

Colorectal cancer is the third most common cancer diagnosed in men and women in the United States, and at Elmhurst Memorial Hospital (EMH). Most colorectal cancers begin as a growth on the inner lining of the colon or rectum, this is called a polyp. These polyps are initially benign, or not cancerous. Over time they can become cancerous and begin to grow into the wall of the colon or rectum. Once there, they can invade the blood stream and travel to other areas of the body. The stage of a colorectal cancer depends on how deeply it grows into the wall and if it has spread to outside the colon or rectum. According to EMH 2014 cancer registry data, 54% of rectal cancer patients and 42% of colon cancer patients are diagnosed with later stage disease (Stage III & IV). The goal of colorectal cancer screening is to identify polyps (precursors to cancer) and remove them or to find early stage, curable cancer (Stages 0,I,II). It is hoped that each year at EMH the percentages of Stage III and IV diagnoses decreases as knowledge of colorectal cancer prevention and screening increases.

The “80% by 2018” is a program initiated by the National Colorectal Cancer Roundtable (NCCRT) in 2013 and is supported by more than 900 organizations including the American Cancer Society (ACS). The goal is to eliminate colorectal cancer as a major public health problem by increasing the percentage of the population up-to-date with recommended colorectal cancer screening. Colorectal cancer is more common as a person grows older (90% is found in those over age 50). It is for this reason that it is important to have recurring colonoscopies between the ages of 50-75. Anyone with risk factors or a family history should consider screening at an earlier age.

The 2015 Elmhurst Memorial Hospital Community Needs Assessment within the service area of DuPage County showed the following information regarding colorectal screenings: among adults aged 50-75, 63.2% had appropriate colorectal cancer screening (Fecal occult blood test within past year, and/or a sigmoidoscopy/colonoscopy within past 10 years). This was less favorable than Metropolitan Chicago Healthcare Council (MCHC) (70.4%) , national findings (75.1%), and fails to satisfy Healthy People 2020 (70.5%). This was statistically unchanged since the 2012 assessment.

Results from a recent study suggest that increasing screening rates to 80% by 2018 would prevent 277,000 new cases of colorectal cancer and 203,000 deaths within the next 20 years. By 2030, colorectal cancer incidence rates would drop by 22% and death rates would drop by 33%. (NCCRT, ACS)

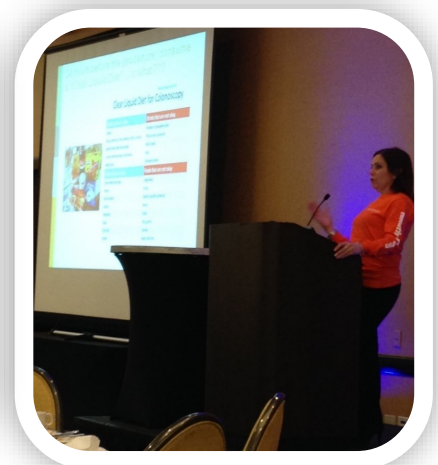
In support of the “80% by 2018” and in recognition of Colorectal Cancer Awareness Month, an educational offering was sponsored by Edward-Elmhurst Health on Saturday, March 12, at the Doubletree Suites in Downers Grove. The breakfast program, entitled: “Colon Health: Food, Fiber, Facts” was presented by three speakers, Dr. Christopher Boutin, an Elmhurst Clinic Gastroenterologist, Dr. Matthew Siegel, an Edward Hematology-Oncologist and Ellen Cleary, a registered nurse and Director of Endoscopic Services at Edward. The presentation discussed general colorectal health and steps to lower the risk for the development of colorectal cancer with the use of screening. In addition, the program highlighted who is at high risk of developing colorectal cancer, sign and symptoms of colorectal cancer, staging of disease and treatment options if cancer is found. The differences between the various colorectal screening options were reviewed with emphasis on a colonoscopy being the only test which screens, prevents and may even treat early colorectal cancers. Ellen Cleary discussed tips on taking the prep needed for colonoscopy and what occurs during and after the exam. A healthy plated breakfast was served, vendors were available to provide education on colon cancer, what the colon scope looks like, services available at Edward-Elmhurst Health, and a giant inflatable colon was on display that showed various colon abnormalities including colon polyps and cancer. The Polyp Man was also present. The Polyp Man and the inflatable colon were intended to reduce the fear and other barriers to getting colonoscopy testing done. Barriers may be fear of cancer, lack of knowledge, denial of need, perceived discomfort, and most often embarrassment.

There were 154 registered for the program and 125 attendees. Evaluations were received from 74 of the attendees. The overall score of the program on a scale of 1-5 (5 being “strongly agree”) was 4.9. This evaluated the quality and knowledge of each speaker, clarity of the content, whether the program met its published description and future recommendations of the program. The overall quality of the program was rated “excellent” from 72/74 participants who completed an evaluation. When asked “Will you change your habits and/or take action as a result of this program, 61 participants responded “yes”, 4 responded “no”. When asked “Will you consider getting colon screening done as a result of this program, 47 responded “yes” and 13 responded “no”. Future program ideas were collected. Additional comments included: “very informative”, “more relaxed about getting a colonoscopy”, “will make sure a colonoscopy is ordered”, and “excellent program and speakers”.

