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## Strategies for Increasing Colorectal Cancer Screening Rates

Dr. Nandi:

Welcome to *GI Insights* on ReachMD. I'm your host Dr. Neil Nandi, and on today's program, I am joined by Dr. Samir Shah, and we're here to talk about colorectal cancer awareness. For those of you who may not know, Dr. Samir Shah is Chief of Gastroenterology at the Miriam Hospital and Clinical Professor of Medicine at Brown University. He is an IBD-ologist and heavily active in the Crohn's and Colitis Foundation and the American College of Gastroenterology and IBD Circle. He is also the current President of the American College of Gastroenterology, and we can't think of a better proactive physician to make us more aware about colon cancer awareness than Dr. Samir Shah.

Samir, welcome to the program.

Dr. Shah:

Neil, thank you so much. It's a pleasure and honor to be here. You know, we've known each other for a while, so I'm really excited to do this with you. I've been a fan of your podcast for a while now, so it's an honor to be on the podcast.

Dr. Nandi:

That's very kind of you, high words, high praise, and we are lucky to have you as our guest. I really want to get into it. You know, in the last several years, many things have changed when it comes to colon cancer, screening and awareness. The guidelines have changed in terms of age and also surveillance, but there is still yet more we can do as gastroenterologists. So let's start off. What is the actual target for colon cancer screening per the American College of Gastroenterology? What's our mission?

Dr. Shah:

So we want to prevent colon cancer, and we've got new guidelines that came out, and there are several important changes. One important change is that 45 is the new 50. So before we would recommend patients be screened starting age 50, and that was really important in that we decreased colon cancer rates in people over 50, but we started to see patients under 50 have higher rates of colon cancer for reasons that are not entirely clear. So based on the data, several groups, including the American College of Gastroenterology and the colon cancer groups and the Multi-Society Task Force, all have recommended changing the screening age to 45, and so hopefully, we'll be able to get more patients screened and prevent more cancers.

Dr. Nandi:

So this is fantastic because we can really capture the younger age demographic that tragically gets diagnosed with colon cancer. Are there any particular groups or populations that we should focus on?

Dr. Shah:

Yeah, those are great questions. So one, we know that African-Americans have higher rates of cancer and are typically diagnosed at a later stage and have cancer at an earlier age, and so before this guideline, the ACG had said to start screening African-Americans at age 45, and now it's everyone age 45. And there are groups that historically have less access to healthcare, and it can be in terms of socioeconomic status, so the importance I think also is that with the healthcare reforms, all insurances are expected to cover screening colonoscopies a hundred percent, and so those financial barriers have hopefully been removed. And so awareness in those communities is really important to make sure people know about screening. It's much more common that patients are aware of this compared to 10 or certainly 20 years ago. I think targeting those, groups makes sense.

The other thing that's very important is for patients to be aware of symptoms even if they are under age 45 that shouldn't be ignored, so rectal bleeding, a change in bowel habits, abdominal pain. So those are some of the things that patients should be aware of, or if they're

anemic and especially if they are iron-deficient that they need evaluation with a gastroenterologist.

Dr. Nandi:

So now let's get into shifting gears a little bit. Gastroenterologists are typically passionate people when it comes to screening colonoscopy. Screening saves lives. What are some of the initiatives or creative ways that gastroenterologists that you know that the colleges work with have done in order to increase awareness to increase those screening rates?

Dr. Shah:

I'm glad you asked. I'm really impressed by my colleagues and their creativity in increasing awareness, and I'll start out with sort of the standard things that people have done over the years, and that includes articles in the local paper about the importance of colon cancer screening, designating March as Colon Cancer Screening Awareness Month. So that hopefully increases awareness. So those are some of the more common things that are done, in addition to having events locally at people's practices or at various cultural organizations.

