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 2023

COLON CANCER AWARENESS MONTH

COLORECTAL CANCER AWARENESS Note to readers: Innovation is as essential to cancer prevention as to cancer treatment. Genomic data support precision prevention as well as precision medicine. Novel outreach strategies can extend the reach of prevention. Strang will highlight novel approaches in cancer prevention as we have the obstacles Covid created.

INNOVATION IN CANCER PREVENTION

CANCER PREVENTION DURING COVID **Low follow-up colonoscopy rates after positive stool-based tests:** Many patients **prefer non-invasive stool-based tests** (SBTs) to colonoscopy. However, **follow-up colonoscopy (FU-CY) after positive SBTs is necessary** to complete colorectal cancer screening. In a **cohort study of over 32,000 patients** from 39 health care organizations (HCOs) from 2017-2020[1], the **FU-CY rate was 56%** within a year. Providers from 5 HCOs were uniformly **surprised by low FU-CY rates. FU-CY rates were 63% higher after DNA SBTs** compared to chemical SBTs **and lower with more patient comorbidity and during early COVID.** Strategies to increase FU-CY are needed. Positive DNA-based stool tests may be stronger incentives for FU-CY.
Stool DNA testing increasing, fecal occult blood testing falling: A large claims database found that stool DNA (**sDNA) testing increased from 2% to 14%,** while fecal occult blood (**FOB**) **testing decreased from 18% to 7%.** The proportion of **patients** who were **up to date on CRC screening rose from 50% to 70%.**[2]

SCREENING **Out-of-pocket (OOP) charges** are **not** the **major obstacle colorectal cancer rates:** The **Affordable Care Act (ACA)** requires that colorectal cancer (CRC) screening be covered without cost sharing**.** However, some patients with a positive SBT face potential cost-sharing for a follow-up colonoscopy, a potentially important **barrier** to CRC.[3] **Kentucky (2016) and Oregon (2017)** passed **laws to prevent charges for follow-up colonoscopy**. A large **claims database study** compared screening rates in Oregon and Kentucky to neighboring states after the laws were passed. In **Oregon, CRC screening was 6% higher** than neighboring states, but **Kentucky was no different from its neighbors**.[4] Other obstacles, such as health literacy, outreach, transportation, access to care, will need to be addressed to increase CRC screening rates.
Screening rates improved from 2011 to 2019 but **suboptimal:** In a claims-based cohort study, patients up to date in colorectal cancer screening rose from **50% in 2011 to 70% in 2019**. After the **multitarget stool DNA (mt-sDNA) test** became available in 2016, its **use rose from 2% to 14%.** The target screening prevalence is 80%.[2]

SCREENING/PREVENTION **Detecting adenomas signals colonoscopy quality:** In a large cohort study of 735,000 patients and 850,000 colonoscopies, post-colonoscopy **colorectal cancer and death rates** were **lower** for endoscopists who found **adenomas at or above the median rate** of 26%. **CRC incidence was 39% lower** and **mortality was 74% lower** after 7 years.[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 ½ 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 ½ 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 (phelonic acids), plant sterols, protease inhibitors

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March is National Colon Cancer Awareness Month

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