

Opinion > Outlook

Confusion causes rates to lag for colon-cancer screening

By Dr. James S. Goodwin March 23, 2012 Updated: March 23, 2012 6:45pm

Comments 2 | E-mail | Print | Share | Tweet | +1 | 0

March is National Colorectal Cancer Awareness Month - a good time to remind Texans of the importance of being screened for colorectal cancer, which is the second-leading cause of cancer death in the United States.

These deaths can largely be prevented with appropriate screening.

But our research shows that in Texas, the number of people getting screened varies greatly from region to region and among different age and ethnic groups.

Physicians and researchers in the Comparative Effectiveness Research on Cancer in Texas project have found that in Texas, African-American and Hispanic men and women were less likely to get screened for colon cancer, as were those of any ethnicity who did not have a primary care physician.

Why don't people get screened?

Sometimes the screening recommendations put out by organizations like the American Cancer Society and American College of Physicians are confusing to patients.

What do they all agree on?

All screening recommendations agree that patients should think about screening by asking themselves if they are at average risk or at high risk for colorectal cancer.

People are considered to be at high risk if they have a first degree relative (parent/child/brother/sister) who has had colon cancer. Other conditions can also put you at higher risk, such as having a more distant relative diagnosed before age 60 or having two relatives diagnosed at any age. Everyone agrees that people at high risk should get screened starting at age 40. People at average risk should get screened starting at age 50.

What type of screening should a patient have?

There are five commonly used screenings for colorectal cancer: colonoscopy, which looks at the entire colon; sigmoidoscopy, which looks at 18 inches of the bottom of the colon; stool testing; barium enema; and virtual colonoscopy.

Any of these tests is an acceptable screening for folks at average risk. However, for people at higher risk, most organizations recommend colonoscopy, which can detect polyps before they become cancerous. About 90 percent of people screened for colon cancer get an optical colonoscopy. For those who don't like the idea of having a colonoscopy, yearly stool testing is a good alternative.

When should a patient stop getting screened?

Both the American College of Physicians and the U.S. Preventive Services Task Force recommend that patients over the age of 75 should not be screened.

This is based on the risks of screening, the lack of benefit to the patient, and an understanding of how colon cancer develops.

In the vast majority of cases, colon cancer progresses slowly from polyps to benign (neutral or harmless) tumors to cancer. That progression takes years, and not all benign tumors become cancer.

Sad to say, most people over the age of 75 will not live long enough to benefit from screening, but all who get screened will experience the adverse effects of the screening. In patients who are frail or have other significant medical conditions, those side effects result in more harm than good.

When talking about screening, it is important to remember that recommendations are made by looking at the health of a population, not of individuals. Guidelines are established based on what's best for the population.

For patients over age 75, the potential harm from screenings outweighs the benefits.

Goodwin is director of the Sealy Center on Aging at the University of Texas Medical Branch at Galveston and the George and Cynthia Mitchell Distinguished Chair in Geriatric Medicine.

Comments 2 | E-mail | Print | Share | Tweet | +1 | 0