

Screening to Survivorship: Workup & Evolving Management of Colon & Rectal Cancer

Andrew-Paul Deeb, MD MSc
30 October 2025



FALL MEETING 2025

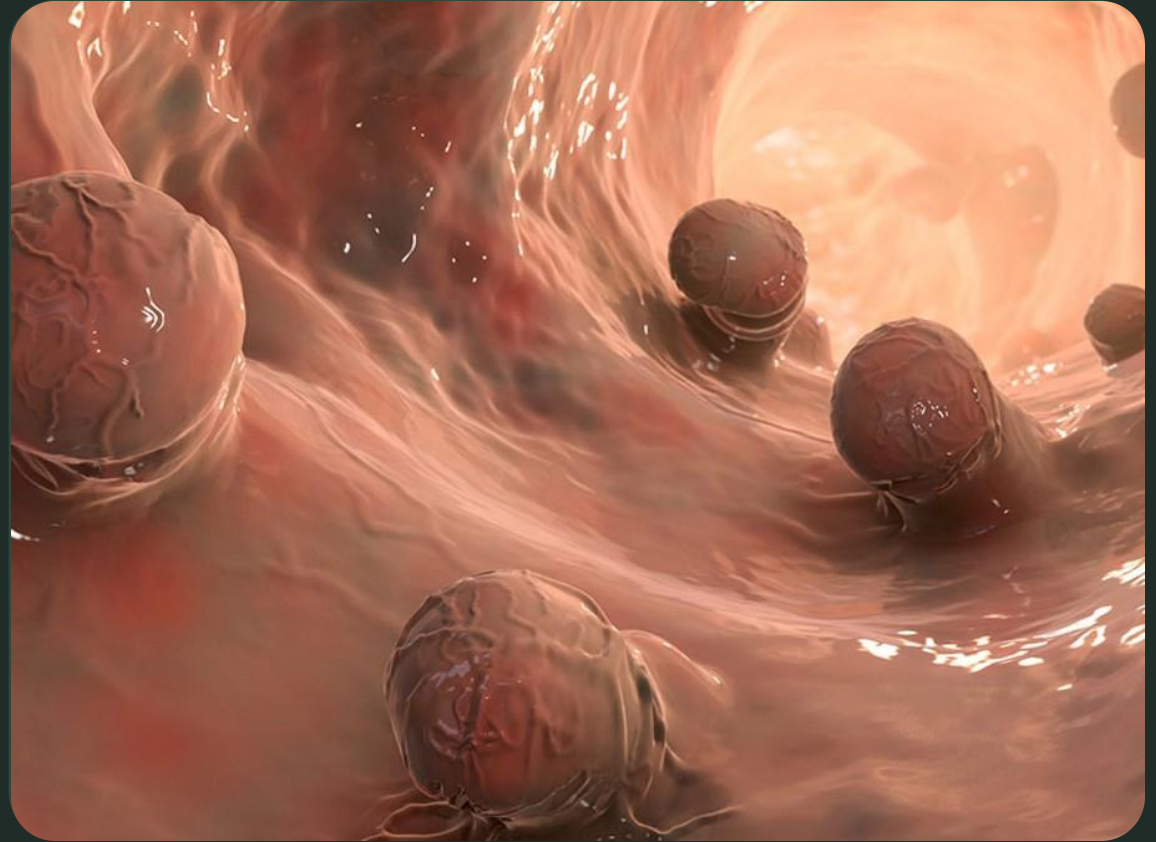
ROOTED IN PARTNERSHIP,
GROWING IN PURPOSE

October 30
Highland Conference Center
Mitchell

No Disclosures

Objectives

1. Define Colon & Rectal Cancer
 - Epidemiology
2. Establish
 - Screening
 - Workup
 - Influence of SDOH
3. Differentiate Colon from Rectal
 - Treatment Differences

