

A CUP OF HEALTH WITH CDC

Regular Screening Prevents Colorectal Cancer

Colorectal Cancer Test Use --- Maryland, 2002--2006 Recorded: September 11, 2007; posted: September 14, 2007

[Announcer] This podcast is presented by the Centers for Disease Control and Prevention. CDC – safer, healthier people.

[Matthew Reynolds] Welcome to A Cup of Health with CDC, a weekly broadcast of the MMWR, the Morbidity and Mortality Weekly Report. I'm your host, Matthew Reynolds. Colorectal cancer is the second leading cause of cancer related deaths in the United States. It affects men and women, most often those 50 or older. Here to discuss some of the basics about this disease is CDC's Dr. Laura Seeff. Dr. Seeff, welcome to the program.

[Dr. Seeff] Thanks. It's a pleasure to be here this morning.

[Matthew Reynolds] Dr Seeff what is colorectal cancer?

[Dr. Seeff] Colorectal cancer is cancer of the large intestine, so it affects both the colon and the rectum. And most colorectal cancers begin with pre-existing polyps or growths inside the colon that develop very slowly over a period of 10 to 15 years into cancers. And this very slow progression provides an excellent opportunity to screen for this disease.

[Matthew Reynolds] You just mentioned screening. I gather then that colorectal cancer is preventable.

[Dr. Seeff] It is preventable. Screening for colorectal cancer works through both prevention and early detection. So again, because of the long lead time, the slow development of cancers from polyps, if a polyp is detected and removed before it's become a cancer, that's a cancer prevented. Likewise, if an early colorectal cancer is detected, treatment is much more effective. And additionally, it's actually much less expensive to identify and remove a polyp or treat an early cancer than to treat a late cancer that has spread.

[Matthew Reynolds] Let's say that I'm concerned about developing colorectal cancer or there's a history of it in my family. Are there symptoms to be on the lookout for?

[Dr. Seeff] There are symptoms. Occasionally, polyps and early cancers can bleed, and once they have grown large enough and they're actually blocking the colon, they may cause symptoms of abdominal discomfort or bloating. But you don't want to wait for symptoms. Frequently, these polyps and early cancers have no symptoms and this is why it's critical to get screened before there's any symptoms.

[Matthew Reynolds] Any recommendations on the types of people that should be screened?

[Dr. Seeff] The most important risk factor for colorectal cancer is age. So, the majority of colorectal cancers, 92 percent, occur in people 50 and older. So if you're 50 and over or have a family member 50 and over, you need to be getting screened regularly. There are some categories of people who are at increased risk. If you've had a previous colorectal polyp or colorectal cancer, if you have a family member with a previous polyp or a previous cancer, and if you have certain diseases of the bowel, it puts you at increased risk. But in general, just being 50 and older is risk enough.

[Matthew Reynolds] Assuming a polyp is discovered during a screening, what are the chances of heading off cancer?

[Dr. Seeff] Let me clarify first that typically, when a polyp is detected, it can be removed at the same sitting, and that should entirely prevent the cancer. Now that individual is at risk for recurrent polyps in the future, so they would need to undergo, at a more frequent interval than usual, repeated screening tests. At that time, we actually call it a surveillance test. But assuming that occurs, they should avoid cancer altogether.

[Matthew Reynolds] Are people getting screened for colorectal cancer?

[Dr. Seeff] Again, the best way to avoid this disease altogether or to treat it more effectively is to get screened. Unfortunately, people aren't taking advantage of this opportunity as much as we'd like. Only about 50 percent of the eligible population is getting screened as recommended. If a person has no health insurance or does not have regular contact with a physician, they're even less likely to get screened. So again, we really strongly recommend regular screening for colorectal cancer.

[Matthew Reynolds] Dr. Seeff thanks for taking the time to share this with our listeners today.

[Dr. Seeff] Sure. It's been a pleasure to be here.

[Matthew Reynolds] That's it for this week's show. Don't forget to join us next week. Until then, be well. This is Matthew Reynolds for *A Cup of Health with CDC*.

[Announcer] To access the most accurate and relevant health information that affects you, your family and your community, please visit www.cdc.gov.