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/how-to-talk-to-patients-about-crc-screening-options/17898/

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

How to Talk to Patients about CRC Screening Options

Announcer:

You're listening to *Clinician's Roundtable* on ReachMD, and this episode is sponsored by Exact Sciences. Here's your host, Dr. Charles Turck.

Dr. Turck:

This is *Clinician's Roundtable* on ReachMD, and I'm Dr. Charles Turck. Here with me today to discuss how we can talk to our patients about colorectal cancer screening options is Dr. John Russell. Not only is he a fellow ReachMD host, but he's also a family medicine physician at Abington Family Medicine, which is part of the Jefferson Health System in Pennsylvania. Dr. Russell, thanks for being here today.

Dr. Russell:

Dr. Turck, thank you for having me.

Dr. Turck:

Well, to start us off, Dr. Russell, would you tell us a little about the screening tests that are available to detect colorectal cancer?

Dr. Russell:

Sure. So we have a bunch that are available. We have an endoscopic-based screening test, so that would be a colonoscopy. There also could be a flex sig that one could combine with a stool test like a FIT test. There is a CT-based test called a colonography that still requires a prep like a colonoscopy. And then there are some stool-based tests; there's an annual stool-based test called a FIT test, a fecal immunochemical test, that you would do every year. There's a stool DNA-based test that would be done roughly every 3 years.

Dr. Turck:

And how do you talk to your patients about these screening options?

Dr. Russell:

Well, I mean, I think if you look at why people do not get colonoscopy, why people don't get fecal testing, or why people don't get any colon cancer screening, it's because someone like myself doesn't recommend it; it's one of the biggest reasons that people don't go. So first of all, just giving a strong recommendation. I think like everything else, it really helps to give a personal recommendation, so I will say, "I've had two colonoscopies myself." I will talk that I had a sister that had a colon cancer that was found on a screening test; that's why it's important. It's the number 2 cause of cancer death in the United States, and it doesn't necessarily need to run in families. So I think talking about the why is important. And then to say to patients, "This is what we could do: we could do A, we could do B, or we could do C; which works for you?" And oftentimes, the patient says I'll pick A, and it's easy enough to figure out how to make that happen.

If someone says they're not interested in having some screening done, then you have to take a deeper dive on why and why does screening not work for them. And then try to see what you can have for a happy medium for people. But oftentimes, I think very much for the last 30 years, doctors were very black and white – if you won't do a colonoscopy, you're not getting colon cancer screening. And there are other options that are perfectly good, and I think we need to remember that the only bad screening test is the one that is not done.

Dr. Turck:

Now when it comes to selecting a screening option, what patient risk factors do you consider?

Dr. Russell:

I think partly it's what works best for patients and maybe not as much risk factors, although a high-risk person who had an abnormal test on a stool-based test is still going to need a colonoscopy. That high-risk person who has a colonography and something is seen is still going to need a colonoscopy. So sometimes for that person that I'm very, very worried about, you might save a step by doing that. But in general, they are all validated good tests to do for someone who is at low, average, or higher risk to do some testing. But you do not validate the data in the stool-based tests unless you are willing to include doing the colonoscopy to close that loop.

Dr. Turck:

And are there any other common barriers to screening that you try to take into account as well?

Dr. Russell:

I think a lot of it is just kind of social as we have a lot of people who don't necessarily have that person who can take them. Transportation becomes an issue. The prep seems to be a really big impediment for a lot of patients. For some patients, it's just kind of yucky. And regardless of whether they're doing a prep or whether they're doing a stool-based test, some people can't get beyond that it's kind of an inelegant process one way or the other. So partly it's meeting people where they're at and seeing what they need. But usually in my experience, we can find something that someone would be willing to do.

Dr. Turck:

For those just tuning in, you're listening to *Clinician's Roundtable* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Dr. John Russell about counseling patients on colorectal cancer screening options.

Now, Dr. Russell, you've touched on this a little bit before, but now that we know what factors you consider, how do you go about finding out what matters most to your patients and balancing it with your own preference?

Dr. Russell:

Yeah. So if you talk about the options and someone makes a selection, then that becomes kind of easy. We've been screening for colon cancer a long time now, so a lot of people really are educated enough about that. But again, I think that's starts with why. And if someone is not willing to do it – and I think there are people who reluctantly do it and maybe we don't have to take a deep dive on what are some of their reticences for doing it – but I think there are people who are worried about anesthesia and I think there are people who are worried about side effects. Everyone knows someone who knows someone who knows someone who had an untoward side effect with having an endoscopic procedure, right? So I think meeting people where they're at, and even if someone is not willing to pursue colon cancer screening today, say, “Could I have some permission for us to talk about this the next time you're in?”

Dr. Turck:

And before we close, Dr. Russell, taking a global view, would you share some takeaways on how we can counsel our patients on colorectal cancer screening?

Dr. Russell:

So colorectal cancer screening has been an amazing success story. And if someone can go in, say with a colonoscopy, and remove a precancerous polyp, that cancer never happens, right? It's like a sci-fi movie; you're going back in time and preventing something from ever happening. So that's really exciting. We really had pronounced decrease in colorectal cancer deaths through screening programs. So regardless of which one you do, they all have some fairly similar data. If you can find something early, you can save someone's life. If you wait until colon cancer might be bleeding or having symptoms, you've kind of lost that window to really make a difference in that person's life.

Dr. Turck:

Well, with those key takeaways in mind, I want to thank my guest, Dr. John Russell, for joining me to share counseling strategies for colorectal cancer screening. Dr. Russell, it was great having you on the program.

Dr. Russell:

Dr. Turck, thanks as always.

Announcer:

This episode of *Clinician's Roundtable* was sponsored by Exact Sciences. To access this and other episodes inour series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!