



Age-old questions

Decoding the differing opinions on age cutoff for colonoscopy

BY DR. DAVID LIMAURO, GASTROENTEROLOGIST

In what is one of the true success stories in modern medicine, the death rate from colorectal cancer has decreased significantly in the last 30 years. There has been a 2% decline in the rate of colon cancer among Americans every year for the last 15 years.

Despite this, colon cancer will still be diagnosed in about 140,000 Americans annually, and kill more than 45,000. But with proper screening—especially colonoscopy—to detect and remove precancerous polyps from the colon, this cancer is also largely preventable.

Colon cancer is a slow-growing cancer, and if it is caught early, there is a 90% survival rate. Colonoscopy, which is done for colon cancer screening, usually starts at age 50 for average-risk people.

If no polyps are found, subsequent exams are repeated every 10 years. The long interval between exams is recommended because we know that colon polyps generally grow quite slowly, taking 10 years or more to progress into full-blown cancer.

While the benefits of colon cancer screening are impressive, it's also a fact that our population is living longer than ever before. This can lead to difficult questions regarding when to stop doing colon cancer screenings in older people.

This is a difficult question, and one that comes up often in my practice. Unfortunately, the issue has been confused by several medical societies and organizations taking different stances on the subject. For instance, the U.S. Preventive Services Task Force issued a statement in 2008, which opined that routine screening colonoscopy should stop after age 75.

The American Gastroenterological Association, on the other hand, is opposed

to age cutoffs, and points out that the incidence of colon cancer increases sharply with increasing age, with more than 40% of colon cancers diagnosed after age 75.

The American Cancer Society and the U.S. Multi-Society Task Force, which is made up of gastroenterologist, surgical and radiology societies, has guidelines that recommend to “discontinue screening when the individual’s life expectancy is less than 10 years.” They have said if we stop screening completely at age 75, we will miss many otherwise preventable cancers.

Some have stated that these organizations are making a self-serving argument because their members stand to gain the most financially from continuing to do the screenings. Others fear these guidelines simply represent a form of health care rationing, and are highly skepti-

cal of large panels telling them when to stop receiving any kind of health care. Although there is no absolute consensus, I am certain more studies will be done looking into this hot button medical issue in the future.

I do not believe in withholding screening based on a set chronologic age cutoff. I think we should try to look at patients individually, and make screening decisions on a person-to-person basis. I try to balance the risks of colonoscopy in seniors with the benefits of helping them avoid this potentially devastating cancer.

DR. DAVID LIMAURO IS A BOARD CERTIFIED GASTROENTEROLOGIST IN PRIVATE PRACTICE SERVING PATIENTS IN THE SOUTH HILLS AND CITY OF PITTSBURGH, INCLUDING ST. CLAIR AND UPMC MERCY HOSPITALS AND SOUTH HILLS ENDOSCOPY CENTER IN UPPER ST. CLAIR.

SEEK HELP IF YOU HAVE SYMPTOMS

When you hear differing opinions about how frequently to get colon cancer screenings, the talk is about exams for people with no symptoms. People who suffer symptoms such as bleeding, abdominal pain or changes in their bowel habits should see their doctor, and undergo an evaluation immediately.

