March - Colorectal Cancer Awareness

March is Colorectal Cancer Awareness Month. We can do our patients with inflammatory bowel disease (IBD) a service by providing information about the risk and prevention of colorectal cancer (CRC) and by providing them with reliable resources. It is also a great time to remind your patients to keep up with general health maintenance such as yearly skin cancer screening, eye exams, dental checkups, pap smears, and prostate exams.

TIP #1: Help your patients understand that surveillance colonoscopies are particularly important for individuals with IBD because IBD increases the risk of developing CRC. In addition, if your IBD patient has primary sclerosing cholangitis (PSC) they require annual colonoscopies.

Increased risk associated with the IBD diagnosis starts at 8 to 10 years after diagnosis (Crohn’s & Colitis Foundation, 2013). Several studies report that IBD patients have a 2 to 5 times higher risk than the general population in comparable age groups (Guagnozzi & Lucendo, 2012). Stressing the importance of surveillance colonoscopies to your patients will also assist in helping them remember the date of their last colonoscopy and when the next surveillance exam is necessary.

TIP #2: Let your patients know that the symptoms of IBD can mask the symptoms of CRC.

Symptoms of CRC such as fatigue, diarrhea, cramps, bloating, blood in stool, weight loss, and abdominal pain may be mistakenly attributed to IBD because these symptoms are similar to those periodically experienced in the course of living with Crohn’s disease and ulcerative colitis. For these reasons, it is especially important for patients with IBD to understand the crucial need to follow through on surveillance CRC screening schedules, as determined by the health care provider, in accordance with the patient’s individual history and circumstances.

TIP #3: Reassure your patients that most individuals with IBD will never develop CRC, and yet, maintaining the appropriate screening schedule is the best way for prevention and early detection of CRC, thereby resulting in better long-term outcome.

Nurses who encourage their patients to maintain the appropriate screening schedule can help increase the chances that, if CRC develops, it will be caught early and will be in a highly treatable stage. All of this information, and more, can be obtained in a downloadable brochure available from the Crohn’s & Colitis Foundation website (Crohn’s & Colitis Foundation, 2013).

TIP #4: Familiarize yourself with the range of CRC screening recommendations for individuals with IBD.

Each professional society of gastroenterologists (American Gastroenterological Association, American College of Gastroenterology, European Crohn’s and Colitis Organization, and British Society of Gastroenterology) has its own screening guidelines. Guidelines are determined by patient characteristics such as the length of time since diagnosis and the location of diseased tissue. They are also based on studies that examine effectiveness of several surveillance technologies in the detection of colorectal cancer.

For example, according to SCENIC guidelines, when performing surveillance with white-light colonoscopy, high definition is recommended rather than standard definition. Dysplasia is identified in twice as many patients undergoing HD endoscopy compared to standard definition (Laine, 2015; Subramanian, 2013). In a study by Yu, et al., when performing surveillance colonoscopy, chromoendoscopy is recommended rather than standard or HD white-light colonoscopy. Another study found that when performing surveillance with high-definition colonoscopy, chromoendoscopy is suggested rather than white-light colonoscopy (Laine. 2015). Visit the American Society for Gastrointestinal Endoscopy website to learn more about these
studies. More investigation on surveillance for colorectal cancer will help providers make the best recommendations for their patients and providers should discuss these options with their patients.

See Table 1 at the end of these tips.

**TIP #5** Provide your patients with strategies for reducing risk of CRC through the adoption of simple healthy lifestyle habits that represent controllable variables related to level of risk for CRC.

Patients cannot choose CRC risk factors such as their genetic make-up, or their age, or whether or not they have IBD. However, every day, patients with IBD choose the foods and drinks that they consume and the activities in which they engage. Therefore, dietary intake and activity level are important controllable variables related to CRC risk. Nurses can disseminate the good news that an estimated 45% of U.S. CRC cases might be prevented through the adoption of simple lifestyle changes (American Institute for Cancer Research, 2013). By visiting the American Institute for Cancer Research (AICR) website, nurses can equip themselves with quickly and easily shared recommendations for patients in the natural course of delivering standard nursing care.  
See Table 2 at the end of these tips.

**TIP #6** Make sure your patients know that taking their IBD medications on a regular basis, as prescribed, reduces their risk of CRC.

This month is a good time for nurses to emphasize that individuals with IBD further decrease their risk of CRC when they reduce intestinal inflammation by practicing consistent medication adherence (Crohn’s & Colitis Foundation, 2013).

Table 1: Summary of the differences in recommendations for colorectal cancer surveillance for patients with IBD (adapted from Guagnozzi & Lucendo, 2012).

<table>
<thead>
<tr>
<th>Guidelines</th>
<th>Beginning of Surveillance (years after diagnosis)</th>
<th>Surveillance Schedule</th>
<th>Endoscopic Technique Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGA 2010</td>
<td>8 years (pancolitis) 15 years (left-sided colitis)</td>
<td>Every 1-3 years. Yearly colonoscopies if PSC.</td>
<td>Not mentioned</td>
</tr>
<tr>
<td>ACG 2010</td>
<td>8-10 years</td>
<td>Every 1-2 years</td>
<td>Not mentioned</td>
</tr>
<tr>
<td>ECCO 2008</td>
<td>8 years (pancolitis) 15 years (left-sided colitis)</td>
<td>Every 2 years (1-2nd decade) Every year (3rd decade) Every year if PSC.</td>
<td>Chromoendoscopy (For more information on chromoendoscopy, see Subramanian, Mannath, Ragunath, &amp; Hawkey, 2011)</td>
</tr>
<tr>
<td>BSG 2010</td>
<td>10 years</td>
<td>Every 3 years lower risk Every 2 years intermediate risk Every 1 year for higher risk</td>
<td>Chromoendoscopy</td>
</tr>
</tbody>
</table>

AGA, American Gastroenterological Association; ACG, American College of Gastroenterology; ECCO, European Crohn’s and Colitis Organization; BSG, British Society of Gastroenterology
Table 2: Examples of lifestyle recommendations for CRC prevention (adapted from American Institute of Cancer Research and American Cancer Society websites, 2013)

<table>
<thead>
<tr>
<th>Source</th>
<th>Recommendations for reducing CRC risk</th>
<th>Notes</th>
</tr>
</thead>
</table>
| AICR   | 1) Fit activity into your day  
2) Stay a healthy weight and watch out for belly fat  
3) Eat plenty of fiber  
4) Cut red meat and processed meat consumption  
5) Go moderate on the alcohol  
6) Enjoy plenty of garlic | Each of these six recommendations suggests one small “first step” to get started in the right direction. More information about the research on which these recommendations are founded is contained in the 2010 Continuous Update Project Report: Colorectal Cancer, a joint project of the AICR and the World Cancer Research Fund (2013). |
| ACS    | 1) Don’t smoke  
2) Don’t cook meats using high temperatures  
3) Generously consume fruits and vegetables  
4) Generously consume foods rich in calcium and vitamin D | |

AICR, American Institute of Cancer Research; ACS, American Cancer Society

References


Crohn’s & Colitis Foundation Colorectal Cancer Resources:
- Bringing Light to Colorectal Cancer
- Frequently Asked Questions: Colorectal Cancer
- IBD & Colorectal Cancer - I'll Be Determined

Additional websites: