
Commissioner's Corner**COLORECTAL CANCER SCREENING***Joshua Lipsman, M.D., J.D., M.P.H.**Cheryl Archbald, M.D., M.P.H.**Mark Johnston, M.D., M.P.H.*

Colorectal cancer is the fourth most commonly diagnosed cancer and is the second most common cause of cancer death in the United States. It is estimated that 153,760 new cases will be diagnosed and 52,180 persons will die from colorectal cancer in 2007. In Westchester County there were 577 cases and 205 deaths during the period 1999 to 2003.

The leading risk factor for colorectal cancer is age. The incidence of colorectal cancer among persons age 60 to 79 is more than 50 times higher than it is for persons younger than 40, with men and women being equally affected.

Health disparities exist with this disease. African-Americans have a 15 percent higher incidence of, and mortality from, colorectal cancer than White Americans. This disparity has been widening in recent years, probably as a result of lower screening rates and later diagnosis in African-Americans. The American Cancer Society reports that colorectal cancer incidence and mortality rates are somewhat lower for Hispanics/Latinos, Native Americans, Asian Americans and Pacific Islanders than for White Americans.

About five to ten percent of patients with colorectal cancer have an inherited genetic abnormality that causes the cancer. Two such syndromes have been identified: familial adenomatous polyposis (FAP), and hereditary nonpolyposis colorectal cancer (HNPCC), also known as Lynch syndrome. Genetic testing should be considered for individuals with a strong family history of colorectal cancer, particularly when disease occurred at early ages. Regardless of genetic test results, patients with a family history of colorectal cancer should start screening at an earlier age than that recommended for the general population. Other patients who should start early screening are those with a personal history of colorectal polyps or inflammatory bowel disease.

Other associated risk factors for colorectal cancer include sedentary lifestyle, being overweight, smoking, and drinking more than four alcoholic beverages per week. In addition, diets high in red meat increase colorectal cancer risk while diets high in other sources of animal protein may decrease the risk. Some studies have suggested that a diet rich in fruits and vegetables decreases colorectal cancer risk. Daily use of aspirin, NSAIDs and COX-2 inhibitors is associated with lower risk of colorectal cancer, as is hormone replacement therapy in postmenopausal women.

Screening for colorectal cancer saves lives. The United States Preventive Services Task Force gives an 'A' recommendation to screening men and women 50 years of age or older for colorectal cancer. Several screening strategies are available. The strongest evidence for lives saved through screening comes from studies of annual screening with fecal occult blood testing (FOBT). A newer test called fecal immunochemical testing (FIT) is more sensitive and specific than FOBT and also must be performed annually. Screening colonoscopy every ten years is a popular option because it permits the removal of precancerous polyps. With this approach, the screening test becomes a preventive intervention, because early detection prevents the polyp from progressing to a cancerous lesion. Other screening options include flexible sigmoidoscopy or double-contrast barium enema every five years and flexible sigmoidoscopy every five years combined with annual FOBT or FIT.

(Continued on next page)

Commissioner's Corner... (continued from previous page)

Although the variety of options for colorectal screening should reduce barriers to screening, self-reported data indicate that only 24.5 percent of Westchester residents 50 years of age or older report having had FOBT screening within the past year; and 60 percent report having had a sigmoidoscopy or colonoscopy within the past ten years.

The Westchester County Department of Health is the lead agency for the Healthy Living Partnership of Westchester County (HLP), which provides free breast, cervical, and colorectal cancer screening to uninsured and underinsured Westchester County residents. The program began in 1999 and has grown to include partnerships with many of the primary and specialty care providers in Westchester County. The program provides annual FOBT screening for men and women 50 years of age and over who are at average risk, are uninsured or underinsured, and are asymptomatic for colorectal cancer. If an eligible client is found to have a positive FOBT result, he or she is referred to a partnering gastroenterologist at no cost for a consultation and colonoscopy or alternative diagnostic evaluation. Uninsured clients of any age who are at increased or high risk of colorectal cancer due to personal or family history of polyps, colorectal cancer or inflammatory bowel disease may also be eligible for a screening colonoscopy through the Health Department's program.

The Westchester County Department of Health is an active participant in the Westchester Colorectal Cancer Screening Initiative, in partnership with the American Cancer Society. The coalition has made strides in promoting screening and increasing awareness in both the public and professional sectors through community forums, letters to providers, presentations at hospital grand rounds, and outreach to community organizations that serve minority and medically underserved populations. The Westchester County Health Department is also an active participant in the Westchester County Cancer Community Coalition, a coalition coordinated by the Open Door Family Medical Center, the mission of which is to create a network of resources to address the issues of cancer prevention, screening and treatment for the uninsured and underinsured population of the County.

Providers involved in cancer screening are encouraged to join the Healthy Living Partnership in order to increase the number of Westchester County residents who can benefit from these important preventive health services. For more information please contact the Health Department at (914) 813-5227 or look at the Department's website at www.westchestergov.com/health. ♦

MEMBER IN THE NEWS

Dr. Marvin Moser, a White Plains physician for over 40 years and current Emeritus Chief of Cardiology at the White Plains Hospital Medical Center, was recently honored by the American Society of hypertension for his major achievements in hypertension research and education.

Dr. Moser is Clinical Professor of Medicine at the Yale University School of Medicine and Editor-in-Chief of the *Journal of Clinical Hypertension*.

He served as the Senior Medical Consultant to the National High Blood Pressure Education Program of the National Institutes of Health (NIH) from 1974 to 2002 and was twice honored by the NIH for his pioneering work in the treatment of hypertension.

In 2004, Dr. Moser was honored by the International Society of Hypertension for outstanding contributions in the treatment of hypertensive vascular disease.

Dr. Moser has been a member of the Westchester County Medical Society for over 50 years.