

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/colorectal-cancer-why-screening-is-so-important/13970/>

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Colorectal Cancer: Why Screening Is So Important

Announcer:

Welcome to *Clinician's Roundtable* on ReachMD. On this episode, sponsored by Exact Sciences, we'll examine the critical importance of colorectal cancer screening with Dr. Rishi Naik, who's an Assistant Professor of Medicine in the Department of Gastroenterology, Hepatology, and Nutrition at Vanderbilt University Medical Center in Nashville, Tennessee. Here's Dr. Naik now.

Dr. Naik:

When you combine men and women, colorectal cancer is the second-leading cause of deaths related to cancer in the U.S. If you have a room of 25 men and 25 women, 1 man and 1 woman will develop colorectal cancer in their lifetime. And this year alone, we estimate 53,000 deaths from colorectal cancer.

Now previously, the recommendation was from age 50 to 75 for colorectal cancer screening. Given the prior increased incidence of less than age 50 for patients developing colorectal cancer, the guidelines for multiple societies now recommend starting at age 45 for colorectal cancer screening.

Now we have multiple modalities for colorectal cancer screening. One option is a colonoscopy, as it not only diagnoses colorectal cancer, but it also allows us the opportunity to remove precancerous lesions and detect them with high sensitivity. However, with improvements of tumor biology and stool-based testing, we now have multiple modalities to perform colorectal cancer screening. These stool-based testings can actually be done at home at the convenience of the patient without needing to come into an office or procedure lab for a colonoscopy. These stool-based tests allow a patient, while at home, to collect their own stool and provide it to a company which can then test their stool for colorectal cancer and advanced adenomas. If these stool-based tests are negative, the patient does not need to undergo a colonoscopy. If they are positive, the patient will then be referred for a colonoscopy to evaluate those testing for colorectal cancer and advanced adenomas.

Early detection of colorectal cancer is vital. If you wait for symptoms to occur, and these symptoms can be multiple, including abdominal pain, blood in the stools, change in the bowel habits, and if your labs show iron deficiency anemia, we then evaluate that with the colonoscopy. But if found, oftentimes the colorectal cancer can be in advanced stages.

However, when screened early, we actually have excellent options for therapy. Oftentimes in early stages, surgical options for resection can be fully curative. Moreover, we've learned that every patient is different and understand that tumor biology also allows adjuvant chemotherapy, when needed, to be personalized to the patient to provide them the best outcomes for success and also help them understand their risks to their families as well.

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