PCC NEWSLETTER

PREVENTING COLORECTAL CANCER

WINTER 2012

Not All Colonoscopies Are Created Equal

Steven J. Morris, MD, FACP, Board Chair
President, Atlanta Gastroenterology Associates

Colonoscopies are performed as a method of screening for colorectal cancer—removing polyps before they have a chance to become cancer, and detecting malignancies early while there is a high probability of complete removal and cure.

Steven J. Morris, MD, FACP

Colonoscopy can also be employed as a diagnostic tool to evaluate symptoms such as abdominal pain and change in bowel habits, as well as monitor patients with inflammatory bowel disease. Recent news reaffirms what has been widely believed for years by gastroenterologists—that no other test is as effective at preventing colorectal cancer. To achieve these results, however, it is crucial to receive a quality screening. In fact, one should consider a number of quality indicators.

In this Q&A, PCC Board Chair Dr. Steven Morris provides guidance on some basic questions a patient may want to ask before scheduling a screening.

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PCC Seeks Champions of Colon Cancer Prevention

Preventing Colorectal Cancer (PCC) is seeking nominations for the second annual *Champion Awards Program* to recognize individuals, groups and companies that provide either exceptionally high standards of care or who most effectively advocate for the prevention and early detection of colorectal cancer.

Founded in 2008, PCC's mission is to educate the public and key stakeholders about the opportunities to reduce the incidence of colorectal cancer by maintaining screening and care options for patients and their clinicians.

"Our goal is to spotlight those who share this organization's deep commitment to high-quality screening and effective advocacy for increased screening rates and display exemplary support of the fight against colorectal cancer," says Steven J. Morris, MD, FACP, PCC board chair and president, Atlanta Gastroenterology Associates. "This is one of the deadliest forms of cancer and is considered the second leading cause of cancer deaths, which is disturbing because colorectal cancer is also one of the most easily prevented forms of cancer."

Echoing Dr. Morris' thoughts, PCC Executive Director Randall Madry says, "We at PCC recognize that many people and organizations are making a real difference in the effort to increase the number of people who are screened for colorectal cancer, and we

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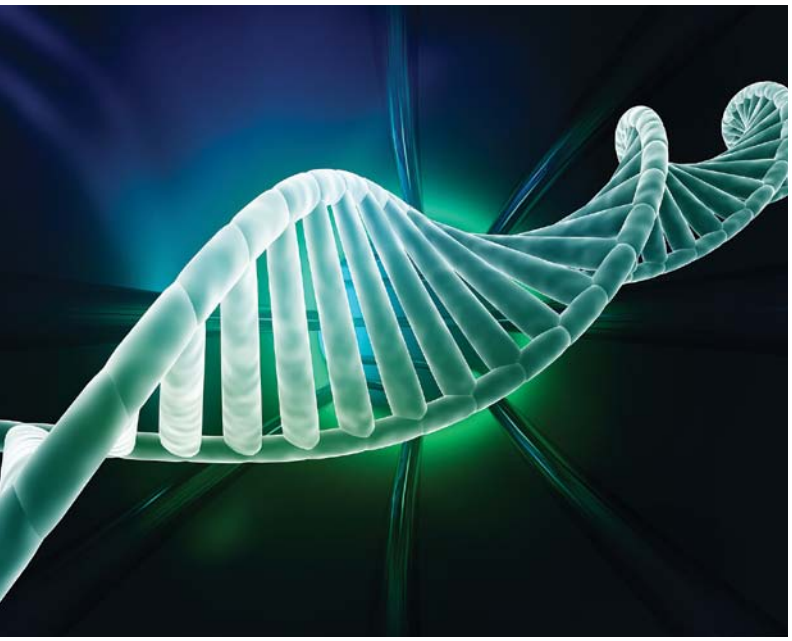
In this issue...

New Genomic Testing Option Available in 2012

Stage II Colorectal Cancer Patients Can Make Evidence-Based Treatment Decisions

The Mismatch Repair (MMR) status of a patient's tumor provides additional information about a patient's individualized prognosis. Studies have shown that stage II colon cancer patients with MMR-deficient (MMR-D) tumors have a lower risk of recurrence compared to patients with MMR-proficient (MMR-P) tumors.[1] Knowing a patients' MMR status may help stage II colon cancer patients and their doctors make more informed decisions about how to best treat their disease.

In MMR-P tumors, an intact MMR pathway corrects errors in DNA replication that occur routinely during cell division. In MMR-D tumors, the MMR pathway is compromised. Approximately 15 percent of stage II colon cancer patients have tumors that are MMR deficient.



MMR deficiency is also observed in Lynch Syndrome, a hereditary form of colon cancer, though the majority of patients with MMR-D tumors do not have Lynch Syndrome. However, patients with MMR-D tumors should speak with their doctors about further testing.

Recent studies have also suggested that patients with MMR-D colon cancer may be resistant to 5-FU based chemotherapy, but this remains an ongoing question of study.[2] Taken together, these findings have led to the consideration of MMR testing for assessment of recurrence risk in select stage II colon cancer patients in the NCCN (National Comprehensive Cancer Network) Colon Cancer clinical practice guidelines, although its clinical application to adjuvant treatment decision-making continues to evolve.

