Earlier Colorectal Screening Urged for Key Groups

African Americans, diabetes, and female smokers are found to be at substantially above-average risk.

BY BRUCE JANCIN
San Francisco Bureau

HONOLULU — The possibility that earli-
er colorectal cancer (CRC) screening is warranted in selected major sub-
groups—most notably African Americans and women smokers—emerged as a cri-
tical theme at the annual meeting of the American College of Gastroenterology.

Current recommendations call for colo-
rectal cancer (CRC) screening to begin at age 50 in average-risk individuals. But ex-
isting evidence suggests that women who smoke, diabetics, and African Amer-
icans are at substantially above-average risk and may warrant aggressive screening.

A particularly strong case for an earlier start to screening can be made for African Americans. Indeed, a recent ACG position paper (Am. J. Gastroenterol. 2005;100:515-
23) concluded that “current research data would favor modification of the CRC screening guidelines for African Americans to begin screening at the age of 45.”

And that may not go far enough, ac-
cording to a coauthor of the report. “If you look at some of the data that are com-
ing out for prostate cancer, there really is a very strong body of evidence now that PSA screening of African Americans should begin at age 40 rather than 50. And I think GI will get there also,” Dr. Frank A. Hamilton said at a press briefing.

He cited, for example, California stud-
ies showing African Americans were more than twice as likely as whites to present with advanced CRC before age 50.

Nationwide, the overall incidence of CRC in 2000 was 20%–25% lower than in the peak year of 1985. But the incidence among African Americans was more than 12% greater than in whites during 1996-
2000. The disparity was particularly dis-
advantageous for African American women, whose CRC incidence was 17.5% greater than in white women.

CRC is the second leading cause of can-
cer deaths in the United States. Survival in affected African Americans is significant-
ly worse than in whites. Five-year survival in African Americans with CRC during 1992-1999 was 53%, compared with 63% among whites.

Although not all the evi-
dence is in, Dr. Hamilton said it appears that reduced access to screening among African Americans is the chief explanation for the disparity, rather than racial differ-
ces in tumor biologic aggressiveness.

“I think we’re finding more African American patients late with the disease. It may be a question of access rather than genetic differences,” added the gastroen-
terologist, who is branch chief at the Na-
tional Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, Md.

The Centers for Disease Control and Prevention recently received congressional authorization to develop model programs aimed at redressing racial health disparities, with particular focus on CRC, he noted.

Dr. Hamilton said there has been concern that it’s overly am-
bitious. After all, only about 45% of the el-
igible general population—that is, indi-
viduals 50 years and older—has ever had any form of CRC screening, a rate that lags behind screening for other cancers.

Elsewhere at the meeting, Dr. Anna L. Zisman, present-
ed an analysis of gender differences in the impact of to-
bacco and alcohol use on CRC risk. The study population included 2,652 pa-
ients diagnosed with CRC during 1993-
2003 who were included in the IMPAC Medical Registry Services Cancer Infor-
vation Resource, which features patient information obtained from more than 350 participating teaching and community hospitals.

Smoking and alcohol consumption are well-established CRC risk factors. But dif-
f erences in how they operate in men, when compared with women, weren’t ap-
precated until this study.

The mean age at CRC diagnosis in the study population was 68.2 years in men and 71 years in women. Women who were cur-
rent smokers or drinkers were diagnosed at a younger age than those who were not.

And if they were both current smokers and drinkers, the effect was magnified such that their CRC diagnosis was about 9.2 years earlier than in those who hadn’t used tobacco or alcohol for at least 1 year, if ever.

In men, the age gap was smaller, with cur-
rent smokers and al-
cohol users devel-
oping CRC 6.5 years younger.

A multivariate analysis showed the gender disparity was accounted for by a much greater impact of smoking on age of CRC on-
screening for advanced colorectal cancer before age 50.

African Americans were more likely than whites to present with advanced colorectal cancer before age 50.

BY SHERRY BOSCHERT
San Francisco Bureau

SALT LAKE CITY — Pediatricians and fam-
ily physicians choose different treatments for con-
stipation in infants and children, a survey of 845 physicians found.

Of the 141 family physicians who responded to the mailed questionnaire, 53% treated con-
stipation for longer than 3 months, compared with 84% of the 185 surveyed pediatricians, Dr. Douglas G. Field said.

Only 1% of pediatricians treated for less than 1 month, compared with 13% of family physicians.

He presented the find-
ings in a poster at the an-
ual meeting of the North American Society for Pediatric Gastro-

Many children with constipation need long-
term therapy to maintain a regular bowel pattern.

Many children with constipation need long-term therapy to maintain a regular bowel pattern.

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The difference between specialties in treat-
ment length might explain the higher success rate reported by the pediatricians surveyed, he added. Only 4% of pediatricians referred more than 25% of their patients with constipation to pediatric gastroenterologists, compared with 31% of family physicians.

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The initial age-adjusted analysis

SHOWED A SIGNIFICANT LINK BETWEEN FIBER INTAKE AND COLORECTAL CANCER, WITH MIDDLE-HIGH LEVELS OF INTAKE ASSOCIATED WITH A 16% LOWER RISK THAN THE LOWEST LEVELS. HOWEVER, AFTER THE DATA WERE ADJUSTED FOR POTENTIALLY CONFOUNDING RISK FACTORS INCLUDING NONDIETARY FACTORS, MILK AND RED MEAT INTAKE, AND ALCOHOL CONSUMPTION, “ONLY A NONSIGNIFICANT WEAK INVERSE ASSOCIATION WAS FOUND,” THEY SAID.

The findings were similar after the studies were combined and an-
alyzed as a single data set. Like-
wise, dietary fiber showed no ef-
f ect on cancer risk when the data were analyzed by subjects’ body mass index and by sources of fiber. Although the findings indicated that dietary fiber may not have a major effect on the risk of colo-
rectal cancer, “a diet rich in whole plant foods can still be advocated because it may reduce risks of other diarrheal disorders. “A true association between dietary fiber intake and risk of colorectal cancer may be underestimated in our study” be-
cause the CRC incidence was limited by possible errors in measuring fiber intake, they noted.

—Mary Ann Moon