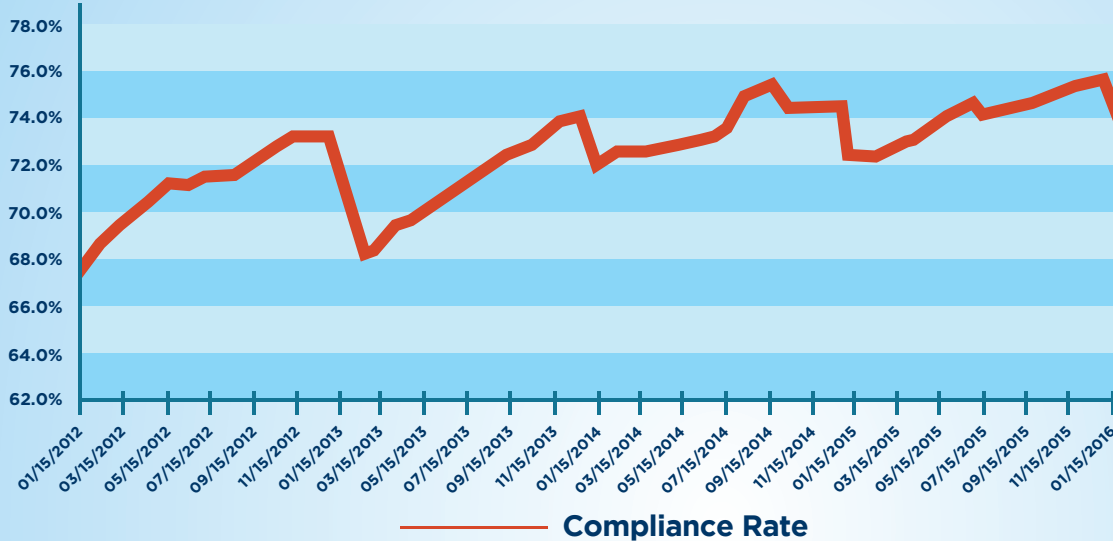


# HHP CLINICAL BULLETIN

# COLON CANCER SCREENING

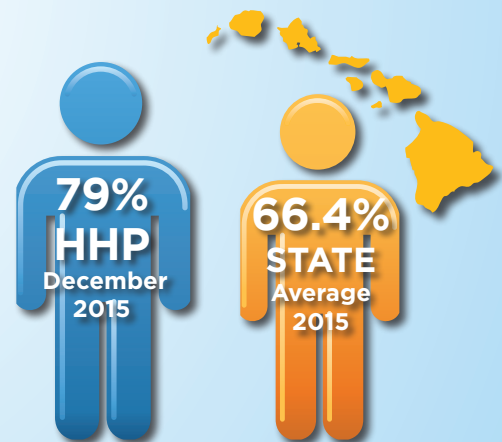
## HAWAI'I PACIFIC HEALTH COLON CANCER SCREENING IMPROVEMENT

### COMPLIANCE RATE



### HHP Physicians Screen 79% Vs. State Average of 66.4%

- **COLONOSCOPY:** Preventive. Detects cancers earlier and may prevent complications and deaths over immunochemical fecal occult blood test (IFOBT).
- **IFOBT:** Diagnostic. Easier to use, more acceptable to some patients, but doesn't detect polyps. Low risk of injury, but only picks up cancers big enough to bleed. Requires more frequent screening.



## COLON CANCER IN HAWAI'I

16.5  
DEATHS PER  
**100,000**  
RESIDENTS IN  
2000-2002

13.5  
DEATHS PER  
**100,000**  
RESIDENTS IN  
2009-2011

Hawai'i has the eighth highest rate of colorectal cancer in the nation – sixth highest for males. There were an estimated 240 related deaths and 680 new cases of colorectal cancer in Hawai'i in 2012. Statistics show colon cancer death rates here have been steadily declining from 16.5 deaths per 100,000 residents in 2000-2002 to 13.5 per 100,000 in 2009-2011, likely due to increased awareness and screening.

Source: Centers for Disease Control and Prevention

# COLON CANCER FACTS

Routine screening is the key to preventing colorectal cancer.

Approximately 500 people per year are diagnosed with colon cancer in Hawai'i. Many more could be diagnosed earlier before surgery is necessary.



## WHAT CAN YOU DO?

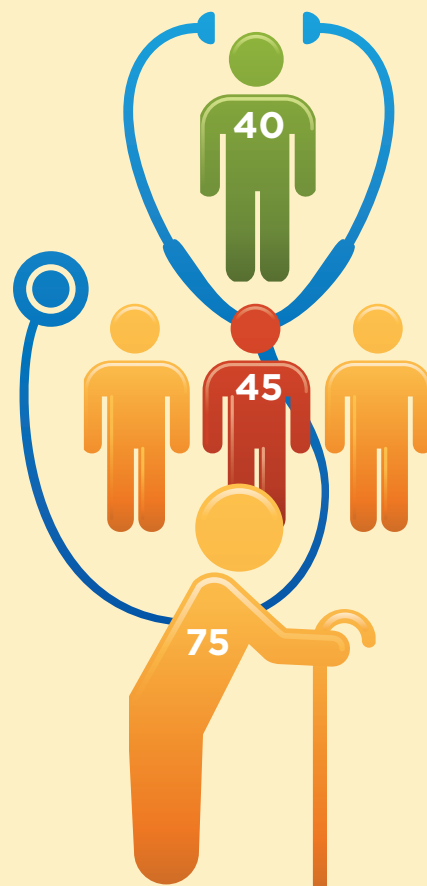
- Offer every patient age 50 and older a colon cancer screening via annual IFOBT or colonoscopy every 10 years, until age 75.
- Offer screenings for high-risk patients earlier based on risk factors.
- Track abnormal exams in the problem list.
- Get screened yourself, if you are due.
- Talk to your patients about their fears around colon cancer screening.



## Higher-risk Patients

While screening for patients with average risk should be done every 10 years, beginning at age 50, patients at higher risk of developing colorectal cancer should begin screening at a younger age and may need to be tested more frequently. Individuals considered high-risk, requiring enhanced screening and/or surveillance, include those with:

- Personal history of colon cancer—screening begins 1 year post resection followed by 3 years, and then every 5 years thereafter.
- Familial history of colon cancer, including:
  - colorectal cancer or adenoma in first degree relative (i.e. mom, dad, brother, sister) less 60 - screening begins at age 40 or 10 years earlier than age of the youngest first degree relative at diagnosis (whichever is first) then 5 years subsequently.
  - colorectal cancer or adenoma in first degree relative or two or more first degree relatives with colorectal cancer or adenomas greater 60 years of age—screening begins at 50 and every 10 years subsequently.
- History of adenoma - screening every five years.
- African American ethnicity - screening begins at age 45.
- Complex polyp noted in path report (serrated, villous, more than three adenomas, dysplasia, and adenomas greater than 10mm) - should be directed to physician or PA for further review.
- Genetic syndromes, ulcerative colitis, Crohn's - should be referred to physician or PA prior to scheduling.



The decision to be screened after age 75 should be made on an individual basis.