

DR. WHITNEY JONES: Well, the paper that was published confirms the findings of many other studies, and there is a alarming increase in young onset colorectal cancer, particularly rectal cancer, over the last decade. As we've seen a fall in the mortality and incidence of colorectal cancer in the over 50 age group, up to 20%, we've seen a dramatic increase in colorectal cancer incidents and deaths in the under 50 age group.

GRACE DE LA ROSA PERRIN: I was 38 when I was diagnosed. At that point, I just had my son, maybe he was probably three. My daughter was 15, I believe, at the time. I was a fitness competitor. I ate well 85% of the time, so I mean, who's going to think that I'm going to be sick in the stomach.

I went to my doctors for some other problem. I think it was because I was so tired. I couldn't finish a workout session. And going up and down the stairs, I would literally stop at the top of the stairs and have to catch my breath. OK, fitness competitor, that doesn't make sense.

Go to the doctors. I'm tired. I get a call four hours later from my doctor, and he says you have to go to Bethesda, Maryland right now. We lived in Maryland at that time, southern Maryland. Took two hours to get there. I stayed overnight, and they did a whole bunch of tests, and that's when I found out.

DR. WHITNEY JONES: Well, I think the paper really has three major suggestions, which is number one the importance of family history or underlying risk factors cannot be understated. And these need to be not just identified, but identified at the proper time, so identifying these later in a strategy where we think 50, 50, 50 really is too late. And so it speaks to the focus of an important topic-based conversation between a physician and the patient about this.

And again, 75% of these cancers occur in the under 50 age group between 40 and age 50. And so as we have a discussion about what that proper age is, I think that we have to focus, though a communication strategy focused early is important. So that's number one.

Number two, it's extremely important that people understand that the symptoms of colorectal cancer are very similar in the 40-to-50 age group or even younger as they are and the over 50-- anemia, unexplained abdominal pain, particularly rectal bleeding. The majority of these cancers are in the left part of the colon, the rectum and the left colon, and so they're going to present with some of those classic symptoms.

All too often people are either delay treatment and evaluation by the physician, because they think 50 is not the time. And likewise, physicians sometimes delay diagnostic testing. So I think the second take-home message is you have to promptly evaluate the symptoms both as a patient and as the provider.

And finally, the third issue is that really more education is a great idea. We know that even though mortality for the over 50 age group is declining, that 50 to 55 five-year segment is really flat. And so again, it speaks to the fact that their disease probably began in their late 40s, but unfortunately, wasn't diagnosed until then, and therefore, we're not making that.

So I think a real shift in the communication strategy to address this issue, to support better the current screening strategy really, to me, are the three take homes.

GRACE DE LA ROSA PERRIN: And like I said, you are your best advocate. You know your body more than anyone else. I don't care how many years that doctor has gone to school. If you that is not your normal, then that is not your normal, and you need to let your doctor know about that.

DR. WHITNEY JONES: Most importantly though, if you're having problems and your physician is not connecting with you and recommending the appropriate testing, you should either ask him directly and specifically. And if that fails, then I think you should feel free to get a second opinion.

Again, it's your body. You're going to have to deal with this. We know that the diagnosis are delayed based on this study, and so don't let that happen to you.

I think in the research arena, there's really three areas that need to be evaluated. Number one, we need to understand more about the biology and young onset colorectal cancer. That's clear. Number two, we have to understand how we shift what we all accept as everybody needs to know about their family history at age 40, and physicians should talk about it. But We need to study the behavioral issues and policy pieces that need to come into play to make sure that is a reality.

And then finally, I think that we need to model screening strategies based on young onset colorectal cancer information that we've provided And that other folks have confirmed so that earlier screening strategies can be evaluated to best serve our current guidelines.

JASMINE GREENAMYER: Well, the colon cancer lines wanted to be responsive, actually, to the rising demand within our patient community. Overwhelmingly, we have people involved with our organization who were diagnosed under 50, so they were first leading the charge. But then also the science is indicating that they were on to something.

If we can actually see a decrease in the number of people with late stage diagnosis, we'll have felt like there was a huge success that we helped contribute to.

DR. WHITNEY JONES: So by bringing this conversation to an earlier population, I think that you're going to have major effects in screening both high-risk symptomatic folks as well as those folks who are normal risk in the future. So I think the colon cancer alliance and its partners are doing an amazing job of making sure that this issue doesn't go away.

SUBJECT: We hope you found this presentation from the content of *Mayo Clinic Proceedings* valuable. Our journal's mission is to promote the best interests of patients by advancing the knowledge and professionalism of the physician community.

If you're interested in more information about us, our homepage is www.MayoClinicProceedings.org. There you will find access information for our social media content such as additional videos on our YouTube channel or journal updates on Facebook. You can also follow us on Twitter.

More information about health care at Mayo Clinic is available at www.MayoClinic.com. This video content is copyrighted by Mayo Foundation for Medical Education and Research.