Knowing a patients' MMR status may help stage II colon cancer patients and their doctors make more informed decisions about how to best treat their disease.

Tumor MMR status can be ascertained in two different ways: 1) immunohistochemistry (IHC) to identify protein expression of known proteins in the MMR pathway, or 2) DNA-based PCR (polymerase chain reaction) analysis to assess the presence of microsatellite instability. Both methods have been shown to be highly concordant, with concordance rates of up to 97 percent reported in the literature.[3] Based on recent data, Genomic Health will begin providing MMR testing for recurrence risk assessment as part of the Oncotype DX service in late 2011.[1] •

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[1] Kerr D, Gray R, Quirke P, et al; A quantitative multi-gene RT-PCR essay for prediction of recurrence in stage II colon cancer: selection of the genes in four large studies and results of the independent, prospectively-designed QUASAR validation study; American Society of Clinical Oncology (ASCO) Annual Meeting, 2009.

[2] Sargent, *Journal of Clinical Oncology*, 2010

[3] Bertagnolli, *Journal of Clinical Oncology*, 2010

PCC SEEKS CHAMPIONS

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feel they should be recognized for their efforts and contributions to this critical part of the battle against colorectal cancer."

Nancy Roach, founder of Fight Colorectal Cancer, was the inaugural recipient of the award in 2011. PCC has worked on joint projects with Fight Colorectal Cancer, a leading colorectal cancer advocacy group in the Washington, DC, area, to push national colorectal cancer screening legislation through Congress.

The PCC *Champion Awards Program* aims to recognize:

- An individual or group practice that maintains a facility that offers the highest level of quality care and support.
- An individual or group that has acted as an effective advocate for the prevention and early detection of colorectal cancer.
- A stakeholder who has provided support to our mission statement and excelled in efforts to educate the public and key stakeholders about the opportunities to reduce the incidence of colorectal cancer through maintaining colorectal cancer screening and care options for patients and their clinicians.

Please visit our website, *www.preventingcolorectalcancer.org,* for more information and a copy of the application. Submissions must be received in the PCC offices by **February 25, 2012**. All applications will be reviewed by an awards committee and their recommendations will be forwarded to the board of advisors. Winners will be notified by March 15th, 2012, to coincide with Colorectal Cancer Awareness Month. •

Questions related to the program announcement, proposal format or required documentation should be submitted as early possible to info@preventingcolorectalcancer.org.

Nancy Roach (left), founder of advocacy group Fight Colorectal Cancer, accepts the first ***Champion Award of Colon Cancer Prevention*** *from Regan Weaver of Preventing Colorectal Cancer.*

Join PCC

What are the members of Preventing Colorectal Cancer doing?

- Bringing awareness to insurance companies about cost-savings associated with early diagnoses
- Contributing to grass root advocacy efforts on behalf of patients and doctors by taking their concerns to Capitol Hill
- Representing patient safety and doctor concerns to the FDA and other regulatory agencies when questions need to be asked and answered
- Accurately representing the concerns of physicians and facility managers on issues such as sedation, reimbursements, and ambulatory surgical centers

The benefits of becoming an organizational member include receiving the newsletter via email and printed format, invitation to participate in PCC committees and advocacy activities, policy briefings, and prominent positioning of your logo in the newsletter and on the PCC website. For more information, please call the office at (866) 333-6815. •

LEGISLATIVE CORNER

2012 Appropriations Bill Gets High Marks

Regan Weaver, PCC Communications Coordinator

The colorectal cancer community should be pleased with the appropriations bill passed in December 2011, which will fund the federal government through the remainder of fiscal year 2012. According to *Genome Web News* (December 19, 2011), the bill included a small funding increase of nearly $300 million for the National Institutes of Health (NIH). "The Senate and the House of Representatives have agreed to provide NIH a funding level of $30.7 billion, an increase of only $1.7 million over fiscal year 2011—but a change in the way an AIDS program would be funded under the plan would bring NIH a total increase of $299 million," *Genome Web News* stated.

NIH has performed studies trying to pinpoint exactly how to get more people screened for colon cancer. In 2010 a large panel study concluded that to increase the number of people over the age of 50 who are screened for colorectal cancer (CRC), out-of-pocket costs for screening tests and lack of access to a regular healthcare provider must be addressed. The panel's statement also recommended that reluctant individuals receive information to determine which of the available tests (e.g., fecal occult blood test, sigmoidoscopy, and colonoscopy) has the combined attributes they prefer in terms of invasiveness, frequency, and required preparation.

The findings were first presented at the 2010 NIH State-of-the-Science Conference and reviewed the available medical evidence regarding the utilization of CRC screening.

