Goshen Center for Cancer Care

Comprehensive. Cutting-edge. Close.

Colorectal Cancer: What healthcare providers need to know

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To refer a patient to Goshen Center for Cancer Care, call (574) 364-2973.

By Dr. Ashley Hardy, FACS

Colorectal cancer is the third most frequently diagnosed cancer in the United States and the second leading cause of cancer deaths. For 2021, colorectal cancer is projected to cause 53,000 deaths in the United States. While improved screening efforts has led to an overall decline in incidence and mortality in those ages 55 and older, the incidence of colorectal cancer among younger populations is increasing.

In people under age 50, from 2012 to 2016, there was a 2.2 percent annual increase in the rates of colorectal cancer – and a 1.3 percent increase in their mortality rate since 2004. The underlying cause for this increase in younger adults is not known. It does not appear to be explained by the usual risk factors. And, of concern, at presentation, the cancer appears to be already at advanced stages. By 2030, the American Cancer Society is predicting increases in colon and rectal cancer by 90 percent and 124 percent in people ages 20 to 34; and 27.7 percent and 46 percent increases for people ages 35 to 49.

As a result, a number of reputable professional organizations (American Cancer Society, U.S. Preventive Services Task Force, American College of Gastroenterology and National Comprehensive Cancer Network) updated their screening recommendations in 2020 to encourage individuals of average risk to have their first screening at age 45.

Average risk individuals are those with *no history of*

- adenomas/sessile serrated polyps
- colorectal cancer
- inflammatory bowel disease
- familial adenomatous polyposis

In addition, they have no family history of colorectal cancer or any confirmed or suspected hereditary CRC syndromes.

Screening is recommended through age 75 if the individual is in good health and their life expectancy exceeds 10 years. After age 76, screening is based on personal preference, health and prior screening history.

“Colonoscopy is the best test for prevention. It allows us to find and remove polyps which are pre-cancerous before they turn into colon cancer,” said Dr. Ross Heil, Gastroenterologist. “A colonoscopy can significantly lower a person’s risk of ever getting colorectal cancer.”

Benefits of colorectal cancer screening

- **Decreases incidence of cancer by detecting and removing precancerous polyps**
- **Reduces mortality by detecting cancer at early, potentially curable stages**

Because the benefits of screening are so well-established, the National Colorectal Cancer Roundtable (NCCR) has set the goal of achieving an 80 percent screening rate in every community in the United States, estimating that this will prevent 280,000 new colorectal cancer cases and 200,000 deaths through 2030.

In Indiana, 67.5 percent of Hoosiers ages 50 or older are screened, ranking it 43rd for state-screening rates. The Indiana Cancer Consortium (ICC)'s goals are primary prevention, early detection, treatment and survivorship.

Goshen Center for Cancer Care has tried several different campaigns since 2017 to increase colorectal cancer screening. The most successful was in 2017-18, where 212 FIT kits were distributed, and 64 percent were returned (8 percent were positive). A campaign the following year sent out 211 FIT kits and resulted in a return rate of 35 percent (7 percent were positive).

Screening options for colorectal cancer include stool-based and visual. The benefits, performance, complexity and limitations are summarized in the tables below.

Stool-Based

	Benefits	Performance & Complexity	Limitations	Test Time Interval
Stool Tests (Low-sensitivity stool tests, such as single-sample FOBT done in the doctor's office or toilet bowl tests, are not recommended.)				
Fecal immuno-chemical test (FIT)	• No bowel cleansing or sedation • Performed at home • Low cost • Noninvasive	**Performance:** Intermediate for cancer **Complexity:** Low	• Requires multiple stool samples • Will miss most polyps • May produce false-positive test results • Slightly more effective when combined with a flexible sigmoidoscopy every five years • Colonoscopy necessary if positive	Annual
High-sensitivity guaiac-based fecal occult blood test (gFOBT)	• No bowel cleansing or sedation • Performed at home • Low cost • Noninvasive	**Performance:** Intermediate for cancer **Complexity:** Low	• Requires multiple stool samples • Will miss most polyps • May produce false-positive test results • Pre-test dietary limitations • Slightly more effective when combined with a flexible sigmoidoscopy every five years • Colonoscopy necessary if positive	Annual
Multitargeted stool DNA test (Cologuard®)	• No bowel cleansing or sedation • Performed at home • Requires only a single stool sample • Noninvasive	**Performance:** Intermediate for cancer **Complexity:** Low	• Will miss most polyps • More false-positive results than other tests • Higher cost than gFOBT and FIT • Colonoscopy necessary if positive	3 years, per manufacturer's recommendation

Impact of COVID-19 on screening

From March to April 2020, it's estimated there was a 90 percent decline in colonoscopies. From March to June, an estimated 1.7 million colonoscopies were missed or delayed, which translates into 19,000 missed or delayed diagnoses of colorectal cancer. From these, we expect to see about 4,500 excess deaths over the next decade.

Improving cancer outcomes for our community

Goshen Center for Cancer Care is working on becoming accredited by the Commission on Cancer National Accreditation Program for Rectal Cancer. This program's goals are to ensure that patients with rectal cancer receive appropriate, evidence-based care using a multidisciplinary approach with physicians in surgery, medical and radiation oncology, pathology and radiation. The outcomes for rectal cancer, like many other cancers, are variable and highly contingent upon specialization, training and volume. To date, there are 26 hospitals in the United States to receive accreditation. The only one in Indiana is in Indianapolis. We began the process of accreditation in January and are hoping to be accredited by the end of 2022.

Ashley Hardy, MD, FACS, *is fellowship trained and board certified in complex general surgical oncology. Dr. Hardy completed her residency in general surgery at Northwestern University where she also spent two years doing cancer research. She then went on to complete a fellowship in complex general surgical oncology at Fox Chase Cancer Center of Philadelphia. She is interested in the treatment of melanoma, sarcoma and colorectal cancer.*

Visual Examinations

	Benefits	Performance & Complexity	Limitations	Test Time Interval
Visual Examinations				
Colonoscopy	• Examines entire colon • Can biopsy and remove polyps • Can diagnose other diseases • Required for abnormal results from all other tests	**Performance:** Highest **Complexity:** Highest	• Full bowel cleansing • Can be expensive • Sedation usually needed, necessitating a chaperone to return home • Patient may miss a day of work • Highest risk of bowel tears or infections compared with other tests	10 years
Computed tomographic colonography (CTC)	• Examines entire colon • Fairly quick • Few complications • No sedation needed • Noninvasive	**Performance:** High (for large polyps) **Complexity:** Intermediate	• Full bowel cleansing • Cannot remove polyps or perform biopsies • Exposure to low-dose radiation • Colonoscopy necessary if positive • Not covered by all insurance plans	5 years
Flexible sigmoidoscopy	• Fairly quick • Few complications • Minimal bowel preparation • Does not require sedation or a specialist	**Performance:** High for rectum & lower one-third of the colon **Complexity:** Intermediate	• Partial bowel cleansing • Views only one-third of colon • Cannot remove large polyps • Small risk of infection or bowel tear • Slightly more effective when combined with annual fecal occult blood testing • Colonoscopy necessary if positive • Limited availability	5 years

Goshen Center for Cancer Care
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Colorectal Cancer

What healthcare providers need to know

TO REFER A PATIENT

Goshen Center for Cancer Care provides holistic, complete care for patients. To refer a patient, call **(574) 364-2973** or visit **GoshenHealth.com/quick-guide**.

If you would like more information or to meet any of our doctors, please contact **Jenny Rupp, Physician Liaison, at jrupp2@goshenhealth.com** or **(574) 364-2978**.