Physician-Patient Discussion and Take-home Points Related to Colorectal Cancer Detection

PATIENT-DETECTED RECTAL BLEEDING
The cause of rectal bleeding should be investigated to resolution, regardless of the patient’s age, or personal or family medical history. A single, in-office fecal occult blood test via digital exam is not an adequate assessment.

PREVENTION AND EARLY DETECTION OF COLORECTAL CANCER
Periodic screening and aggressive follow up of key symptoms can reduce a patient’s likelihood of developing later stage colorectal cancer. Discuss the benefits and limitations of screening and the importance of reporting to you any symptoms (e.g., rectal bleeding, anemia, change in bowel habits). Patients should understand that, while early detection of colorectal cancer can significantly reduce the risk of mortality, health care providers cannot guarantee a cure based on the timing of the diagnosis. Patients may need to be educated as to the subtleties of research data and discrepancies in findings among various studies.

RISK OF COLORECTAL CANCER FOR PATIENTS YOUNGER THAN AGE 50
Ten percent of colorectal cancers occur in patients less than age 50: approximately eight percent between ages 40–50; two percent occur in patients younger than 40.63 Other than an age of greater than 50 years, definite risk factors for an increased risk for colon cancer include being African-American, having a strong family history of colorectal cancer (see page 7), obesity, heavy alcohol use, and smoking. Patients treated with chemotherapy or abdominal radiation for non-gastrointestinal malignancies (e.g., childhood cancer survivors) are at a significantly increased risk for the development of colorectal cancer.

GENETIC TESTING
Regardless of age, patients with a complex personal history of colorectal cancer should be referred—along with family members—to a high-risk clinic (if available) for genetic counseling and development of their ongoing screening plans.

RISK OF INTERVAL COLORECTAL CANCER FOR PATIENTS WITH A SCREENING HISTORY
For patients > age 50 who present with rectal bleeding or anemia in the months or years following a negative colonoscopy, explain that:

• if the colonoscopy was more than two years prior, a repeat colonoscopy is recommended;
• if the colonoscopy was less than two years prior, was completed successfully, and was negative, then a repeat colonoscopy—or sigmoidoscopy—should be considered.

COLORECTAL CANCER SCREENING FOR ASYMPTOMATIC PATIENTS > AGE 75
Before ordering a screening colonoscopy or flexible sigmoidoscopy for a patient age 75–84, discuss the risks and benefits, taking into account the patient’s general quality of life and prior screening history. Screening is not recommended for patients over age 85, as the risks generally outweigh the benefits.