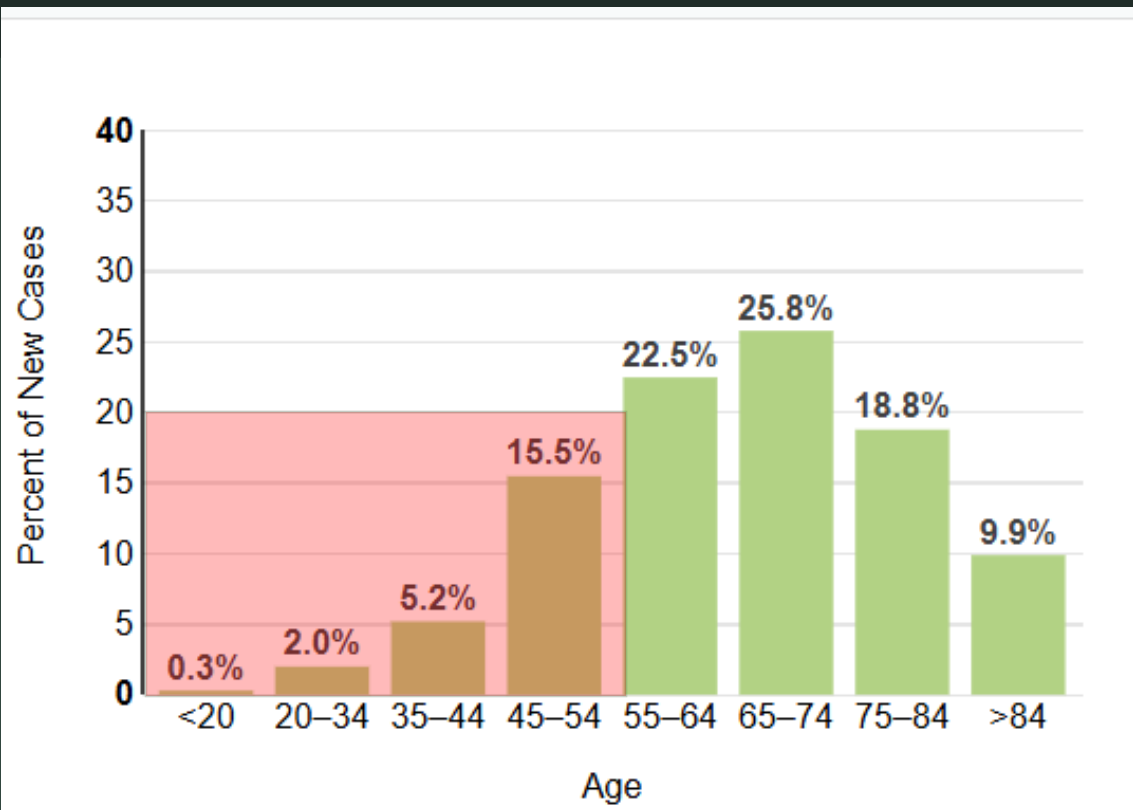


Common Types of Cancer	Estimated New Cases 2025	Estimated Deaths 2025
1. Breast Cancer (Female)	316,950	42,170
2. Prostate Cancer	313,780	35,770
3. Lung and Bronchus Cancer	226,650	124,730
4. Colorectal Cancer	154,270	52,900
5. Melanoma of the Skin	104,960	8,430
6. Bladder Cancer	84,870	17,420
7. Kidney and Renal Pelvis Cancer	80,980	14,510
8. Non-Hodgkin Lymphoma	80,350	19,390
9. Uterine Cancer	69,120	13,860
10. Pancreatic Cancer	67,440	51,980

Colorectal cancer represents 7.6% of all new cancer cases in the U.S.



