The Need For Coordinated Action Against Colorectal Cancer in Texas

Colorectal cancer (CRC) came to the attention of public health officials and cancer control experts in the USA because it is one of most common cancers and the second most common cause of cancer death. While most of these cancers can be prevented from occurring and most deaths can be avoided if the currently best available screening and treatment technologies are consistently applied to the entire population at risk. A major barrier to achieving possible levels of colorectal cancer control is due to community attitudes and lack of organizational, financial and societal commitments.

In 2008, an estimated 9,570 men and women in Texas will be diagnosed with colorectal cancer and 3,020 will succumb to it. Over the next ten years, with the rapid population growth and the increasing number of people over the age of forty, an estimated 100,000 Texans will be diagnosed with colorectal cancer, and 40,000 will die from it, if preventive measures are not implemented.

The risk of colorectal cancers increases with the age. Ninety percent are diagnosed starting at age 50 and older. While incidence rates are a little higher in males, women account for a greater proportion of the population over age 50. This results in overall similar number of cases being diagnosed in women as men. African–American men and women in Texas have higher CRC incidence and mortality rates than any other racial group. However, Non-Hispanic Whites account for a majority of CRC cases diagnosed because of the size of population. Colorectal cancer has been rapidly becoming a major problem among Hispanic Americans living in Texas.

Adenomatous polyps are a precursor for up to ninety percent of colorectal cancers. Adenomatous polyps are found in approximately one third of the general US population by the age of 50. Approximately half the population will develop one or more adenomatous polyps by age 70. These polyps generally produce no symptoms and their removal prevents them from becoming cancerous. The basic strategy for prevention of colorectal cancers is screening and consistent removal of adenomatous polyps.

Early stage colorectal cancer usually produces no symptoms. Treatment of early CRC results in over 90% cure rates. Patients diagnosed with advanced, metastatic colorectal cancer with the current systemic therapy may experience a meaningful prolongation of life but a majority will eventually succumb to progression of their disease. Screening for early stage colon cancer is behind the strategy to reduce illness and death rates in the population with CRC. Therefore it is important to look for adenomatous polyps and early cancers in persons who are at risk for them even if they have no symptoms. The use of screening tests, removal of polyps and early detection and treatment of colorectal cancer saves lives.

Because 90% of colorectal cancers are diagnosed in those 50 years old and older, the national consensus recommendations are that all men and women of normal health and otherwise at no increased risk begin preventive screening at the age of 50. Those with a family history of cancer or polyps are at an increased risk and may need to start screening earlier and more frequently. All men and women with colon symptoms should seek medical evaluation for diagnosis regardless of their age.

The just released national consensus screening guidelines recommend that all asymptomatic, average risk adults aged 50 years or older be regularly screened with **1) Tests that detect adenomatous polyps and cancer, such as:** a) colonoscopy every 10 years, or b) flexible sigmoidoscopy every 5 years, or c) double contrast barium enema every 5 years, or d) CT colonography every 5 years; **or 2) Tests that primarily detect cancer such as**: e) yearly guaiac based fecal occult blood test, or f) yearly fecal immunochemical stool test, or g) stool DNA test. Tests that detect both adenomatous polyps and early cancers are encouraged if resources are available, because removal of polyps decreases cancer rates.

In order to achieve the elimination of colorectal cancer as a cause of illness and death in Texas, it is essential that all those 50 years old and older be educated and motivated to seek immediate and consistent screening and removal of colon polyps and early colorectal cancer. It is equally important that the entire population practice primary prevention by adopting healthy lifestyles.

In 2003, the Lubbock Colon Cancer Prevention Task Force initiated the Lubbock Colorectal Cancer Demonstration Project with the objective to transform community health screening attitudes through a colon cancer prevention awareness campaign. The goal was that

by the end of 2008 at least 70% of those 50–years and older living in Lubbock County would be receiving CRC screening according to the American Cancer Society guidelines. The next target is to increase these numbers up to 90% by the end of 2011. The basic goal was to decrease age-adjusted CRC mortality in the Lubbock County by at least 50% by 2008–2010 period. The ultimate goal was to reduce CRC mortality in Lubbock County by 90% in 2011–2015 period. Over 56,000 men and women living in the Lubbock County are 50 years or older.

The Task Force in addition to the general public, also, targeted healthcare professionals with education about the risks of colorectal cancers, about the benefits of screening and that each health care providing site becomes a functioning cancer prevention unit.

Following a review of the published literature, the Task Force determined that at this time colonoscopy in experienced hands is the most effective method for detection and removal of polyps in the colon, as well as for detection of early and asymptomatic colorectal cancer. Consequently, the Task Force recommended colonoscopy as the screening tool of choice whenever possible. A broad application of colonoscopy to the population at the risk seemed to be the most reliable way to reach a reduction in death rates from colorectal cancer. However, if colonoscopy could not be done other screening methods have been recommended.

