

Transcript Details

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Evolving Approaches to Early-Onset CRC Detection

Announcer:

You're listening to *On the Frontlines of Colorectal Cancer* on ReachMD. And now, here's your host, Ryan Quigley.

Ryan Quigley:

This is *On the Frontlines of Colorectal Cancer* on ReachMD. I'm Ryan Quigley, and today, I'm sitting down with Dr. Peter Buch to explore how we can address the growing challenge of early-onset colorectal cancer. He's a board-certified clinical gastroenterologist and an Associate Professor at the Frank H Netter MD School of Medicine at Quinnipiac University.

Dr. Buch, thanks for being here. Let's dive right in: what should clinicians know about the rise of colorectal cancer in younger adults?

Dr. Buch:

Let me give you a little bit of background with regard to this because it's so very important. In an abstract published by Yarden et al. in AACR abstracts in 2019, 1,195 young patients were studied. 71 percent had stage three or four cancer. And it gets worse: 63 percent waited three to 12 months to see a provider. 67 percent saw at least two providers before receiving the correct diagnosis. In addition, there's been a 51 percent increase in colon cancer since 1994 in young people, and patients born around 1990 have a four times risk of rectal cancer compared to those born in 1950.

Here's the question that everybody asks: what is causing this? We don't have an answer. We just don't know. We do know that younger patients are often symptomatic, whereas older patients who are being screened for colon cancer are usually asymptomatic.

I wanted to add something that I always talk about at my conferences, and that is to add alarm signs. Alarm signs include rectal bleeding, anemia, weight loss, and fevers. And finding these alarm signs is of concern for the possibility of colon cancer, and it's especially helpful in younger individuals. And this leads to an important evolving concept in gastroenterology: we're much more aggressive in evaluating rectal bleeding in young people than in the past. And some of you may just say, "Well, most of these patients actually have fissures or hemorrhoids." And the answer is yes. You'll be absolutely right. However, with the increasing number of young people with colon cancer that we discussed earlier, we don't want to take any chances.

Ryan Quigley:

Given those concerns, screening becomes even more crucial. But with many patients being hesitant, particularly when colonoscopy is involved, how should clinicians approach those conversations?

Dr. Buch:

One of the most important things is, don't force a patient to do something they don't want to have happen. That can only result in a disaster. The American Cancer Society has several suggestions for having an effective conversation, including addressing fears, providing alternatives, addressing barriers like time off, preparation, and what to expect. Encourage patients to involve family members for support—somebody they can rely upon, not only to discuss it further, but also perhaps even to drive them back and forth for the procedure. We want to make the process as simple as possible.

Here's a really important concept that I want to share with the audience today: we want to use patient navigators. You may not have ever heard of patient navigators. These are specialized individuals who can provide information to the patients, on the phone or online. They review the options. They review the procedure of colonoscopy, including the alternatives. They talk about the prep. Multiple studies have shown the benefit of using patient navigators who can spend up to 40 minutes with patients and whose support significantly improves follow-up.

Ryan Quigley:

For those just tuning in, you're listening to *On the Frontlines of Colorectal Cancer* on ReachMD. I'm Ryan Quigley, and I'm speaking with Dr. Peter Buch about how we can improve colorectal cancer screening and detection, particularly in young adults.

Now, Dr. Buch, as we look ahead, what emerging technologies or approaches could help us address these gaps and improve detection in the coming years?

Dr. Buch:

Thank you for that question. There's some really exciting bits of information that I want to share with you. Some of the emerging innovations include widespread use of patient navigators, more accurate blood tests, comparative effectiveness of stool studies over time, AI-enhanced colonoscopy, and stretching out routine screening colonoscopies to perhaps every 15 years. It's not yet standard of care, but wouldn't that make life a whole bunch easier for our patients? We're talking about next-generation and even more accurate stool tests.

And here's something that's really on the cusp of where we need to be: talking about risks based on genetics, lifestyle, diet, smoking, and other medical conditions. We don't group everybody in the same category; it's not one size fits all. We create an algorithm where patients may need more or less evaluations over time.

Here's a really interesting one that I want to share with the audience, and again, it's currently being worked on: it's virtual colonoscopy. It's colonoscopy done with a CAT scan or an MRI. The standard that we have right now is that it is done with contrast. How about if contrast was not needed and no prep was needed? That would make a big difference for many of our patients. So again, these are some emerging innovations that I think are going to have a big impact in the future.

Ryan Quigley:

With those insights in mind, I want to thank my guest, Dr. Peter Buch, for joining me to discuss the changing landscape of colorectal cancer screening and detection.

Dr. Buch, thank you so much for being here.

Announcer:

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