Second leading cause of cancer-related deaths in USA

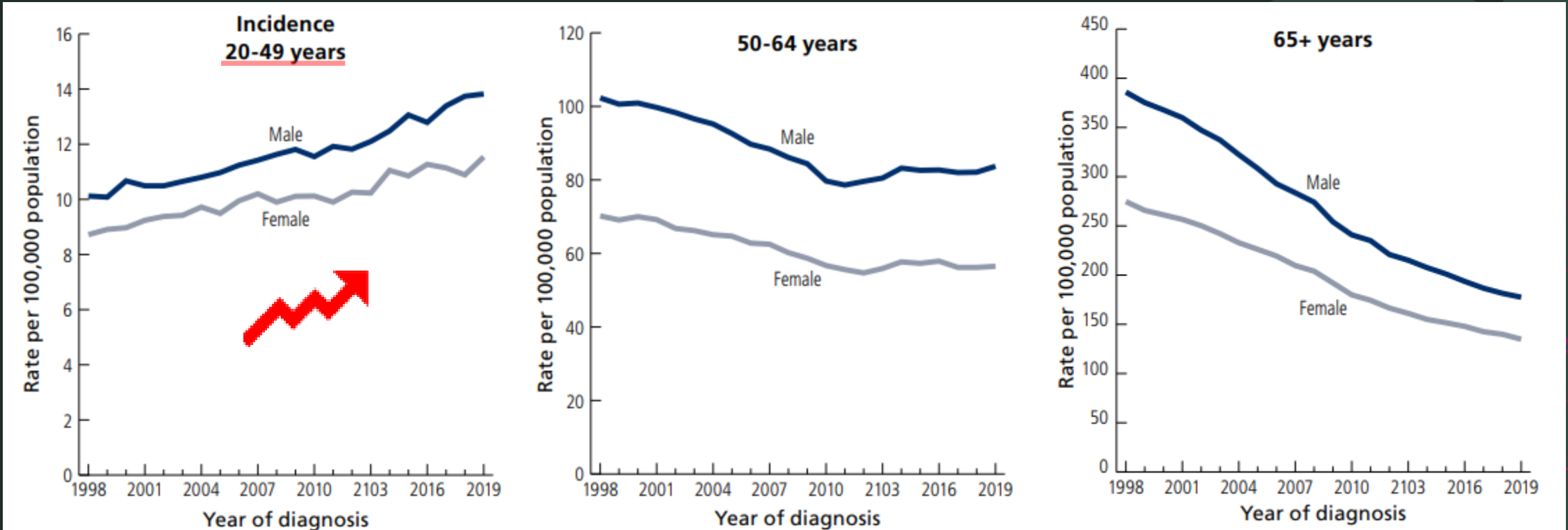


Colorectal cancer is most frequently diagnosed among people aged 65-74.

Median Age
At Diagnosis

66

Trends in CRC Incidence by Age



Colorectal cancer is on the rise in young people.

It will be the leading cause of cancer death for people between the ages of 20-49 by the year 2030.

1 in 5

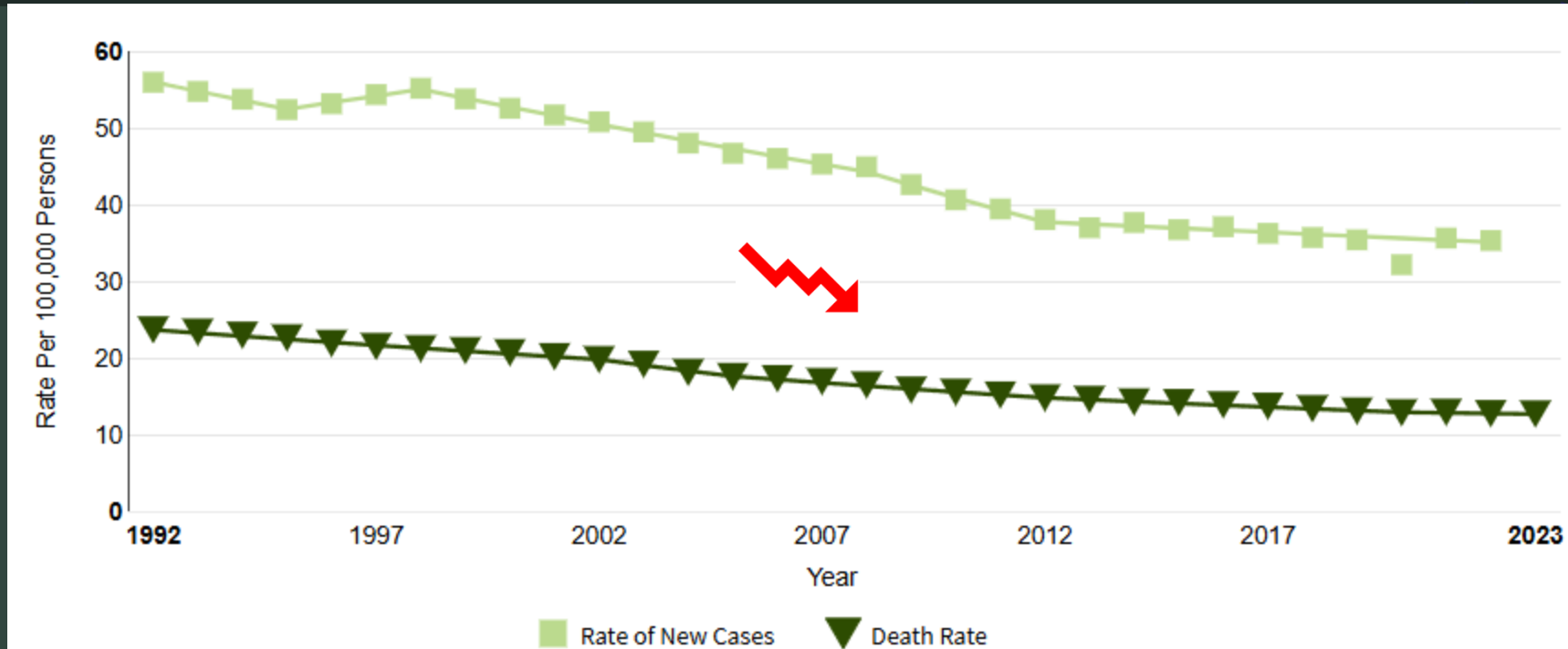
cases of colorectal cancer occur in people age 54 or younger.



