



Strang Cancer Prevention Institute

Dedicated to Promoting Cure by Early Detection and Research to Prevent Cancer since 1933

Prevention

National Colon Cancer Prevention Month March 2025

COLON CANCER AWARENESS MONTH

COLON CANCER AWARENESS

Note to readers: Innovation is essential to cancer prevention. New analytic, outreach and treatment approaches, including precision medicine techniques, such as genomic data, will continue to transform cancer prevention. Strang will continue to highlight novel approaches in cancer prevention.

Summary: Artificial intelligence (AI) assistance for colonoscopy increases polyp detection.¹ Extending the colonoscopy screening interval from 10 years to 15 years may be safe.² Automated outreach followed by personalized reminders increased colonoscopy screening by 40-50%.³ A **diabetes risk-reduction diet** may also reduce colon cancer risk.⁴ Adding a **cup of beans daily** reduces **inflammation**, improves the **gut microbiome**, and may **reduce** the risk of **colorectal cancer**.⁵

SCREENING

A longer interval after a negative colonoscopy from 10 to 15 years may be safe: Because a colonic polyp takes **about 10 years to become a cancer**, the **interval** between a **negative colonoscopy** (no polyps, precancers or cancers) and **the next** one has been **10 years**. A Swedish study compared patients aged 45-69 years with no family colon cancer history whose first colonoscopy was negative (no polyps, precancers or cancer) to control patients **who didn't have a colonoscopy**. Their **colon cancer and death rates** were the **same for 15 years** of follow-up. **For every 1000 patients, a 15-year interval** between colonoscopies would **prevent 2 colon cancers** and **avoid 1000 colonoscopies**.²

Outreach increases colonoscopy screening. A community-based Kaiser Permanente Northern California (KPNC) screening program contacted patients aged 50-75 who were late on colonoscopy screening. **Automated outreach** – mailed prescreening post-cards and fecal immunochemical test [FIT] kits, automated telephone calls, and postcard reminders – followed by **personalized outreach for non-responders** – telephone calls, electronic messaging, and offers of screening during office visits. Depending on demographic/ethnic group, **automated outreach increased screening from 30%-38%** and **personalized outreach added another 12-15%**. Outreach had a big impact in all racial and ethnic groups.³

Randomized trial confirms AI-assisted colonoscopy finds more polyps and more people with polyps: Colonoscopy detects colorectal cancers early. **Finding polyps prevents cancers** by removing them **before they become cancers** and identifies **higher-risk patients** who need **more frequent screening**. The randomized **COLO-DETECT** trial compared colonoscopy assisted by the **GI Genius computer-aided detection module** with standard colonoscopy. It found that **30% more polyps and 50% more patients with polyps** than standard colonoscopy. AI appears to improve polyp detection, a critical task in screening colonoscopy.¹

SCREENING/PREVENTION

Following the **diabetes risk reduction diet (DRRD) reduces colon cancer risk:** The **DRRD score gives higher values** for consuming more **cereal fiber, fruit, coffee, and nuts**, more polyunsaturated fats, and less **sugars, red/processed meat, sweetened beverages and fruit juices**. An Italian case-control study using a validated food-frequency questionnaire found that patients **most adherent** (top third) were **23% less likely** than the least adherent (bottom third) to have colon cancer.⁴

Adding a cup of beans to any diet reduces inflammation and improves bowel health. In a **4-week crossover study** (2 weeks with, or without, extra beans and then switched for 2 weeks) of 55 patients, their colon's **microbiome** (the mix of "good" and "bad" bacteria) **improved** and **inflammation decreased**, which may reduce cancer risk. The changes went away when returning to their usual diet. Diet changes can be helpful but must be sustained.⁵

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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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