Aimee's Story

A COLORECTAL CANCER AWARENESS PROGRAM

Wednesday, March 20, 2024

Burke Auditorium, McGowan School of Business

King's College

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PHYSICIANS' PANEL

Panel Moderator:

Thomas F. Mangan, M.D. – *Emeritus Gastroenterologist*

Panelists:

Essam Almeky, M.D. – *Internal Medicine, CHS*

Duane Deivert, D.O. – *Gastroenterology, Geisinger*

Thomas Erchinger, M.D. – *Colorectal Surgery, Geisinger*

Ahmad Hanif, M.D. – *Medical Oncology, Geisinger*

Julie Jiang, M.D., Ph.D. – *Radiation Oncology, Geisinger*

Karthik Penumetsa, M.D. – *Gastroenterology, CHS*

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A VERY SPECIAL THANK YOU TO
AIMEE KEARNEY
FOR SHARING HER JOURNEY

COLORECTAL CANCER

150,000 new cases of colorectal cancer this year in US

- 13% under the age of 50
- 9% increase since 2020
- 50,000 deaths/year

Screening

- Age 45 and older: 40% have *not* been screened
- Age 45-49: only 20% that are at risk have been screened

SIGNS AND SYMPTOMS

- Colorectal cancer (CRC) is a common health problem, representing the third most diagnosed cancer worldwide.

- The relatively slow development of this cancer permits drastic reduction of incidence and mortality through different screening modalities.

- CRC incidence increases with age. Screening for colon cancer should target people over 45 years old; unless there are alarming symptoms or risks factor. Different modalities include stool based, endoscopy and imaging.

SIGNS AND SYMPTOMS

Role of Primary Care Physician:

To identify the patient in need of screening as well as the patients with risk factors or suggestive symptoms of colon disease and discussing the modalities of management and referral to gastroenterologists to get the testing and management needed.

Suggestive symptoms of colon cancer:

- Persistent abdominal pain, bloating or palpable rectal or abdominal mass
- Rectal bleeding
- Iron deficiency anemia

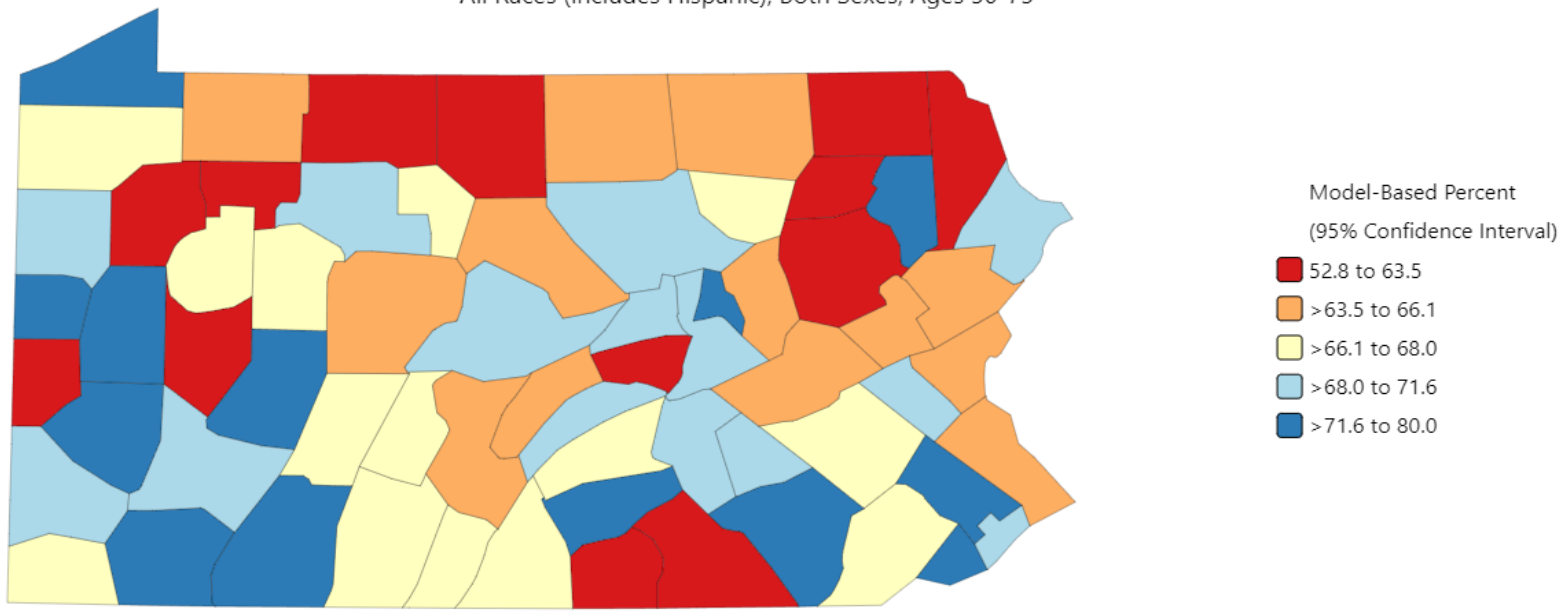
CRC SCREENING STATS

Screening and Risk Factors for Pennsylvania by County

(2017-2019 County Level Modeled Estimates Combining BRFSS & NHIS)

