

Early Screening Could Prevent Colorectal Cancer Deaths

Hayden – The five northern counties of Idaho lead the state in the number of colon cancer deaths per person, a position the North Idaho Cancer Coalition would happily relinquish.

Colorectal cancer is the second leading cause of cancer deaths nationwide and in Idaho. Last year, lung cancer killed 633 Idahoans and colorectal cancer killed 218. The 2008 statistics aren't divided by county yet, but in 2007 colorectal cancer caused the deaths of five people each in Benewah and Boundary counties, 10 people in Shoshone County, 21 in Bonner County and 67 in Kootenai County.

Colorectal cancer deaths are preventable with screening and early diagnosis, but screening rates in Idaho are nearly the lowest in the nation. Idaho ranks 46th among all states for the percentage of residents who undergo screening to prevent colorectal cancer.

“Our goal is to increase timely screenings and decrease the incidents of late-stage diagnoses in our district,” says Donna Marshall-Holden, a Panhandle Health District (PHD) registered nurse who coordinates the cancer coalition. “We shouldn't be losing people to something we can prevent if we pay attention.”

The American Cancer Society recommends people start regular colorectal screening at age 50 if they have no history of intestinal problems or family history of colorectal cancer. Ninety percent of people diagnosed with colorectal cancer are older than 50.

High calorie diets, diets high in fat and low in fiber, physical inactivity, obesity and tobacco use are some of the known risk factors that can lead to colorectal cancer. Genetic conditions account for only about 15 percent of colorectal cancer cases.

PHD nurse Gail Turley believed she was low-risk for colon cancer. After she turned 50, she continued to urge her patients to get their mammograms to catch breast cancer, but she dragged her feet on scheduling a colonoscopy.

“I decided I should practice what I preach,” Gail says. “I was going to wait until I was 55, but I made an appointment at 52.”

A colonoscopy is currently the most effective tool for detecting growths—polyps--and cancers. To undergo a colonoscopy, patients prepare their bowels with a laxative or enema and then are sedated. Doctors scan the entire length of the colon with a flexible scope with a video chip, which shows any abnormal growths on a video screen.

Doctors remove small accessible polyps during the exam and test them. The experience ends if no cancer cells are present. People with cancer-free polyps are typically told to schedule another colonoscopy in five years. The Centers for Disease Control and Prevention recommend people with no polyps undergo a colonoscopy every 10 years.

Gail's colonoscopy revealed three polyps that doctors removed. She wasn't worried, but tests showed the growths were cancerous. Six days later, a surgeon removed 15 inches of her colon. He tested 19 lymph nodes to see if the cancer had spread. It hadn't. After recovering from surgery, Gail returned to her normal life with no follow-up chemotherapy or radiation.

Colorectal cancer develops slowly. It typically starts as non-cancerous polyps in the intestines. Regular screening enables doctors to find and remove polyps before cancer develops and in cancer's early stages when it's easier to cure.

People younger than 50 are at risk of colorectal cancer if they have a history of digestive system problems or bowel disease or other family members have had colorectal cancer. They should start screenings earlier than age 50.

With a \$2,500 grant from Project Health, the non-profit Public Health Foundation, PHD this year will provide colorectal screening tests for low-income women.

For information on colorectal screening tests, call Donna Marshall-Holden at 415-5298.