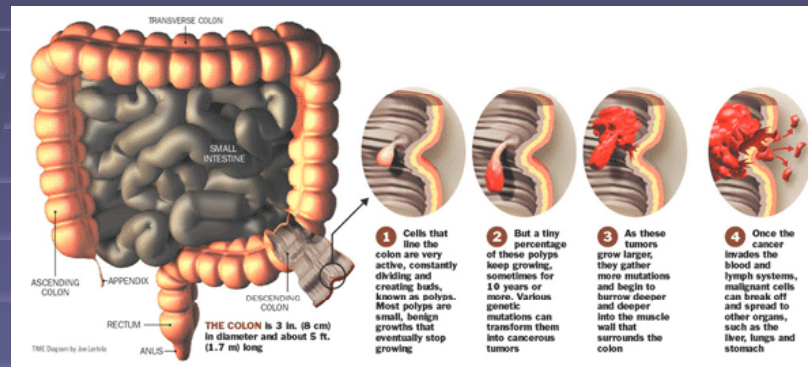


Colon Cancer Screening for the Underserved Population



Emmanuel Obanor, D.O., PharmD

- Colorectal Cancer, if detected early, has greater than 90% 5 year survival, however, survival has been shown to vary across racial/ethnic groups in the United States despite the availability of early detection.
- In general, ethnic minorities have lower rate of cancer screenings, even though this gap has narrowed, for Mammography and Pap smear, lack of information about cancer, misunderstanding of risk factor or screening guidelines, and inaccurate perception of cancer risk may also affect screening behavior.

Case:

60 year old Africa America male who is followed by a primary care Doctor, he has had 3 positive guaiac stools in one year and a screening colonoscopy was recommended. Patient went to the orientation but did not show up when colonoscopy was schedule. Multiple reminder letters were written to him and he did not follow up. He presented to the ED 2 years later with a history of abdominal pain of 1 week duration, unable to keep any thing down, vomiting any time he eats. He had no fever, bright blood per rectum and denied any alcohol use. He is gain fully employed and served in the military for 10 years. He smokes 1 pack per day for 30 years and was told that a family member died of colon cancer in the past.

Physical Exam:

- General Assessment:- 60 yrs who looked older than the stated age, no cervical adenopathy.
- Respiratory:- B/L lungs were clear.
- Abdomen:- Abdomen was distended, hyperactive bowel sound with diffuse tenderness.
- Laboratory and CT was ordered which show diffuse metastatic disease. He was taken to surgery to relieve obstruction and later to hospice care.

ACS Guidelines

ACS guidelines for screening and surveillance for the early detection of adenomatous polyps and colorectal cancer were updated in 2001 and the recommendation for stool blood testing were modified in 2003 by adding fecal immunochemical test. There are a number of options for colorectal screening, which may be chosen based on individual risk, personal preference, and access.

The ACS recommends that average - risk adults begin colorectal cancer screening at age 50 years with one of the following options:-

- (1) Annual fecal occult blood test (FOBT) or fecal immunochemical test (FIT)
- (2) Flexible Sigmoidoscopy every 5 years
- (3) Annual FOBT or FIT, plus flexible Sigmoidoscopy every 5 years
- (4) Double contrast barium enema (DCBE) every 5 years or
- (5) Colonoscopy every 10 years.

The ACS recommends more intensive surveillance for individuals at higher risk for colorectal cancer. Individuals at higher risk for colorectal cancer include:-

- Individuals with a history of adenomatous polyps.
- Individuals with a personal history of curative intent resection of colorectal cancer.
- Individuals with a family history of either colorectal cancer or colorectal adenomas diagnosed in a first-degree relative before age 60 years.
- Individuals at significantly higher-risk due to a history of inflammatory bowel disease of significant duration.
- Individuals at significantly higher-risk due to a family history or genetic testing indicating the presence of one of two hereditary syndromes, such as hereditary nonpolyposis colorectal cancer (HNPCC) and familial adenomatous polyposis (FAP).

For these individuals, increased surveillance generally means a specific recommendation for colonoscopy, if available, and may include more frequent exams and beginning exams at an earlier age.

- 1. Studies: Longitudinal population base study of racial/ethnic differences in colorectal cancer survival: impact of neighborhood socio economic status, treatment and co-morbidity (BMC cancer 2007, 7:193) Scarlett Lin Gomez, Cynthia D O, Malley.
- 2. Racial difference in colorectal cancer test use by medicare consumers. (Schenck AP et all).
- 3. Racial disparity in the incidence and case-fatality of colorectal cancer: Analysis of 329 United State Counties. (GS Cooper, Z Yuan et all).
- 4. Differences in Colorectal Carcinoma state and survival by race and Ethnicity barriers and facilitators for colorectal cancer screening practices in the Latino Community: Perspectives from Community Leaders (Cancer Control April 2008 vol. 5 Ana Natale-Pereiva, MD MPTT
- 5. Colonoscopy Screening in African Americans and Whites with affected first-degree relatives (Archives of internal Med March 24, 2008) H.J. Murffi, MD, MPH et all).
- 6. Determinants of black/white differences in colon cancer survival J. Natl Cancer inst. 1995
- 7. Cancer and Colorectal Cancer: Knowledge, beliefs, screening preferences of a diverse patient population (Shokar NK, Vernon SW, Weller SC et all) 2003 Jul;41(7):859-70.
- 8. Cultural sensitivity in physician-patient relationships: perspectives of an ethnically diverse sample of low-income primary care patients. (Tucker CM, Herman KC) 2003 Jul;41(7):859-70
- 9. Association Between Cancer Risk Perception and Screening Behavior Among Diverse Women (Sue E. Kim PhD, MPH, Eliseo J. Perez-Stable, MD et all Arch Intern MED/ Vol 168 (no. 7), Apr 14, 2008

Recommendation to Increase Colorectal Screening:---

- Good family history when a patient first comes to your practices.
- Primary Care Providers should make timely referral for screening
- Making patient information understandable.
- Mass media advertisement.
- Screening reminders at churches, Health Fairs.
- Community outreach programs.
- Communication of cancer risk information may serve as an important tool to promote early detection.