> *Despite evidence showing that screening for CRC saves lives, rates of screening for the disease are consistently lower than those for other types of cancer, particularly breast and cervical cancer.*

Based on this evidence and the input of conference attendees, the panel developed recommendations for ways to encourage more people at risk for CRC to get screened, and how the quality of screening could be improved. The panel released its findings in a statement that is available at *consensus.nih.gov.*

Colorectal cancer is the second leading cause of cancer-related deaths in the United States. Despite evidence showing that screening for CRC saves lives, rates of screening for the disease are consistently lower than those for other types of cancer, particularly breast and cervical cancer.

The panel's statement is an independent report and is not a policy statement of the NIH or the federal government. The conference, which is available via an archived webcast, was sponsored by NIH's Office of Medical Applications of Research and the National Cancer Institute, along with other components of the NIH and U.S. Department of Health and Human Services. For more details, please visit the conference homepage at *www.consensus.nih.gov.* •

IN THE NEWS

An Aspirin a Day May Help Prevent CRC for High-Risk People

People with Lynch Syndrome, a hereditary form of cancer also known as hereditary nonpolyposis colorectal cancer, have a much higher risk of cancer than the general population. A recent study funded by a consortium of cancer organizations and Bayer Corporation, followed 861 carriers of Lynch syndrome for about four years and found two aspirin a day may cut their risk of colon cancer by more than half. Visit *www.nlm.nih.gov/medlineplus/news.* •

Medicare Study Confirms Colonoscopy's Cancer Prevention Power

Dr. Yize Wang of the Mayo Clinic, Jacksonville, FL, presented the findings of a large retrospective analysis of Medicare data (1998-2002) at the American College of Gastroenterology meeting in November 2011. The multivariate analysis concluded colonoscopy was associated with a 73 percent reduction of distal colorectal cancer (hazard ratio, 0.27) and a significant 54 percent reduction of proximal colorectal cancer (HR, 0.46), compared with unscreened controls.

Sigmoidoscopy was associated with a 60 percent reduction of distal colorectal cancer (HR, 0.40), but no significant reduction in proximal colorectal cancer, compared to unscreened controls. The results from this large study population confirm that colonoscopy remains the preferred screening test for colorectal cancer, said Dr. Wang. See *http://www.familypracticenews.com.* •

One Third of Cancers Caused by Lifestyle Factors

A British study shows one third of all cancers are caused by four common lifestyle factors—tobacco, diet, alcohol, and obesity. This news should be encouraging for those who think their genes are their fate. For more information about which factors have the greatest influence on the likelihood of developing cancer, see *www.medscape.com.* •

Men More Likely to Skip Cancer Screenings

A recent study in the *Journal of Men's Health* found that men are less willing than women to undergo cancer screenings due to a variety of reasons, including: most cancer awareness campaigns in the media target women's breast cancer; there is a lack of government-sponsored men's cancer awareness campaigns; and studies indicate that women see their primary care doctor more often than men. Visit *http://www.cancercompass.com.* •

Colon Cancer Prognosis Worse for Obese, Type 2 Diabetics

Two new studies indicate that body-mass index (BMI) and a diagnosis of type 2 diabetes have an impact on survival rates after a colon cancer. Both studies found that deaths from any cause, including heart disease, were also increased in those who were obese or had type 2 diabetes.

Results of the studies are published online in the *Journal of Clinical Oncology* at *http://yourlife.usatoday.com.* •

NOT ALL COLONOSCOPIES

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PCC: What factors aid in making certain a patient has a complete and quality examination?

Dr. Morris: Many factors, including adequacy of prep, sedation, the latest equipment and the experience and technique of the colonoscopist, help ensure a quality colonoscopy. Let me expand on each of these points:

- **Prep:** Adequacy of the bowel prep is probably the single most important factor in ensuring a complete and quality colonoscopy. This is vital in maximizing the detection, recognition and removal of flat, potentially pre-cancerous growths in the colon known as sessile serrated adenomas. These lesions are often found on the right side of the colon, and though tiny, may have significant pre-malignant potential.
- **Sedation:** This factor is important for many reasons. PCC research has determined that fully sedated patients experience higher polyp detection rates as well as a more comfortable experience.
- **Equipment:** The latest technology includes colonoscopes and screens with high-definition (HD) imaging, giving a sharper and more detailed picture that can help clinicians find polyps they would have otherwise missed. Patients should not confuse these advances in technology with well-publicized CT Colonography, a radiology procedure that does not show any benefit for flat lesions and is not therapeutic.

PCC: Tell us more about technique and experience.

Dr. Morris: Polyps should be detected in 15 to 25 percent of adults for routine screening. Increasingly, it appears that the time the doctor spends looking at the colon, and his/her experience combined with the prep, equipment and sedation, are all important to maximizing detection and removal rates. In fact, a recent study reports that retroflexion in the right colon can increase polyp detection rates safely and successfully in 95 percent of patients. •

FOR MORE INFORMATION

To stay updated with the latest news, email *info@preventingcolorectalcancer.org* to join the mailing list or learn about the benefits of membership.

612 Third Street, Suite 2A
Annapolis, MD 21403
Toll free: (866) 333-6815
Email: *info@preventingcolorectalcancer.org*

contact