**Doubled
since 1995**

Source: American Cancer Society. Colorectal Cancer Facts & Figures 2023-2025. Atlanta: American Cancer Society; 2023.

Trends in CRC Incidence/Mortality over Time



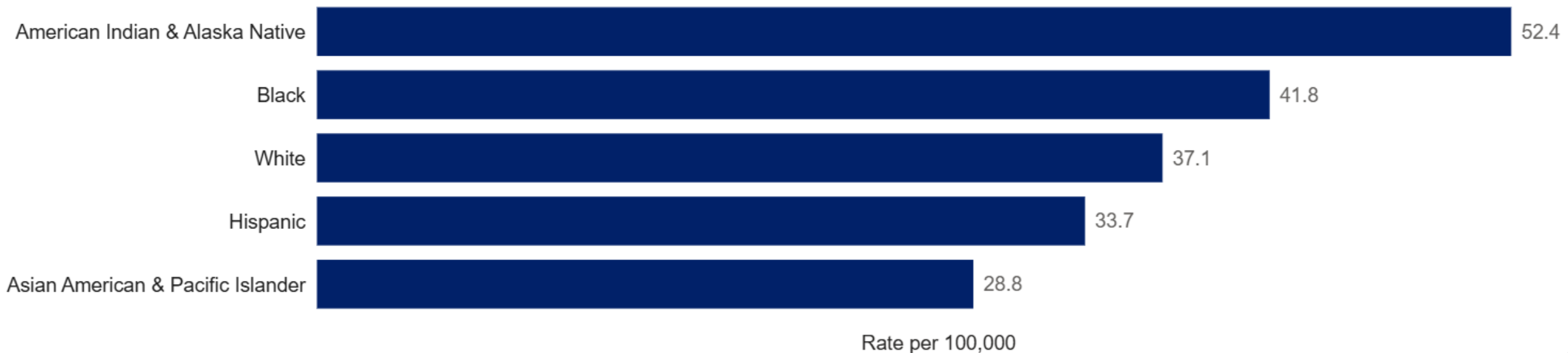
Social Determinants of Health

“Conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and QOL outcomes and risks”

- ✓ Economic Stability
- ✓ Education Access/Quality
- ✓ Healthcare Access/Quality
- ✓ Neighborhood Environment
- ✓ Social & Community Setting

