



Strang Cancer Prevention Institute
Dedicated to Promote Cure by Early Detection and Research to Prevent Cancer since 1933

Prevention

National Colon Cancer Prevention Month March 2019

COLON CANCER AWARENESS MONTH

COLORECTAL CANCER SCREENING

Thinking about Screening: This month, we consider colorectal cancer screening and scientific reports in 2019. The goal remains the same, increasing its use.

Can a Low-Fat Diet Replace a Clear Liquid Diet before Colonoscopy? A single-center Spanish randomized trial compared a clear-liquid diet to a normocaloric low-fiber diet the day before the colonoscopy. Both groups received 4 L of polyethylene glycol in a split-dose regimen. Low-fiber diet patients more often had adequate bowel preps (96% vs. 89%, $p=0.04$) but also less hunger and “fluid-intake perception.”¹

The Effect of the Affordable Care Act on Colorectal Cancer Screening in Kentucky: Kentucky has the highest cancer incidence and death rates. After Medicaid expansion, colorectal screening increased 230%, with accompanying increases in the proportion of early-stage disease (9.3%) and survival (HR 0.73).²

Two Strategies to Increase Colorectal Screening: Studies tested two strategies to increase colorectal cancer screening rates, **small financial incentives to return a fecal immunochemical test (FIT)** and use of a **“decoy” (adding an unattractive alternative option) to increase intention to undergo colonoscopy**. In the first study, 3 forms of a \$10 incentive (\$10 sent with kit, \$10 offered when returned and a 10% chance of winning \$100) did not increase FIT return at 2 or 6 months, perhaps because the incentive was too small.³ In the second study, adding the option of a less convenient hospital increased the intention to screen, simplified the screening decision and left information seeking and knowledge acquisition unchanged. The study only tested stated intention to undergo colonoscopy, but supported the concept of this psychological “nudge”.

Is Colorectal Screening Still Cost-Effective? An international systematic review of published studies from 2010-2017 found that all forms of colorectal cancer screening, including CT colonoscopy, remain cost-effective. Most cost-effective was colonoscopy every 10 years.⁵

References

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The Strang Cancer Prevention Cookbook

Walnut-Raisin Bread

Reduce your Risk for Cancer by Eating a Healthy Diet!

2 Loaves

3 cups warm water
1 1/4-ounce envelope active dry yeast
4 cups whole wheat flour
1 tablespoon plus 1 teaspoon salt
1/4 cup honey
1/4 cup walnut oil
2 tablespoons olive oil
1 cup crushed walnuts
3/4 cup raisins
2 1/2 cups all-purpose flour



In a small bowl combine 1/2 cup of the water with the yeast. Stir lightly to combine and let sit for 5 minutes.

In a mixer or mixing bowl combine the whole wheat flour and salt. Make a small well in the center by pushing the flour to the sides. Pour the yeast, remaining water, honey and walnuts and olive oils into the center; mix. Add the walnuts, raisins and 1 cup of the all-purpose flour and mix. Add the remaining all-purpose flour 1/3 cup at a time, working the dough together; it should be moist and lightly sticky.

Place the dough on a work surface dusted lightly with flour and knead for 8 minutes until the dough is soft and elastic (add more flour only if the dough is very sticky).

Place the dough in a large, lightly greased bowl, cover tightly with plastic wrap, and let rise in a warm (but not hot) place until doubled in size, about 1 1/2 hours.

Punch down the dough and shape into 2 oval loaves. Line a baking sheet with parchment paper sprayed lightly with cooking spray. Place the loaves on the baking sheet and let it rise until almost doubled in size, about 40 minutes.

Preheat the oven to 375 F. Bake the loaves on the middle oven rack for 40 to 45 minutes, rotating the pan midway through baking; the bread should be browned lightly. Lift off the baking sheet; the loaves should sound hollow when tapped on the bottom.

Calories 161, Protein 5g, Carbohydrates 25g, Fat 5g, Cholesterol 0 mg, Dietary fiber 3g, Saturated fat 1g

Phytochemicals: phytic acids, plant polyphenols (phenolic acids), plant sterols, protease inhibitors

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