Statement from Richard Wender, M.D., chief cancer control officer, American Cancer Society

Statement on a new report from the Centers for Disease Control and Prevention showing that about 1 in 3 adults aged 50 to 75 have not received any of the recommended screening tests for colorectal cancer

“Colon cancer screening saves lives, but millions of Americans aren’t getting screened. Screening will substantially reduce their risk of suffering and death due to colon cancer.

“The benefits of colorectal cancer screening, whether it’s fecal occult blood testing, using a home guaiac stool test (FOBT) or an immunochemical stool test (FIT), or colonoscopy, are proven. These tests decrease risk of colorectal cancer death by 35 percent or more, both by preventing the development of colon cancer and by finding colon cancers at an early, curable stage.

“There are a variety of reasons why people do not get tested for colorectal cancer, but this study reiterates that among the most important is having health insurance and a regular source of care. Although the study showed that FOBT/FIT was used in only 1 in 10 of those who did get screened, it also showed that those states with higher screening rates were more likely to use FOBT/FIT, suggesting that increasing the use of this simple, inexpensive and very effective test, may be one key to closing the gap.

“Ultimately, though, patient preference, i.e., the ability to select the test patients prefer after being presented with all of the recommended options, appears to be one of the strongest determinants of whether or not patients complete the screening.

“Colon cancer is the third most commonly diagnosed cancer in men and women and the second-deadliest among men and women combined. In order to increase screening rates, we must do more to develop and support screening systems that ensure that all eligible people are offered screening and have the resources and support to complete screening using one of the recommended tests.

“The American Cancer Society recommends colorectal screening for everyone aged 50 and older. Appropriate screening includes FOBT or FIT yearly, or colonoscopy every 10 years. Other approaches to screening, such as sigmoidoscopy, are effective but are rarely used in the U.S.”