Guidance Sufficient CRC

All Races (includes Hispanic), Both Sexes, Ages 50-75



Created by statecancerprofiles.cancer.gov on 03/20/2024 12:29 pm.

3 Estimates are based on a statistical model which combines information from the Behavioral Risk Factor Surveillance System and the National Health Interview Survey to correct for nonresponse and undercoverage bias and are enhanced in small areas by borrowing information from similar areas across the nation. For more information, visit https://sae.cancer.gov/.

6For the guidance sufficient colorectal cancer screening, a person aged 50-75 must have reported having had home-based FOBT within the past year, or sigmoidoscopy within the past 5 years and home-based FOBT within the past 3 years, or colonoscopy within the past 10 years at the time of interview.

Data for United States does not include Puerto Rico.

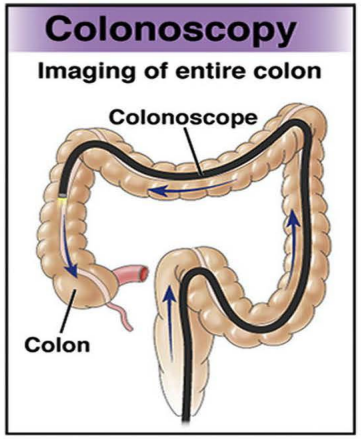
RISK FACTORS

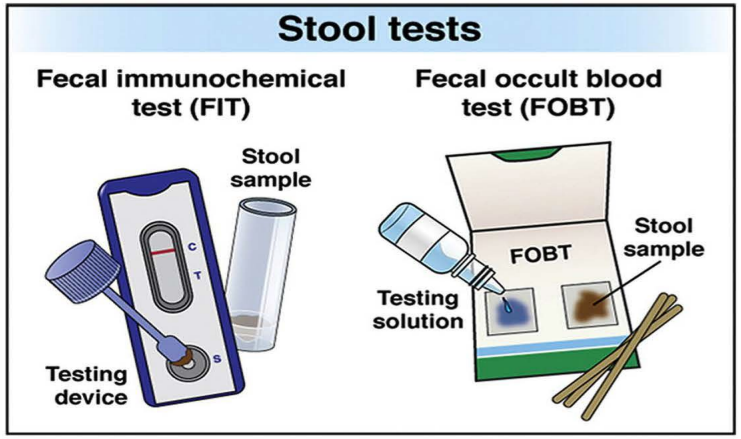
- Age
- Family history
- Genetic cancer syndrome
- Inflammatory bowel disease
- Abdomino-pelvic radiation
- Race/sex
- Co-morbid medical conditions
- Diet/lifestyle

CRC SCREENING MODALITIES

Colonoscopy

- Best direct test
- Colon prep needed
- Anesthesia needed
- Repeat in 10 yrs UNLESS if polyps found then sooner.



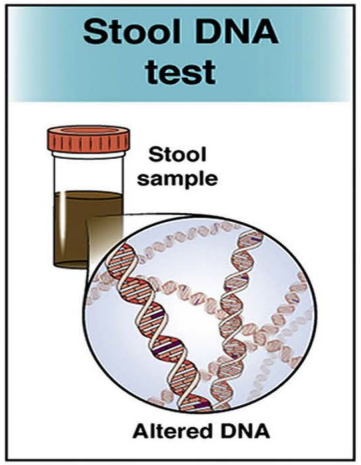


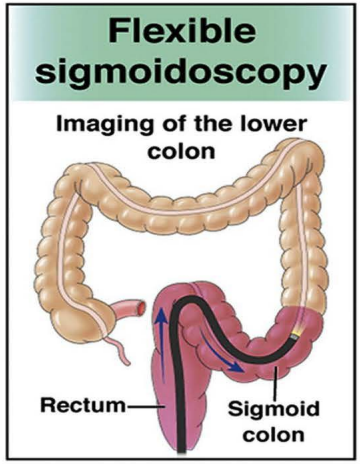
Stool tests

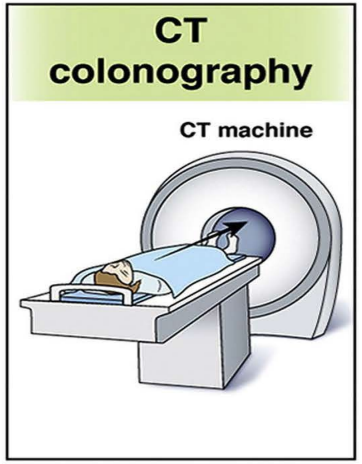
- Annually
- Home kit
- If (+) needs colonoscopy

