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/preventing-colorectal-cancer-with-smart-screening/56459/

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Preventing Colorectal Cancer with Smart Screening

Announcer:
You're listening to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Harish K. Gagneja, who's a board-certified gastroenterologist in Austin, Texas. He'll be exploring the factors that guide colorectal cancer screening decisions. Here's Dr. Gagneja now.

Dr. Gagneja:
When I talk about colorectal cancer screening, I talk about colorectal cancer prevention. I really want to prevent colon cancer, rather than screen for colon cancer.

Having said that, there are multiple strategies that we use for colorectal cancer prevention. So we have to tailor that based on the patient's age and family history. What are the other comorbidities or other conditions patients have? Do they have any risk factors? Are they high risk or average risk? Average risk is when they have no family history of colon cancer or colon polyps. High risk is when they have a family history of colon cancer, colon polyps, or some kind of genetic mutation, which requires colon cancer prevention/screening more frequently. We also look if they have any history of something like inflammatory bowel disease.

Whenever I talk about screening for colon cancer, I talk about all the tests that are available to the patient. But the best screening modality, really, is the one that gets done, right? So that's a very, very important part.

So now we have stool-based testing available. We have a gold standard, which is colonoscopy. And then we also have some newcomer blood tests. So it's based on the patient's age, their preference, and what they have access to, whether this is a colonoscopy, blood test, or stool test. So we prescribe that.

But there's one big caveat. One big caveat is that, with the stool test and the blood test, they do not pick up precancerous polyps as frequently. Stool tests pick them up only 40 percent of the time, and blood tests only 13 percent of the time. The second issue using the stool test and blood test is that if it is positive, the patient who's getting the test done should be willing to undergo colonoscopy as a follow-up. Otherwise, there's no use in doing any testing, if you're not willing to undergo colonoscopy after a positive test.

The good news for colon cancer is that colon cancer starts as a little bump in the colon, which is called polyp, and those polyps become colon cancer. So if we take the colon polyp out with the colonoscopy, we really prevented colon cancer.

Patients will come and tell me, I feel fine. I don't need it. Yes, true, but that's the reason we're doing screening, because colon cancer will not cause any symptoms unless it's too late. That's why you want to catch it early on. As patient jargon, I say, skipping screening is like ignoring warning lights in your car dashboard. The car still runs, but you're ignoring the warning lights. It's the same thing as skipping the screening for colon cancer.

Explain in concise and clear language to your patient, so that they understand that colon cancer screening is very, very important, because you can prevent almost all colon cancers by doing screening. That is the very, very important part.

Announcer:
That was Dr. Harish K. Gagneja discussing how to approach colorectal cancer screening with patients. 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!

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