

Seattle Post-Intelligencer

Colon cancer gets special treatment: Researchers want to encourage more screenings for disease

By [CHERIE BLACK](#), P-I REPORTER, 12/3/07

Pam Smith put it off as long as she possibly could. Life kept getting in the way, she said. Considering her family history, she needed a colon screening when she turned 50. Her mother was diagnosed with colorectal cancer in her 70s and underwent chemotherapy, radiation and then had her colon removed. She died three months later. But soon after her doctor's recommendation, Smith went on vacation and then had family things to take care of. Four years later, at age 54, she finally had a colonoscopy, which revealed a large mass.

Colorectal cancer is the third-most-common cancer found in men and women in this country. The American Cancer Society estimates that there will be about 112,340 new cases of colon cancer and 41,420 new cases of rectal cancer in 2007 in the United States. Combined, they will cause about 52,180 deaths -- and doctors said many could be prevented if enough people got screened when they should. **During the next four years, the Group Health Center for Health Studies will look at how physicians can get patients to screen more often and get follow-up exams.** The study is financed by a \$4 million grant from the National Cancer Institute.

Admittedly, the screening options carry a large "yuck factor" with them, said Dr. Beverly Green, lead researcher of the Group Health study. "It just depends on which yuck factor you prefer," she said. She also said the tests may seem unusual, but mammograms and pap smears were like that back in the day. Standard tests include looking for hidden blood in stool samples, a digital rectal exam to check for unusual lumps, or a barium enema, which is a series of X-rays of the lower gastrointestinal tract after inserting a liquid into the rectum. A colonoscopy uses a long tube, or endoscope, to look for abnormal growths along the entire colon, which can measure up to 6 feet. A sigmoidoscopy uses an endoscope to look only at the final 2 feet of the colon. Both can find and remove tumors before they turn into cancer. Virtual colonoscopies use two- and three-dimensional imagery to view the colon and are non-invasive. But if growths are found, a standard colonoscopy still has to be done, and many physicians say the technology isn't yet better than standard tests.

During the Group Health study, 6,000 Group Health members age 50 to 75 will be assigned randomly to study groups. One group will get standard care -- doctors' reminders at regular visits plus an annual letter. Others will get one of three increasing levels of support for screening. The highest level includes a stool-test card mailed yearly, access to a screening hot line, reminder calls from a medical assistant and assistance from a nurse. Green thinks the extra effort will motivate patients, help them decide which screening option is best for them and help them go through with the tests.

"You're going to see the largest rise by making it easy -- if you make things easy for people they'll do it," said Green, who estimates about 50,000 Group Health patients eligible for a screening

haven't yet done it. "It's about better awareness." Though Smith's mass didn't turn out to be cancer, she was diagnosed with endometriosis -- where tissue similar to the lining of the uterus is found elsewhere in the body -- which wouldn't have been found without the screening. She underwent surgery on Halloween to remove the mass.

"It's an urban truth that the preparation (for the screening) is terrible, and it is, but in the scope of the universe, it's not that bad, and you do it because it's the right thing to do," Smith said. "Do you want to be the person who has to live with the fact that you should have done something and didn't do it and now you have cancer?"

GUIDELINES

Beginning at age 50, men and women should follow one of five testing schedules:

- Annual fecal occult blood test
- Sigmoidoscopy every five years
- Annual fecal occult blood test plus flexible sigmoidoscopy every five years
- Barium enema every five years
- Colonoscopy every 10 years

Risk factors include a family history of colorectal cancer or growths in the colon, a personal history of chronic inflammatory bowel disease or a family history of hereditary colorectal cancer syndrome.

Source: American Cancer Society

P-I reporter Cherie Black can be reached at 206-448-8180 or cherieblack@seattlepi.com.