Stool DNA test

- Every 3 yrs
- 91% detection rate
- Home kit mailed to patient
- Not for patients with prior polyps or family history
- If (+) needs colonoscopy





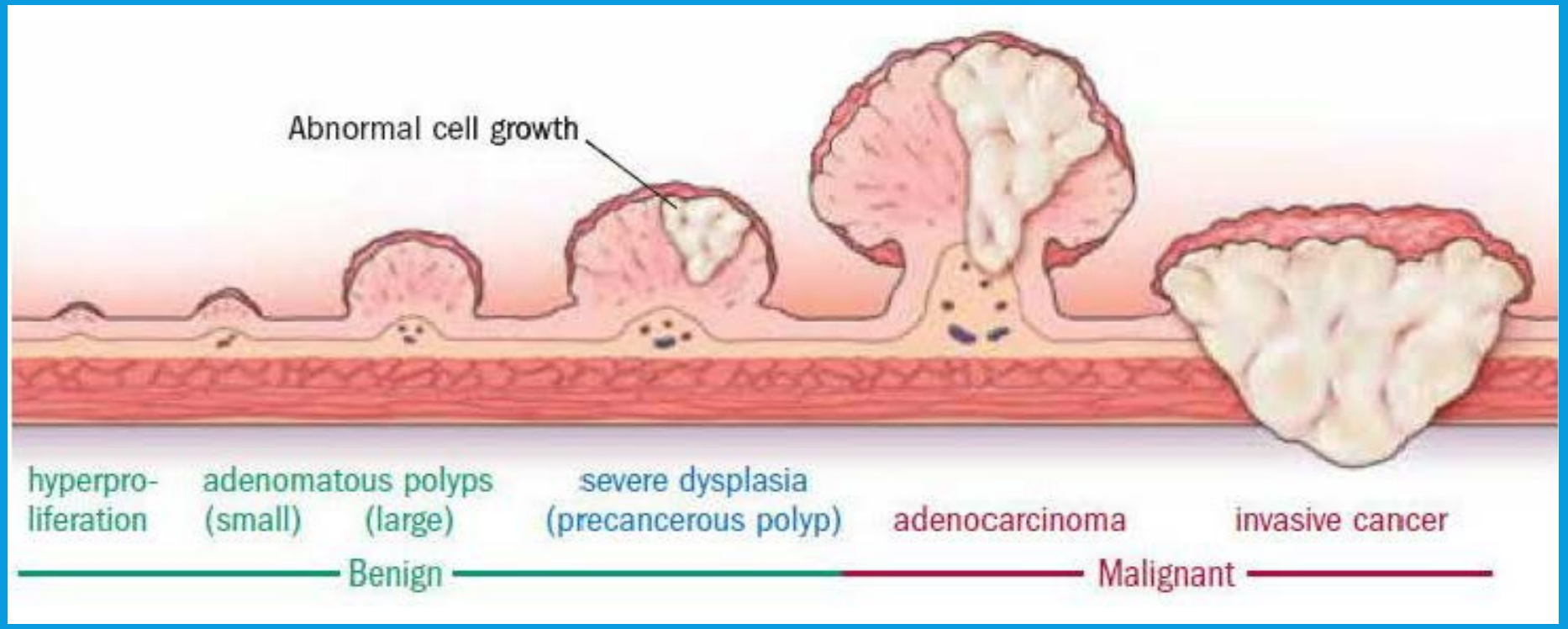


CT colonography

- Radiology based
- Colon prep needed
- No anesthesia needed
- If (+) still needs a colonoscopy.

Flexible Sigmoidoscopy

- Every 5 yrs
- Only left colon assessed.
- Can miss right colon lesions.



Objective of “screening” is to detect “polyps” early to reduce colorectal cancer incidence and mortality in the community and improve life expectancy and quality of life.

Current national guidelines:

- Tier 1
  - Colonoscopy every 10 years
  - FIT testing every year
- Tier 2
  - FIT-fecal DNA every 3 years
  - CT colonography every 5 years
  - Flexible sigmoidoscopy every 5 years

SURGERY

Historically, all colorectal cancer required surgery for cure

- Endoscopic resection
- Chemotherapy and radiation therapy can cure 30-50% of rectal cancers

Multidisciplinary team approach is key for optimal treatment of colon and rectal cancer

Most surgeries for colon and rectal cancer DO NOT require a colostomy

Most surgery for colon and rectal cancer can be performed with minimally-invasive techniques

- Laparoscopic, robotic, transanal

MEDICAL ONCOLOGY

Lifetime risk:

- USA = 1 in 24
- Pennsylvania = 1 in 22

Incidence (per 100,000):

- USA = 36.6
- Pennsylvania = 40.7
- Luzerne County = 47

Since 2000, incidence and mortality has decreased EXCEPT

- Age 20-44 : Incidence has increased from 6.6 to 10.1 per 100,000 – Causes?

