

HAVE YOU HAD A COLONOSCOPY?

BY WYLIE VRACIN, MD INTERNAL MEDICINE
RENEE YANKE, MN, ARNP, AOCN

Public service commercials and health care providers encourage everyone to have a screening colonoscopy as one turns fifty years old and, based on those results, regularly thereafter. The American Cancer Society (ACS) recommends several early screening tests to be discussed with your health care provider to determine what fits your health and situation. It is an important conversation to have!

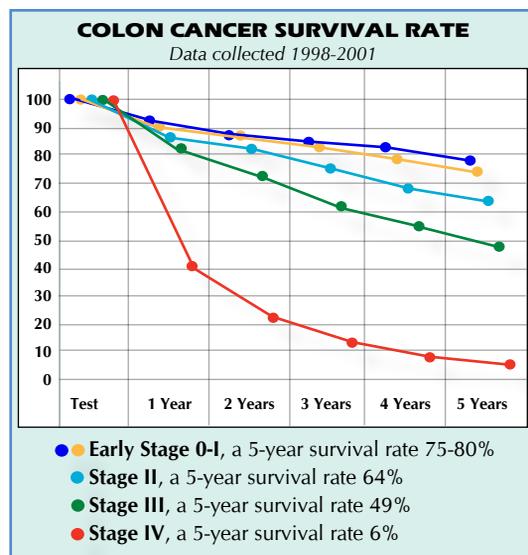
The goal of screening for colorectal cancer is to find it early and treat it. The National Cancer Data Base (NCDB) has shown that cancers found in the early stages, 0-II have better survival rates because the cancer is less likely to have spread beyond the colon. When found at stage III or IV, the cancer has often traveled or metastasized to the lymph nodes and other organs such as the liver or lungs. The chart below indicates that if found at an early stage, 0-I have a 5 year survival of 75-80% and Stage II has 64% survival at 5 years after diagnosis. Advanced disease at stage III and IV drop to 49% and 6% respectively. This data tells us the value of having appropriate screening. If polyps (growths in the colon) are found and removed, they don't turn into cancer. (ACS, 2009)

Colorectal cancer is the third leading cause of cancer deaths and was estimated to strike approximately 148,810 people in the US in 2008. Data from the Cancer Registry was used to analyze the cases of colorectal cancer diagnosed at WGH in the years 2004-2008. A total of 116 cases were diagnosed. One hundred and five fit the criteria to be included in our study. Of these sixty-two (59%) were found in early stages (0-II), and forty-three (41%) were found in later stages (III-IV or Unknown). The "unknown" stage refers to those people with advanced disease that were either too sick to complete the work up, or chose to use hospice alone. There were seven of these cases over the five years.

Looking closer, year by year, there was an increase in the proportion of early staged diagnoses, which generally leads to a better prognosis and longer survival. In 2004, the proportion was 50%-50% between early and late stages. The percentage of early diagnoses to later diagnoses increased to 66% and 34% in 2005, 63% to 27%, and 61% to 29%

in 2006 and 2007 respectively. The proportion dropped back to 50% to 50% in 2008.

The initial study was prepared and reported in 2008, based on data from 2004-2007, with a total of 89 cases. Fifty-four (61%) had early stage disease and thirty-five (39%) had late stage. Of interest in these cases, Forty-six (52%) had prior screening while forty-three (48%) did not. Thirty six



(78%) people had prior screening and had early disease, whereas only nineteen (44%) of those who had not had screening had early disease.

How many people would not have qualified for screening? Only one person - the remaining 42 would have met the guidelines to have screening as part of their wellness health care.

We followed up on this information and found people chose not to have colonoscopies for a variety of reasons. The primary reason for declining the test was the preparation for it as well as it

being an uncomfortable or embarrassing procedure. Other reasons include other health problems such as dementia or stroke. Another major factor was lack of insurance coverage, and insurance coverage will likely continue to be a growing concern.

In 2005-2006 the WGH Cancer Committee distributed ACS educational materials to our primary care providers. These materials were used to educate people about the need to have screenings. In 2006 there was an increase in the percentage of people having colonoscopies. Fourteen (70%) of the cancers that were found were in those who had prior screening, but numbers continue to be inconsistent. In 2008, there were fewer cases of colon cancer diagnosed, with only 50% of people having early stage disease. This decrease in the numbers of colonoscopies, as well as diagnosed cases, is likely related to having fewer surgeons available in that year and the changing economy.

Whidbey General is headed in the right direction, but clearly more education is needed. Readers should do the following:

- Learn more about their family history to find out if anyone has had familial polyps, colorectal cancer, or bowel disease such as Crohn's or colitis. These items increase risk and make it vitally important to be screened.

- Celebrate every decade, 50 and after, with a colonoscopy, and yearly tests as recommended by your health care provider. Discuss screening with your provider to decide which test to use, since a person does not need all of them.

AMERICAN CANCER SOCIETY EARLY DETECTION GUIDELINES COLON & RECTUM CANCER

TESTS - POLYPS & CANCER

Discuss with your provider and decide the best plan for you.

- Flexible sigmoidoscopy every 5 years
- Colonoscopy every 10 years
- Barium Enema every 5 years
- CT Colonography (virtual colonoscopy) every 5 years

TESTS THAT FIND CANCER

- Fecal Occult Blood Test (FOBT) every year
- Fecal Immunochemical test (FIT) every year
- Stool DNA test (sDNA) frequency not clear

Take home test for the FOBT and FIT should be used, due to the diet and prep instructions.