Some of the more creative things that have been done more recently is last year one of our members, Ben Levy, put together a 2-hour concert called Tune It Up, and he got musicians from all over. And these were talented musicians like Lisa Loeb and classical artists, and we have a band called The Beacons. This is the ACG official band. And a bunch of us gastroenterologists who want to be musicians put this together during COVID, and we were actually able to perform virtually, and I think we stood up pretty well compared to the professional musicians. So that was a great way for people to get some entertainment during COVID and learn more about colon cancer screening.

One of our members, Dr. Ronald Sue, who's a gastroenterologist in California and one of our governors in California, has put together something called Colon Cancer Prevention Seminar: Bridging Medicine and Music, and he partnered with his local high school. They have a fantastic Baroque ensemble, and they are going to put together a concert and have lectures in between, and by having the high school participate, that whole community is going to be much more aware of colon cancer screening.

Dr. Nandi:

So these are exciting modalities and exciting projects, right? They are fun for clinicians to participate in, to organize, and they really engage the community, so I'm really happy.

For those just tuning in, you're listening to GI Insights on ReachMD. I'm Dr. Neil Nandi, and I'm speaking with current President of the American College of Gastroenterology, Dr. Samir Shah, on how clinicians can increase colon cancer screening rates in their communities.

To understand what are the other resources that clinicians can use, when we reach out into our communities? Especially those underserved and underprivileged, a common barrier is language. Perhaps we don't have access to the right resources. Can you let our listeners know where can they find colonoscopy prep instructions or illustrations for groups that may speak different languages?

Dr. Shah:

Yeah, so there are great resources at multiple different sites available, on the internet. So the American College of Gastroenterology's website has great resources on facts on colon cancer, on opportunities for screening and different options for screening on preps both in English and in Spanish, and —we in Rhode Island have a fairly large Portuguese population, so in addition to Spanish we have instructions in Portuguese.

The American Cancer Society and the National Colon Cancer Roundtable has resources, and they have posters and fliers and printouts and just sort of fact sheets that, clinicians can share with patients about the importance of screening. And you've heard this many times, I'm sure. We joke about this. The best screening test is the one that gets done. And so, although we know the power of colonoscopy, that might not be right for every patient, but the importance is that they get some form of screening. So if they're not willing to go for a colonoscopy, which is sort of one stop shopping—we can find the polyp if it's there, remove it; if there is colon cancer, make the diagnosis of colon cancer early so that surgery is curative—if that's not the right option for them, they could go for a stool test for blood or a stool test for DNA in blood or CT colonography or if sigmoidoscopy is available—although that's not quite as good as colonoscopy—it's better than nothing. So there are a variety of options that we can offer our patients, and with that menu, we can hopefully get—our goal is to get at least 80% of eligible patients in every community screened.

Dr. Nandi:

I think we can do it. We've already made great progress as a community of clinicians, and we certainly can't do it without the American College of Gastroenterology pushing for this vision to be realized. Before we conclude, are there any last take-home points or words of wisdom that you want to provide clinicians out there about increasing colon cancer screening?

Dr. Shah:

Yeah, besides being a proactive advocate for it, it's often important to ask what the patient's reluctance is and then address that. I think the fact that so many people are getting screened, the knowledge has gone up. The other I think important thing is to not ignore symptoms in younger patients and to make sure they get evaluated. Often times we see patients assume or even clinicians assume that rectal bleeding is just from hemorrhoids. Although that may be the case, it may not be the case, so important that the evaluation actually happens.

Dr. Nandi:

I'm so happy that you brought that up, Samir. I think that's important. When a patient doesn't want to get screened, it's really important to listen to their voice and dig a little deeper, find out what the block in their decision might be because often times it's just a conversation that can help dispel their fears or misconceptions.

Samir, thank you so much for joining us on this program. We really enjoyed having you.

Dr. Shah:

Thanks so much, my pleasure.

Dr. Nandi:

For ReachMD's GI Insights, I'm Dr. Neil Nandi. To access this and other episodes in this series, please visit [ReachMD.com/GIInsights](https://ReachMD.com/GIInsights), where you can Be Part of the Knowledge. Thanks for listening.