

March is National Colorectal Cancer Awareness Month

Are you up to date on screening?

Susan Hongha Vu-James, M.D.

Abstract

Colorectal cancer (CRC) is the third most commonly diagnosed cancer and second most common cause of cancer death in the United States when men and women are combined. The American Cancer Society (ACS) estimates that there will be 147,950 new diagnoses and 53,200 deaths associated with colorectal cancer in 2020. In California, ACS estimates 15,530 new CRC cases and 5,480 CRC deaths in 2020. Incidence and death rates have decreased since the 1980s, which has been attributed to increased screening and colonoscopic removal of pre-cancerous polyps. Despite evidence for its effectiveness, two-thirds of U.S. individuals over the age of 50 were current for CRC screening in 2018, but less than half of people ages 50-54 years were up to date with recommended screening.

Screening Methods and Benefits

Colorectal cancer screening guidelines published by the U.S. Multisociety Task Force on Colorectal Cancer recommend that colorectal cancer screening for average risk persons begin at age 50 years, and earlier for those at higher risk. Average risk is defined as no family or personal history of CRC or adenomatous polyps, no personal history of inflammatory bowel disease (Crohn's, UC), and no diagnosis of genetic syndromes linked to CRC. Recommended screening tests include colonoscopy every 10 years, and other tests annually up to every 5 years.

Screening allows for early detection of colorectal cancer, which is more likely to be cured and associated with faster recovery when diagnosed at an earlier stage. The five-year survival rate for colorectal cancer found at the local stage is 90%. However, if the cancer has spread to distant parts of the body, the five-year survival rate drops to 14%. Unfortunately, less than 40%, or 4 out of 10 colorectal cancers are discovered early.

Unlike most other cancers, colorectal cancer can be prevented. A screening colonoscopy can help prevent the development of colorectal cancer by finding and removing precancerous polyps (also called adenomas or adenomatous polyps) that can develop into cancer. Adenomas are common and are found in a third of individuals undergoing screening colonoscopies. Finding and removing these polyps results in a major reduction in the likelihood of developing colorectal cancer in the future.

Conclusion

Colorectal cancer is a common disease, and although very deadly, it can be prevented with proper screening which finds and removes adenomas before they turn into cancer. Several screening tests can be used to find polyps or colorectal cancer. The benefits and risks of these screening methods vary. Talk to your doctor about which test is best for you and when you should start screening. It could save your life!

To learn more about our Colorectal Program call (925) 947-3322.

About the Author



Dr. Vu-James is certified by the American Board of Internal Medicine, and is a member of the American Gastroenterological Association, the American College of Gastroenterology and the American Society for Gastrointestinal Endoscopy. After finishing medical school at the Washington University School of Medicine in St. Louis, she completed her residency at the Cleveland Clinic Foundation in Cleveland, Ohio. Dr. Vu-James specializes in colorectal cancer screening, inflammatory bowel disease and women's health.

References:

American Cancer Society Key Statistics for Colorectal Cancer (access link [here](#)).

Screening for Colorectal Cancer: U.S. Preventive Services Task Force Recommendation Statement (access link [here](#)).