The intent of the program was to raise awareness of colorectal health and to encourage colon screening to prevent colon cancer. The hope was that participants who have not utilized any screening in the past, will be encouraged to have some type of screening done as a result of increased knowledge. The program was not intended to collect data or track whether participants’ behavior changed as a result of the event. Volunteers from both facilities, Edward Hospital and Elmhurst Memorial Hospital, participated in helping make this event a success.

**Dr. Christopher Boutin,
Elmhurst Clinic
Gastroenterologist**

**Ellen Cleary RN,BSN,MBA,CNOR,
Director of Surgical and
Endoscopic Services**



RISK FACTORS

Non-modifiable (not controllable)	Modifiable (can be changed)
Age	Diet high in fat/meat
Personal history of adenomatous polyps	Low fruit/vegetable intake
Family history of colorectal cancer	Low fiber
History of inflammatory bowel disease	Physical inactivity
Inherited genetic risk	Excess body weight
	Smoking
	Heavy alcohol consumption

Screening Options

ACS recommends that regular colorectal screening begin at age 50 for men and women at average risk of developing colorectal cancer. Multiple screening tests are available, each with advantages and limitations. A discussion with your physician will help determine which of the below tests is appropriate for you.

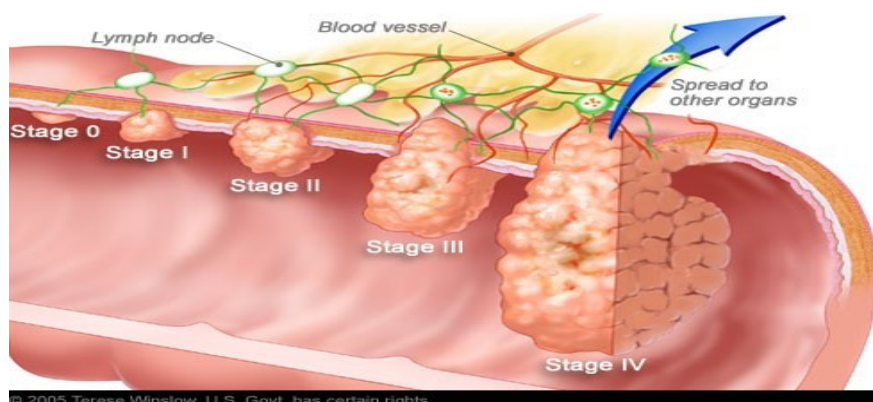
Tests that find polyps and cancer:

- **Flexible sigmoidoscopy:** A flexible, lighted tube is put into the rectum and lower colon to check for polyps and cancer in the left side of the colon: to be done every 5 years. If test is positive, a colonoscopy would be recommended.
- **Colonoscopy:** A longer, flexible tube is used to look at the entire colon and rectum: to be done every 10 years.
- **Double contrast barium enema (DCBE):** This is an x-ray test of the colon and rectum.
- **CT colonography (virtual colonoscopy):** This is a type of CT scan of the colon and rectum.

Tests that mainly find cancer:

- **Guaiac-based fecal occult blood test (gFOBT) or Fecal immunochemical test (FIT):** Samples of stool (feces) are checked for blood, which might be a sign of a polyp or cancer: to be done every year. The best results are obtained using a take-home multiple sample method vs a one-time check in the doctor's office. If either test is positive, a colonoscopy should be done.
- **Stool DNA test:** A sample of stool is checked for certain abnormal sections of DNA (genetic material) from cancer or polyp cells: should be done every 3 years. If test is positive, a colonoscopy should be done.

In June, the U.S. Prevention Services Task Force (USPSTF) released updated colorectal cancer screening guidelines. The final recommendations state that screening for colorectal cancer in average risk adults aged 50-75 is of substantial benefit. The update suggested that screening for patients aged 76-85 should be addressed on an individual basis considering their overall health, benefit from screening, ability to undergo treatment for diagnosed colorectal cancer and lack of comorbid conditions that would limit their life expectancy.



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Stages of Colorectal Cancer: goal of screening is to identify the precursor polyp before it can progress to a cancer



“Polyp Man”, Joe Canaletta and Dr. Matthew Siegel, Edward Hematology Oncology, standing in front of the inflatable colon

Healthy food choices and take-home centerpieces



Should you develop any of the following signs or symptoms it is recommended that you consult a physician:

- **Blood in your stools**
- **Narrower than normal stools**
- **Unexplained abdominal pain**
- **Unexplained change in bowel habits**
- **Unexplained anemia**
- **Unexplained weight loss**

To obtain more information about physicians at Elmhurst Memorial Hospital call the Physician Referral Line at 630-527-6363 or visit EEHealth.org