

Screening for colorectal cancer can make a difference

A few years ago, two medical displays were featured in Minnesota's Mall of America on the same day.

According to St. Joseph Medical Center's Dr. Robert Akbari, there was one for breast cancer, which attracted many visitors to a busy concourse.

The other, said the colon and rectal surgeon, was a large colon for people to walk through - complete with polyps, the growths on the lining of the colon or rectum.

The goal of educating people about the importance of getting screened for colon or rectal cancer, often referred to as colorectal cancer, may not have been pretty, but it resonated with shoppers, said the doctor at the Towson hospital.

People who found the display understood that once they passed age 50, they should get yearly fecal occult blood tests and standard colonoscopies every five to 10 years.

"Part of it is patient education talks and part of it is getting out in the community," said Dr. Akbari. "We need to do a better job."

Lately, there has been good and bad news when it comes to the topic. The American Society for Gastrointestinal Endoscopy, the group representing colorectal cancer screening specialists, announced that deaths related to the disease dropped 4.3 percent between 2002 and 2005 among American men and women. The incidence rate among men dropped 2.8 percent between 1998 and 2005 and 2.2 percent for women during that same time frame.

The annual study done by leading cancer and health organizations showed a decline in death and incidence for the first time. Still, more than 50,000 people a year die from colorectal cancer. If detected early through colonoscopies, however, the survival rate is higher than 90 percent.

There are still considerable downbeat footnotes to those positive numbers. Dr. Akbari said about only 50 percent of people over 50 are getting screened, and the ASGE says only 39 percent of people are being screened early enough in the colorectal cancer stages.

There is also, Dr. Akbari said, a still unexplained high rate of black people getting colorectal cancer.

There are a number of reasons for low numbers of colonoscopies, including lack of education or insurance, fear of pain and self-consciousness.

“It takes some courage to undergo their first colonoscopy,” he said, “but when it’s over, people usually say, ‘When does it begin?’”

Dr. Akbari said everyone in the medical profession must be more active in explaining the benefits of the procedure. The most discomfort might come throughout the day before, when the patient takes an oral laxative and ingests only clear liquids.

During the short procedure, the patient sleeps as a digital examination is taken to find any instance of polyps in the colon and bowels. A virtual colonoscopy is another option, but if polyps are found, the standard colonoscopy will still need to be done, Dr. Akbari said.

The bottom line, Dr. Akbari said, is screenings are a must for survival.

“They are so relieved afterwards,” he said of patients. “A lot of times they are elated

to have it done.”