Patients Need Nudge from Doctors to Get Colorectal Cancer Screening

Practitioners should be encouraged to recommend that their patients older than 50 undergo screening for colorectal cancer—particularly low-income, African-American women, according to a report presented this spring at the American Cancer Society’s 42nd Science Writers Seminar in Tampa, FL.

“The most cited reason for not having an FS [flexible sigmoidoscopy exam] was that a doctor never recommended the exam,” reported Electra D. Paskett, PhD, of Wake Forest University School of Medicine in Winston-Salem, NC.

Dr. Paskett and her colleagues conducted a study involving 263 women aged 50 and older who completed a survey about knowledge, attitudes, and practices related to colorectal cancer screening. Most of the participants were African-American women, whose incidence of colorectal cancer is 20% higher than that of white women.

Death rates from colorectal cancer are decreasing in whites but increasing in African Americans. Conducting fecal occult blood tests (FOBT) annually and flexible sigmoidoscopy every five years could lower mortality by 40%, according to Dr. Paskett.

She believes there are several reasons doctors aren’t recommending screening to their patients. “Some physicians don’t think patients will be compliant, and they’re often more focused on other illnesses patients may have. They also have preconceived notions about cost barriers,” she said.

Colorectal Cancer Guidelines Now Available to Patients

The practice guidelines used by many oncology professionals to treat colorectal cancer have been rewritten in lay language.

The treatment guidelines were originally developed by the National Comprehensive Cancer Network (NCCN) as a consensus document to guide health providers. Recently, NCCN collaborated with the ACS to recast the guidelines for a general audience.

Patients will now have easy access to current, expert information in a convenient, clearly written format. Topics covered include the stages of colorectal cancer, various treatment paths and options, information about clinical trials, and a “patient-friendly” glossary.

The guidelines answer frequently asked questions patients have after their initial diagnosis, including how a person’s age and general health affect staging of the disease, treatment choices, and side effects.

NCCN and ACS have also created patient versions of NCCN’s breast and prostate cancer treatment guidelines and have had the prostate cancer guidelines translated into Spanish.

To obtain copies of the patient versions of any of these guidelines, call the NCCN at 1-888-909-NCCN or the ACS at 1-800-ACS-2345, or visit their Web sites at www.nccn.org or www.cancer.org.

The Power of a Physician’s Recommendation

Dr. Paskett’s study found 20% of participants had an FOBT in the past year, and 25% underwent a flexible sigmoidoscopy.
in the past five years. Women who were
told by their physicians to have an exam
were 24 times more likely to have a flexi-
ble sigmoidoscopy and nine times more
likely to have an FOBT. A large segment
of respondents, 38%, cited their doctor
never recommending the exam as a reason
for not having a flexible sigmoidoscopy.

“Although FOBT and FS have been
proven effective in reducing mortality
from colorectal cancers, these tests are
not being utilized by a majority of people
in the general population, including
women and minorities,” wrote Dr. Pas-
kett. “Two areas that could be targeted
to encourage colorectal screening are
provider and public education.”

PATIENT PREFERENCES
A study on patient preferences for colon
cancer screening was presented by
Michael P. Pignone, MD, MPH, of the
University of North Carolina in Chapel
Hill. Dr. Pignone surveyed 145 patients
older than 50 on preferences for different
forms of testing. His study suggests that
patient preferences are mixed and that
health care providers should tailor advice
about screening recommendations ac-
cording to individual preferences.

PREVENTING ADENOMAS FROM
BECOMING CANCERS
In his presentation on screening and pre-
vention of colorectal cancer, Raymond N.
Dubois, MD, PhD, of the Vanderbilt-In-
gram Cancer Center in Nashville, TN, de-
scribed several promising recent ad-
vances in genetic research. “Genetic
research, for example, clearly has shown
that specific inherited mutations account
for the formation of adenomatous polyps
that eventually progress to [cancers] fol-
lowing mutations.” If the process takes
15 or 25 years, he pointed out, we ought
to be able to intervene at some point to
delay and/or prevent adenomas from be-
coming cancers. “Once certain high-risk
members of the population are identified,
they can participate in early screening
and detection programs to treat the
disease while it is still curable.”

Dr. Dubois also described recent re-
search on the potentially protective ef-
fects of selective cyclooxygenase-2 in-
hibitors and certain types of nonsteroidal
anti-inflammatory drugs for colorectal
cancer prevention.

**NEWS BRIEFS**

**Melanoma Monday (May 1) Kicks Off Skin Cancer Awareness Month**
Along with spending more time in sum-
mer sunshine comes the increased risk of
skin cancers—by far the most commonly
occurring cancers in humans.

Physicians are encouraged during
May, designated Skin Cancer Awareness
Month, to remind patients to be conscien-
tious about protecting their skin with
clothing or sunscreen while spending
time out-of-doors. Children’s skin should
be especially well protected, says Mary
O’Connell, director of skin cancer control
for the American Cancer Society, as se-
vere sunburns during childhood have
been linked to increased risk of skin can-
ces in adulthood.

May 1, *Melanoma Monday*, kicks off
the month. Traditionally, organizations
such as the American College of Derma-
tology encourage local hospitals and oth-
er organizations to work with physicians
to sponsor free or low-cost community
skin cancer screenings beginning May 1.

Many people are unaware that ma-
lignant melanoma, the deadliest of the
skin cancers, can develop in parts of the