

On Screening, Early Detection, and Saving Lives

By JNHMA Editorial Board

This second issue of the Journal of the National Hispanic Medical Association includes several articles important to our community. The manuscripts range from language access to mental health, diabetes, colon cancer, mentorship, and climate change.

As an oncologist, my attention was drawn to the paper on The Impact of the COVID-19 Pandemic on the Presentation of Colorectal Cancer in the Puerto Rican Population. From an oncology perspective, a diagnosis of colon cancer is a failure of screening efforts. Screening identifies disease early before symptoms are apparent. The carcinogenic process for colorectal cancer has been well-delineated and is estimated to be in the range of ten to fifteen years. Colorectal cancer screening with a colonoscopy provides an opportunity for early detection of a malignancy and for treatment of a premalignant lesion. If a colonoscopy is not feasible, stool-based tests are also available.

The recently updated recommendations by the U. S. Preventive Services Task Force (UAPSTF) take into consideration cancer risk across the lifespan. As younger people are being diagnosed, the age for screening onset has dropped to 45 years of age for persons at average risk. Persons with a family history or a genetic mutation should speak with their doctor regarding when to start screening. As people are living longer and living well longer, screening can continue to age 85 based on clinical judgment and shared decision making. Individual factors that can be taken into consideration include the person's overall health, prior screening results, and life expectancy.

According to the Centers for Disease Control and Prevention (CDC), in 2020, just over two-thirds of eligible adults were up to date on colorectal screening. According to the CDC, a 10% increase in screening, would result in a 20% drop in colorectal cancer diagnoses, a 30% drop in deaths, and a drop in health care costs.

Despite these benefits, less than half of Latinos/Hispanics eligible for colorectal screening have been screened with only a third of diagnoses being in an early stage. With the shift to younger age of diagnosis, Latinos/Hispanics experienced the greatest increase in colorectal cancer incidence in those 20 to 29 years of age (Montminy). Co-morbidities such as diabetes and being overweight appear to increase risk along with hereditary and lifestyle factors (sedentary lifestyle, limited fruits and vegetables, processed meats, and increased psychosocial stress).

The article by Martínez-Valcárcel reminds us that barriers to screening, such as the COVID-19 pandemic, delay diagnoses and result in advanced disease. We work with our communities to increase colorectal cancer screening and other cancer screenings because screening and vaccinations save lives.

1. CDC. Health and Economic Benefits of Colorectal Cancer Interventions. December 21, 2022. (Accessed November 10, 2023). <https://www.cdc.gov/chronicdisease/programs-impact/pop/colorectal-cancer.htm>

2. Montminy EM, Zhou M, Maniscalco L, Heda R, Kim MK, Patel SG, Wu XC, Itzkowitz SH, Karlitz JJ. Shifts in the Proportion of Distant Stage Early-Onset Colorectal Adenocarcinoma in the United States. *Cancer Epidemiol Biomarkers Prev.* 2022 Feb;31(2):334-341. PubMed PMID: 35082122