

# Editorial

## The Importance of Colorectal Cancer Screening

David E. Beck, MD

*Chairman, Department of Colon and Rectal Surgery, Ochsner Clinic Foundation, New Orleans, LA  
Professor, The University of Queensland School of Medicine, Ochsner Clinical School, New Orleans, LA  
Editor-in-Chief, The Ochsner Journal*

March is National Colorectal Cancer Awareness Month. This designation is important because an estimated 103,170 cases of colon cancer and 40,290 cases of rectal cancer are expected to occur in 2012.<sup>1</sup> A total of 51,690 deaths from colorectal cancer are estimated for 2012, accounting for almost 10% of all cancer deaths. While colorectal cancer is the third most common cancer in both men and women, incidence rates have been decreasing for the past 2 decades. Consequently, mortality rates from colorectal cancer have also declined in both men and women, reflecting the declining incidence rates and improvements in early detection and treatment.

As physicians, we know that colorectal cancer is a disease for which screening is appropriate. Unfortunately, screening rates are not adequate to eliminate this important cancer. Even physicians and their families are not uniformly screened. Several factors may explain this failure.

Colonoscopy is the gold standard screening method for colorectal cancer. A major issue with the procedure has been the required bowel preparation. We currently have several methods to clean the colon prior to a colonoscopy<sup>2</sup>: (1) the traditional lavage preparation (GoLYTELY, NuLYTELY, TriLyte, etc), (2) a low-volume lavage preparation (HalfLyteLax, MiraLAX, etc), and (3) sodium phosphate in a tablet form. Each of these methods has advantages and limitations, but we can usually select an acceptable method. Additional information on colonoscopy and bowel preparation is available on the Ochsner website at [www.ochsner.org/CRS](http://www.ochsner.org/CRS).

Economics is often an issue. In addition to the challenging economy, the newer catastrophic or high-deductible health plans, as well as copay issues, have limited screening. In this cost-conscious environment, we must critically analyze our recommendations. Screening has been shown to be cheaper than treating colorectal cancer if compliance rates are high and the cost of screening tests is reasonable.<sup>3</sup> In perspective,

the health advantages of screening should certainly outweigh the equivalent of several months of cable television. Current recommendations for screening for colorectal cancer range from annual fecal occult blood testing with flexible sigmoidoscopy at 3- to 5-year intervals to colonoscopy at 10-year intervals starting at age 50 for average risk individuals. These screening methods have all shown reduced mortality.<sup>4–6</sup> Because colonoscopy views the entire colon and can treat polyps, it is the preferred method, and Medicare began reimbursement for screening colonoscopy in 2001. Another option, available at Ochsner, is computed tomography colonography. Studies have shown reasonable accuracy in detecting significant lesions, but bowel preparation is still currently required, availability of the test is limited, and reimbursement issues have not been resolved. Currently, this option is best for patients with coagulation issues or a technical inability to have a complete colonoscopy.

On the national and local levels, multiple efforts are underway to expand colorectal screening. Groups such as Coaches Against Cancer, television programs, radio spots, print articles, and local lectures contribute, but physician encouragement of screening must become a daily component of our patient care. Upgrades to electronic medical records provide timely reminders on screening status. We must also lead by example and ensure that each of us, as well as our family members at risk, gets screened. Progress is occurring, but each of us needs to continue and to increase our efforts to expand screening until it becomes universal. Remember, the recommendation and example of a trusted physician are major determinants of patient action.

Additional information is available from any of our colon and rectal surgeons or gastroenterologists and the Ochsner website ([www.ochsner.org](http://www.ochsner.org)). Open access colonoscopies can be scheduled by calling one of the Ochsner endoscopy scheduling nurses at (504) 842-4060. Saturday appointments are available to minimize the impact on patients' daily schedules.

## REFERENCES

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