Follow up questions from NNN’s “Colorectal Cancer and Diabetes” Webinar on March 13th, 2019

“Dr. Brooks, Do you know of any current research/studies being done in Indian country on AI early onset CRC?”

Dr. Brooks’ Response: As of May 2018 the American Cancer Society recommends that colorectal cancer (CRC) screening for all average risk people begin at age 45. The US Preventive Services Taskforce guideline (last updated in 2016) recommends average risk screening start at age 50. The Taskforce is currently reviewing new evidence (including evidence from the 2018 ACS update) to determine whether a change in their recommendation is warranted. In the meantime, the CDC and most organizations funded through federal agencies (IHS, HRSA, etc.) continue to follow the 2016 USPSTF guidelines to begin screening at age 50.

There is work underway in Alaska to investigate why Alaska Natives experience high rates of CRC and high rates of early onset CRC. Because of the high rates of CRC in the Alaska Native population the Alaska Native Medical Center published a guideline a few years ago recommending that screening begin at age 40 for all average Alaska Natives, and this guideline is followed by a number of organizations in that state. To my knowledge there has not been similar work or similar guidelines relating to the American Indian population. Even if your organization has not shifted to an earlier recommended screening age for average risk individuals there are a couple of important issues to keep in mind:

- A significant portion of most medical practices (usually 2 or 3 out of every 10 people) has CRC risk factors that put them at increased risk for the disease (mainly family history of CRC or polyps). Screening guidelines for these increased and high risk people are different; most need to begin screening by age 40 or earlier. However for many of these people their risk factors are not recognized or acted on so they don’t get the earlier screening that is recommended by guidelines. The slide deck at the following link provides information on a toolkit developed to help identify and address those at increased risk of CRC. (http://nccrt.org/wp-content/uploads/NCCRT_FH-Toolkit_-June19_Webinar_Final.pdf)

- Most practices do a poor job of screening people in their 50’s. Less than half of people age 50-54 years are up to date with screening, and the numbers remain low up until age 65 when Medicare enrollment appears to boost screening. If your practice guidelines says start at 50 the START SCREENING EVERYONE AT 50.

“Dr Brooks can you share recommendations for increasing cancer screening in rural communities?”

Dr. Brooks’ Response: The main thing that can be done in rural communities is increase the use of stool testing. Many people aren’t willing to travel long distances for a screening colonoscopy, but a test they can do at home is much more appealing. However this often first requires educating the doctors and other providers in those rural environments about the value and effectiveness of modern stool tests. As I discussed in my presentation, high quality fecal immunochemical tests (FIT) can detect 70% to 75% of cancers.
Also keep in mind that Medicare and many private insurers are now covering FIT/DNA testing (Cologuard) which is another high quality stool test.

"Would the whole food plant based diet be the ideal diet that excludes all meat dairy and eggs? Or should there be fish?"

**Dr. Brooks’ Response:** I was not suggesting eliminating all meat and dairy for the diet, but improving the balance; more plant-based foods and less meat/dairy. Fish may have some health benefits over red meat/processed meats – but increasing fruit and vegetable was the main point I was trying to make.

**Dr. Desaulniers’ Response:** That is an excellent but complicated question. There was a recent publication from the EAT-Lancet Commission of Food, Planet and Health that provides a thoughtful overview. It includes a detailed discussion of the value of the plant-based diet and the human and planetary health issues involved in animal product consumption. [https://www.thelancet.com/commissions/EAT](https://www.thelancet.com/commissions/EAT)

The lead author, Dr. Walter Willett presented a Webinar for the IHS Diabetes Program on 3/8. It should be posted in April (for CE credit). [https://www.ihs.gov/diabetes/training/](https://www.ihs.gov/diabetes/training/)

Our diabetes program has many resources for nutrition education. Our educators do not promote a specific diet – but advocate taking a patient-centered approach. It is important to respect cultural traditions, social issues and to be aware of issues regarding food availability and food insecurity. Our educational materials attempt to address these issues. [https://www.ihs.gov/diabetes/education-materials-and-resources/index.cfm?module=productList](https://www.ihs.gov/diabetes/education-materials-and-resources/index.cfm?module=productList)

“Do you know if the UPSTF will follow ACS on the CRC screening guidelines, many of IHS facilities follow the USPSTF”

**Dr. Brooks’ Response:** As stated in response to the first question above, the USPSTF is currently reviewing new evidence (including evidence from the 2018 ACS update) to determine whether a change in their recommendation is warranted. This process is just beginning, and based on their prior work it may take up to 2 years before they publish an update.

Meanwhile, if your organization follows USPSTF guidelines, recall that those guidelines are only for average risk (USPSTF has not developed separate guidelines for increased or high risk patients). So keep in mind that:

- A significant portion of most medical practices (usually 2 or 3 out of every 10 people) has CRC risk factors that put them at increased risk for the disease (mainly family history of CRC or polyps). Screening guidelines for these increased and high risk people are different; most need to begin screening by age 40 or earlier. However for many of these people their risk factors are not recognized or acted on so they don’t get the earlier screening that is recommended by guidelines. The slide deck at the following link provides information on a toolkit developed to help identify and address those at increased risk of CRC. [http://ncrtn.org/wp-content/uploads/NCCRT_FH-Toolkit_June19_Webinar_Final.pdf](http://ncrtn.org/wp-content/uploads/NCCRT_FH-Toolkit_June19_Webinar_Final.pdf)

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