



Public Lecture by Dr. Barbara Jung

Screening for Colorectal Cancer

Wednesday, August 20th, 2003 at 6:00 pm Garren Auditorium, Basic Science Building

Sponsored by the Sam & Rose Stein Institute for Research on Aging, UCSD

Summary of topics that will be covered:

Colorectal cancer causes significant morbidity and mortality and remains the second most common cause of cancer-related death in the United States. A number of screening approaches have been shown to decrease colon cancer-related mortality and are cost-effective. In this talk, the currently available screening approaches will be discussed and strategies to implement effective screening using the current tools will be suggested.

Colorectal cancer (CRC) is one of the most prevalent cancers in the U.S. affecting about 1 in 18 Americans. Half of the affected patients will die from the disease because of tumor spread, resulting in >56 000 deaths per year. Moreover, it is the second most common cause of cancer-related death. The economic burden of colorectal cancer is large, with the annual direct costs for colorectal cancer estimated at \$4.8 billion in 1998. Indirect costs such as loss in productivity, and the intangible costs of pain and suffering are difficult to measure, but substantial.

The greatest predictor of prognosis is the stage at which the cancer is detected. Screening can detect earlier-staged cancers and thus extend survival. Although CRC screening tests are widely available to the U.S. population at risk, as little as 30% of eligible patients have undergone screening, a percentage much lower than for other organ-based screening procedures. A combination of patient resistance, the sluggish acceptance by health care systems and slow implementation by physicians is likely responsible for this disturbingly low adherence rate. Also, there is a lack of a clearly defined screening method.

The tests that have been evaluated for colorectal cancer screening include testing for hidden blood in the stool, the so-called fecal occult blood test (FOBT) as well as flexible sigmoidoscopy, an endoscopic exam of the rectum and last two feet of the colon. Colonoscopy, double contrast barium enema (DCBE), fecal genetic markers, and “virtual colonoscopy”, a specialized x-ray exam, have been used but not validated. The lecture will give an overview of the currently available screening modalities and summarize the existing data on colorectal cancer screening methods to help improve the understanding of screening choices available to date.