlier, usually age 40.

Should I get screened if I have no symptoms? CRC is a silent killer. Usually there are no symptoms to rely on. When there are symptoms the cancer may be at advanced stage.

How can I decrease my risk? Get screened and talk to your provider. Studies have shown smoking cessation, maintaining a healthy body weight, and exercise regularly lowers your risk.

How does Colon Cancer develop? CRC develops from precancerous growths called polyps (adenomas) that line the colon and more than 95% of colorectal cancers develop from adenomas. These precancerous growths can vary in size from a quarter of an inch to several inches & can appear as bumps growing from the lining of the colon protruding out or can be flat. Some people can have several polyps scattered throughout the colon and some polyps can contain cancer. Larger polyps are more likely to become cancer than smaller ones. Approximately 40-50% of persons over the age of 50 have precancerous polyps. Polyps cause no symptoms, but larger ones can cause blood in the stool. Therefore, the best way to detect polyps is to screen individuals. Colonoscopy is the only screening test that removes polyps.

What are the CRC screening options? For practical purposes there are 3 options and all covered 100% by insurance.

- 1) Colonoscopy every 10 years
- 2) Annual Fecal Immunochemical test (FIT) for blood
- 3) Cologuard every 3 years. Louisiana Medicaid does not currently offer this test.

What is the best option? The best option is the one that is actually done. Here are some facts to discuss with your PCP on Screening comparisons.

TEST	FINDS COLON CANCER	FINDS LARGE POLYPS	FALSE POSITIVES	CANCER MISS RATES
Cologuard	92%	42%	12%	1/13
FIT Testing	75-80%	30-40%	5%	1/5
Colonoscopy	95%	> 95%	—	0-6% get cancer within 3-5 years

The stool-based tests (FIT & Cologuard) only prevent colon cancer if they are positive resulting in a colonoscopy and polyp removal. Additionally, follow-up colonoscopies reveal that half of positive Cologuard tests are false positives as the false positive rates increase with age. If you have a positive stool based test (FIT/Cologuard) the CCS benefit (100% insurance coverage) shifts from being preventative to diagnostic that means you will likely be on the hook for higher copays and out of pocket costs.

If you have a history of CRC, history of polyps or a family history of CRC the only test established as safe and effective is colonoscopy. Your doctor that completes your colonoscopy will recommend how often you should repeat your colonoscopy.

With COVID-19 cases ongoing is colonoscopy safe? The GI community follows strict safety precautions comprised of pre-screening employees and patients entering facilities, on-site universal temperature checks and in some instances COVID-19 testing of patients prior to date of procedure (typically within 72 hours). Staff continue appropriate use of PPE and practices have implemented patient flow alterations to minimize patient exposure to individuals other than staff providing care. Using these regimens, Gi units across the country have been able to deliver safe and effective screening in the past 6 months despite spikes of COVID-19 cases in communities across the U.S. Colon Cancer prevention cannot wait until the pandemic ends.

Take Home Points-

- 1) Colon Cancer is the second-leading cause of cancer-related deaths in the U.S. Nearly 1 in 3 adults nationally are not getting screened as recommended.
- 2) Colonoscopy remains the only test that prevents cancer of the entire colon.
 - Begin age 50
 - African American – begin age 45
 - Family history of CRC/advanced polyps start age 40 or 10 years before diagnosis (whichever is younger)
- 3) If refuse colonoscopy, consider FIT testing every year or Cologuard every 3 years, but realize limitations of these test and if positive you will need colonoscopy
- 4) Any screening is better than no screening as colon cancer and death from colon cancer is nearly entirely preventable