The rate of death from colorectal cancer for Pennsylvanians decreased between 2000 and 2016 (AAPC of -2.9 percent); similar to whole country

American Cancer Society. Cancer Facts & Figures 2023.
Division of Health Informatics, Pennsylvania Department of Health

MEDICAL ONCOLOGY

Survival (5-year Relative Survival Rate)

	USA	PA	NEPA
Localized	91 %	89.5 %	
Regional	72 %	71.2 %	
Distant	13 %	15.4 %	
Overall	63 %	63.2%	61.9%

Colorectal Cancer In Young Adults

- Incidence is rising
- More left-sided and rectal cancers
- Mortality rates not following the decrease seen in older adults
- Increased prevalence of risk factors vs different biology

American Cancer Society. Cancer Facts & Figures 2023.
Division of Health Informatics, Pennsylvania Department of Health

MEDICAL ONCOLOGY

Chemotherapy

- To increase chances of cure: before or after surgery
- To prolong life and reduce symptoms: for advanced disease
- Different options available including oral medicines
- Do not usually require hospital admission (given in clinic)

Newer Treatment Forms

- Targeted therapies: against a protein on surface of cancer cells
- Immunotherapy: for a subset of colorectal cancers (especially hereditary)
- Biomarker directed therapy: depending on molecular testing

2023: Three (3) New drugs/combinations were FDA approved for colorectal cancer

RADIATION THERAPY

- Not everyone needs radiation treatment
- Radiation does not hurt, burn, or make you radioactive
- For patients with locally advanced rectal cancer, 1/3 to 1/2 of patients treated with chemo and radiation do not need surgery

ANSWERS TO QUESTIONS

- If there is no family history when is a good age to start the screening? Does it differ from a woman to a man ?
  - With no family history (average risk), screening is recommended starting at age 45 for both men and women
- When will you do mutational testing ? At time of diagnosis or progression?
  - Testing for mutation occurs at the time of diagnosis of colon and rectal cancer
- What is the warning sign of this cancer that Is often misdiagnosed as another disease?
  - The warning signs of colon and rectal cancer often occur when the disease is more advanced and are very non-specific, meaning that they are often attributed to other diseases or problems. That is why screening is so important. Some examples of warning signs that can be attributed to other disease include:
    - Bleeding might be attributed to hemorrhoids or colitis
    - Abdominal pain might be attributed to irritable bowel syndrome (spastic colon)
    - Anemia (low blood count) can have many causes from iron deficiency to gastritis to heavy menstrual periods
    - Change in bowel habits (diarrhea or constipation) can be attributed to diet or medications or thyroid problems
- How often should you be tested for colorectal cancer?
  - For average risk patients (no family or personal history of colorectal cancer and no personal history of polyps) the recommendation is every 10 years for colonoscopy. For stool testing such as Cologuard, the recommendation

ANSWERS TO QUESTIONS

- With the rise of colon cancer among young adults do you think the screening guidelines should be lowered to age 40?
  - We may see over time that screening guidelines are modified and screening is recommended to start at an earlier age given rise in colorectal cancer in younger patients, however at the present time the screening recommendations are that patients at average risk for colorectal cancer undergo colorectal cancer screening beginning at age 45. Perhaps more importantly than the age to begin screening (testing in patients who do not have symptoms), it is essential to recognize signs and symptoms that could be related to colon cancer and to understand your risk factors for colorectal cancer, as this may change the screening recommendations.
- I understand some health insurance companies won't pay for colonoscopies for patients over 80. Do the panel members agree with that? Follow up question would be: Who are they to say how long one should live ?
  - Current guidelines recommend colorectal cancer screening in average risk individuals up to age 75. There are certainly patients that would benefit from colorectal cancer screening beyond this, but it depends on several factors and recommendations would be individualized based on the patients overall health, along with recognizing potential risks of the colonoscopy procedure, and whether or not they would be a candidate for surgery or other treatments if they were found to have colorectal cancer.
- What is the recommended age for your first Colonoscopy?
  - In general, colorectal cancer screening with colonoscopy or other testing should begin at age 45 in patients who are at average risk. If you are having symptoms or are at increased risk for colorectal cancer, then you may need to have a colonoscopy before age 45.

THANK YOU!

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