

Colorectal Cancer Screening: The Next Two Years

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Colorectal cancer (CRC) is the third most common cancer in the world, accounting for 9.7% of all cancers other than non-melanoma skin cancers [1]. In 2012, 1.4 million new cases were diagnosed [2]. Recommended screening guidelines have shown the potential to prevent cancer by detecting precancerous polyps or cancer at an early stage when treatment is the most successful [3]. The most common strategies for screening are flexible sigmoidoscopy every five years, colonoscopy every ten years, and fecal tests annually [3]. The availability of effective CRC screening notwithstanding, screening remains underutilized [4-6]. Using data from the Behavioral Risk Factor Surveillance System (BRFSS), Klabunde et al. [7] reported the percent of the U.S. population up-to-date with recommended CRC screening was 65% in 2012, which shows an increase from previous years, but remains inadequate. Other developed countries suffer inadequate CRC screening as well. For example, Canadian data from 2011 shows that only 43% of individuals are up to date on CRC screening in that country [8]. Internationally, most Asian countries lack any kind of CRC initiative, and information regarding CRC screening initiatives in South America and Africa is scarce [9].

"80% by 2018," is a U.S. National Colorectal Cancer Roundtable initiative in which dozens of organizations are working toward the goal of achieving 80% of adults aged 50 and older screened for colorectal cancer by 2018 [10]. Achieving 80% screened by 2018 would be an important national milestone. However, there will remain a "hard-to-reach" group of individuals over age 50 who have never been screened. These individuals are more likely to be living in rural areas, men, have low income, less education, lack health insurance, and belong to certain ethnic groups [10]. Reducing CRC rates in these individuals likely will require strategies at multiple levels, including those that directly involve patients, healthcare providers, and health care systems [11]. Barriers to screening at the patient level include cost, transportation, health literacy, language and culture, and resistance to what is viewed as an unpleasant procedure [12]. Personal phone reminders, smart-phone "apps" and patient navigators have proven effective in improving screening use in some groups. Healthcare providers have been encouraged to seek a rapport with patients, providing educational activities and discussing screening options, and providing resources that support the individual's decision [13-14]. Systems change is also important. For example, screening for colorectal cancer increased in lower socioeconomic status individuals in recent years, which may reflect the Affordable Care Act's reduction of the financial barriers to screening [15]. Hence, individuals at risk for CRC, families, communities, healthcare providers, national and civic organizations, and researchers, should continue to establish new partnerships and develop new strategies that target the "hard-to-reach," while at the same time achieving population-wide goals for CRC screening. We believe that increased funding is necessary to foster those crucial partnerships.

The variety of available screening tests makes increased CRC prevention possible for most countries [9], although for many the fecal occult blood test (FOBT) remains the most viable option [16]. Emerging global consortiums, such as The International Colorectal Cancer Screening Network (ICRCSN) [17] have been working to develop a network of CRC screening programs on all continents, which seems vital to reducing the burden of CRC worldwide. As CRC screening efforts move forward in all nations, the lessons learned as the U.S. reckons with the goal of "80% screened by 2018" should prove useful.

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