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/the-stepping-stones-to-better-colorectal-cancer-screening/56454/

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

The Stepping Stones to Better Colorectal Cancer Screening

Announcer:
Welcome to *Clinician's Roundtable* on ReachMD. Today, we'll hear from Dr. Harish K. Gagneja, who's a board-certified gastroenterologist in Austin, Texas. He'll be sharing strategies for improving colorectal cancer screening rates in clinical practice. Here's Dr. Gagneja now.

Dr. Gagneja:
Colorectal cancer is highly preventable, and only 67 percent of Americans aged 45 or older are up to date on screening. So we really need to figure out where the gaps are.

First and foremost, when I talk to my patients, education is very, very important. So we start the conversation early. Especially primary care physicians—you need to make sure that you start talking to them and saying, hey, by age 45 you're gonna have a colonoscopy done.

Then, secondly, we need to give choice to our patients. The best test is the one that gets done. So there are the choices. Yes, colonoscopy is the gold standard as the only test that prevents colon cancer. But there are choices of stool and blood tests if you aren't willing to do a colonoscopy. But the caveat is that if you're doing a stool test or blood test, if it's positive, you should be willing to undergo colonoscopy.

Then we need to reduce friction for the patients: simplify the scheduling, give clear instructions, and offer navigation support to go through so that it's as easy for the patient as possible.

Then we need to talk about what their fears are. How do we address their fears? Patient will tell you, oh, there's a pain involved. No, there's no pain involved, because you're asleep. They have some fear of the results. What happens if I find colon cancer? Yes. That's why your colonoscopy is being done, because if you find polyps, we're going to prevent colon cancer. If we do find colon cancer, we probably will find it early stage. If you have symptoms that have developed, then we may be finding it at later stage. Three out of four colon cancer cases under age 50 are diagnosed at stage three or four, because they ignored symptoms and routine screening was not done. So that's why it is important. Then patients also talk about, I'm embarrassed to undergo colonoscopy. We say, you know what? Millions of people undergo this. We do this every day. This is nothing embarrassing.

Then, further on, you involve the patient's family and then risk stratify. That's how you really increase colon cancer screening/prevention and make it personalized.

Announcer:
That was Dr. Harish K. Gagneja talking about evidence-based approaches that can help close common gaps in colorectal cancer screening. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

© 2026 ReachMD