

# Colorectal Cancer – Support Patient Education

## Talking to Your Senior Patients About Colorectal Cancer

Many of your senior patients are at risk of developing colorectal cancer. Apart from skin cancer, it is the third most common cancer found in both men and women in the United States. As you know, the good news is that if it is caught in its early stages, colorectal cancer is up to 90% curable. Unfortunately, many of your patients are not screened: In a recent CDC study of Americans over 50, only 41% reported that they had received colorectal screening through fecal occult blood test (FOBT) or sigmoidoscopy as recommended by current guidelines.

You can help save lives by encouraging your patients to get tested—if you don't talk to your patients about colorectal screening, they may think they don't need it. You play the most important role in successful screening.

**Of all racial groups in the United States, African Americans have the highest incidence and mortality rates for colorectal cancer.**

\* For FOBT, the American Cancer Society prefers the take-home multiple sample method. For options 1-3 above, the American Cancer Society prefers combined testing over either annual FOBT or FIT, or flexible sigmoidoscopy every 5 years, alone.

\*\* If blood in the stool is found with the FOBT or FIT, if the sigmoidoscopy results show an adenomatous polyp or cancer, or if the double-contrast barium enema shows anything abnormal, a colonoscopy should be done. If possible, polyps should be removed during the colonoscopy.

## Supporting the Guidelines

The American Cancer Society makes these recommendations:

Beginning at age 50, men and women who are at average risk of developing colorectal cancer should have 1 of the 5 screening options below:

- A fecal occult blood test (FOBT)\* or fecal immunochemical test\* (FIT) every year\*\*, OR
- A flexible sigmoidoscopy every 5 years\*\*, OR
- Annual FOBT\* (or FIT\*) and flexible sigmoidoscopy every 5 years, OR
- A double-contrast barium enema every 5 years\*\*, OR
- A colonoscopy every 10 years

## High-Risk Patients Need to Be Screened Earlier and More Often

Patients who have chronic inflammatory bowel disease, a history of colorectal cancer or adenomatous polyps, a strong family history of colorectal cancer or polyps, or a family history of hereditary colorectal cancer syndromes are considered at increased or high risk. American Cancer Society recommendations for screening for these patients can be found at [http://www.cancer.org/docroot/CRI/content/CRI\\_2\\_6X\\_Colorectal\\_Cancer\\_Early\\_Detection\\_10.asp?sitearea=&level=](http://www.cancer.org/docroot/CRI/content/CRI_2_6X_Colorectal_Cancer_Early_Detection_10.asp?sitearea=&level=).

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## Help Overcome Barriers to Patients Getting Tested

Many of your patients are not aware they need to be screened for colorectal cancer. You can help teach patients about the importance of testing:

- Ask your patients what their concerns are about the procedures.
- Talk to your patients about the test method that will work best for them.
- Assure patients that a test may be uncomfortable but not painful.
- Initiate a letter-writing and phone-call campaign to encourage your patients 50 and over and high-risk patients to get screened.
- Follow up with a patient if something abnormal is found during screening. Explain next steps that may require further testing and answer any questions they may have.
- Provide the names of specialists in the area or make an office referral for testing.
- Emphasize that screening doesn't just find early cancer, it can prevent cancer.

## Screening Plus Lifestyle Changes Are Powerful Tools

Let your patients know that half of all colon cancer is preventable through screening and lifestyle changes. A 1999 Harvard Center for Cancer Prevention report found that:

- Regular colorectal screening after 50 can reduce the risk of dying from colorectal cancer by over 30%.
- Adults who get regular exercise are half as likely to develop colorectal cancer as adults who are not active.
- Eating one serving of red meat per day is associated with a 50% increase in risk of colorectal cancer.

**Talk to your patients about which test is best for them. Talk the options over with your patient. Choose a testing method most appropriate for your patient.**