The Task Force partnered with the city, county and state governments, media, academic and health institutions, businesses, work-sites, voluntary organizations, private and state institutions and colorectal cancer survivors. The community coalition has conducted CRC prevention and awareness campaigns through multiple venues year around. Analysis of the Behavioral Risk Factors Surveillance System (BRFSS) data done at the University of Texas in Austin showed that the number of 50 year–olds or older who underwent colonoscopy/ sigmoidoscopy in Lubbock County increased to 66% by 2006 from 48% in the early 2000nds. The same year, 2006, colonoscopy/sigmoidoscopy rates were 56.3% in Texas and 57.1 in the USA.This suggested that the community–wide CRC prevention awareness campaign has had a positive impact on screening attitudes. Engaging survivors in the forefront of the campaign has given a human face to this cancer, torn down the wall of silence around this cancer, reduced objections to screening and motivated many to seek potentially life saving screenings. This community pilot project can be copied and implemented by communities throughout Texas.

However, there are numerous challenges to achieving maximal colorectal cancer control goals throughout the entire state.

In 2008, the projected population of Texas will reach 24,417,278. Of these 6,358,564 will be 50 years or older. This is the targeted population for screening by national consensus guidelines.

Approximately 80% of the entire Texas population lives in urban areas accounting for about 20% of the Texas land mass. The remaining 20% of the Texas population resides in rural areas, which account for up to 80% of the state land mass. Texas has the largest surface area in the contiguous 48 states of the USA, and is second in size only behind Alaska.

In Texas, the burden of CRC is as heavy in the urban areas as is in the rural areas. In our state unique challenges exist in delivery of preventive measures, health care and services to the population, due to geographic location, uneven distribution of population, the large size of the territory, distances to health facilities, the culturally and ethnically diverse population and of course the large rural population, all leading to severe health disparities. However, in order for Texas to maintain an economically competitive and prosperous position in the nation and world markets, these disparities need to be addressed and corrected.

At the present time there is no comprehensive plan on how to accomplish screening of such a large number of men and women living in Texas that are targeted by screening guidelines. A strategy for implementing such massive colorectal cancer screening needs to be developed. Accurate documentation of existing colorectal cancer screening facilities and their screening capacity in Texas is lacking. Therefore it is nearly impossible to determine what additional facilities should be developed, where and what would be the additional cost of these, in order to accomplish optimal colorectal cancer control.

Critical issues are the cost of screening and surveillance of colorectal cancer, who is going to pay for it and how? There are some major problems to be solved. At the present time, Texas has one of the highest percentages of uninsured population in the Union, certainly a definitive obstacle to receiving the recommended screening and health care. A projected

2,429,360 Texans are 65 or older and Medicare covers a majority of these. Medicare covers screening for CRC including colonoscopy but many have not yet been screened. The number of those in this age group that do not qualify for Medicare is unknown.

In 2008, there are 3,929,204 Texans in the 50–64 age group. At the present time it is difficult to come up with accurate data about what proportion of this population has adequate health insurance that covers unrestricted colorectal cancer screening. In the 2006 BRFSS Survey about one third of interviewed respondents with health insurance indicated that they never had any colorectal cancer screening tests. It is not clear to what extent the Medicaid population has received CRC screening according to the guidelines. A significant proportion of 50–64 year olds have no health insurance. The Texas Comprehensive Cancer Control Coalition's Costing out Texas Cancer Plan Work Group estimates that to cover the cost of the first year of screening of only 15% of the uninsured population in the age group 50–64 living at or below 200% of federal poverty level, would require 22.5 million in additional state funds. These estimates are based on the Medicaid reimbursement rate applied to 49,005 uninsured Texans of whom 75% would receive annual fecal occult blood testing and 25% would have colonoscopy screening as well as treatment of diagnosed polyps and colorectal cancer.

Implementing effective cancer control measures to reach the American Cancer Society's 2015 goals for 50 % reduction in age-adjusted colorectal cancer death rate in Texas will require coordinated action though out the entire state. This fight has to be taken to, organized and staged in every community, every county and every section of Texas. Everyone may become part of the problem; therefore everyone needs to be part of the solution. All citizens need to take a proactive approach and get involved

Texas Comprehensive Cancer Control Coalition members and its partners are in a position to help organize and sponsor Community Dialogues throughout the state in order to focus public officials, business leaders and the public's attention on colorectal cancer control issues, to mobilize public opinion and to lay the groundwork for development of a effective state–wide community based cancer control network. Lots of work needs to be done. However, only working together we can help to eliminate colorectal cancer as a cause of illness and death in our large community.

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