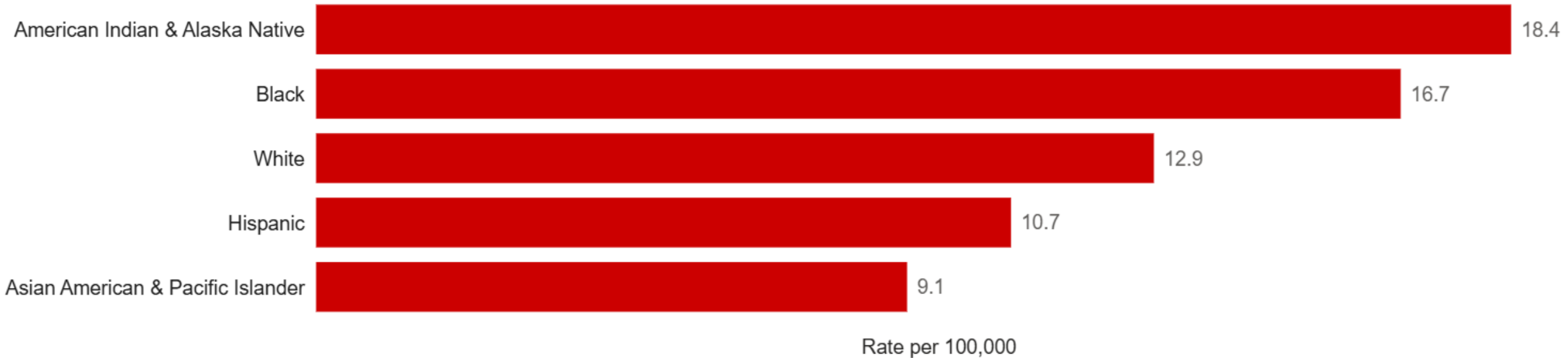


Trends in CRC Incidence/Mortality by Race/Ethnicity

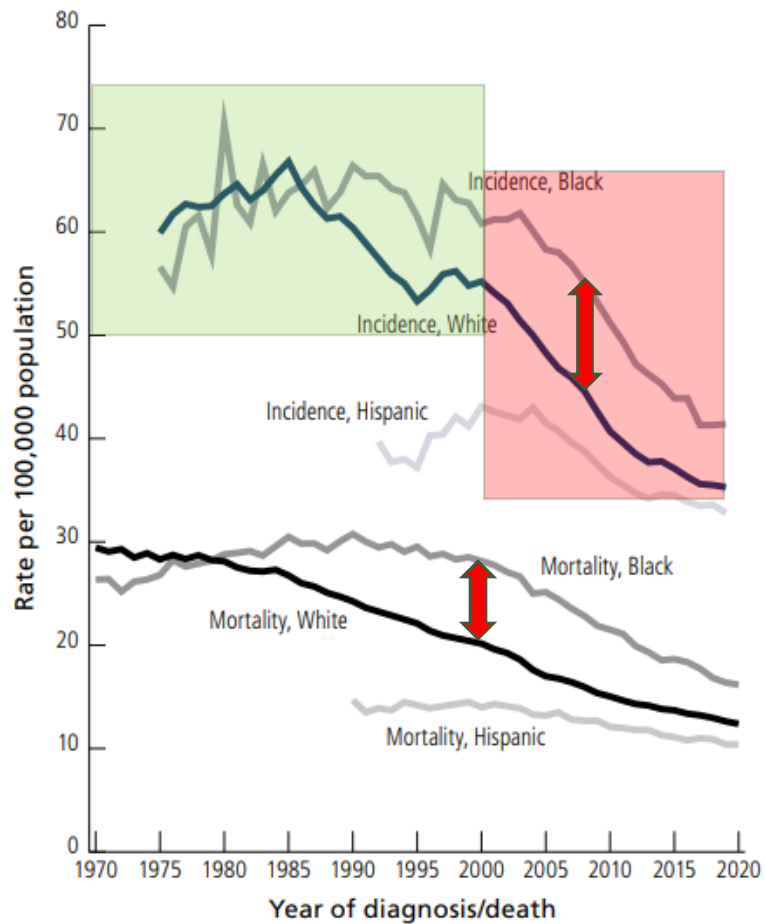


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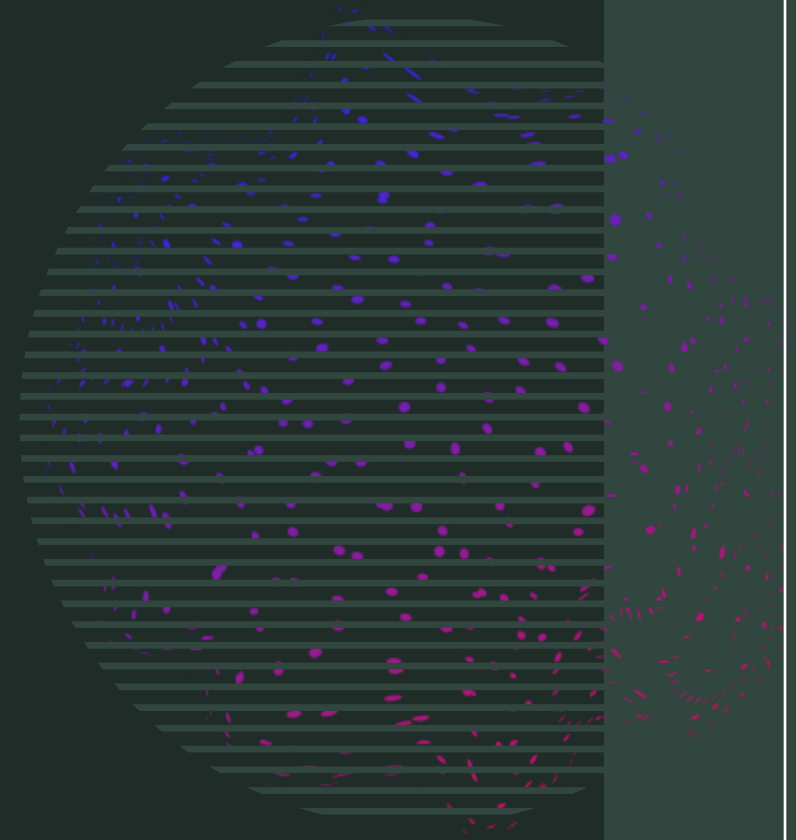
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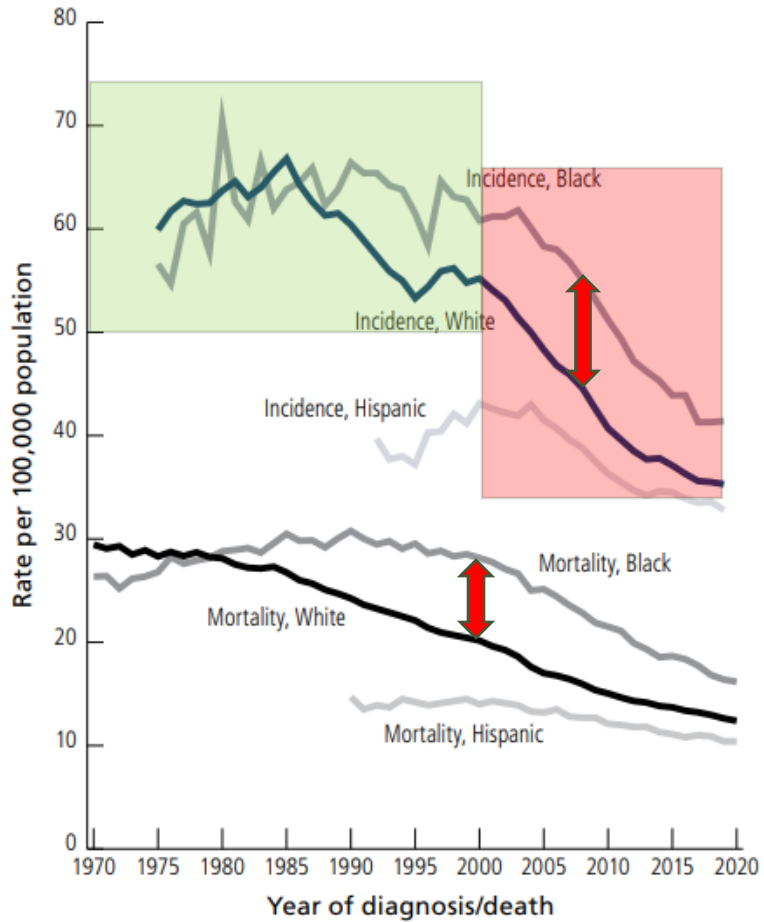


Rates are age adjusted to the 2000 US standard population. Incidence rates are adjusted for reporting delays and exclude appendix. White and Black race are not exclusive of Hispanic ethnicity.

Sources: Incidence – Surveillance, Epidemiology, and End Results Program, 2022; Mortality - National Center for Health Statistics, Centers for Disease Control and Prevention, 2022.

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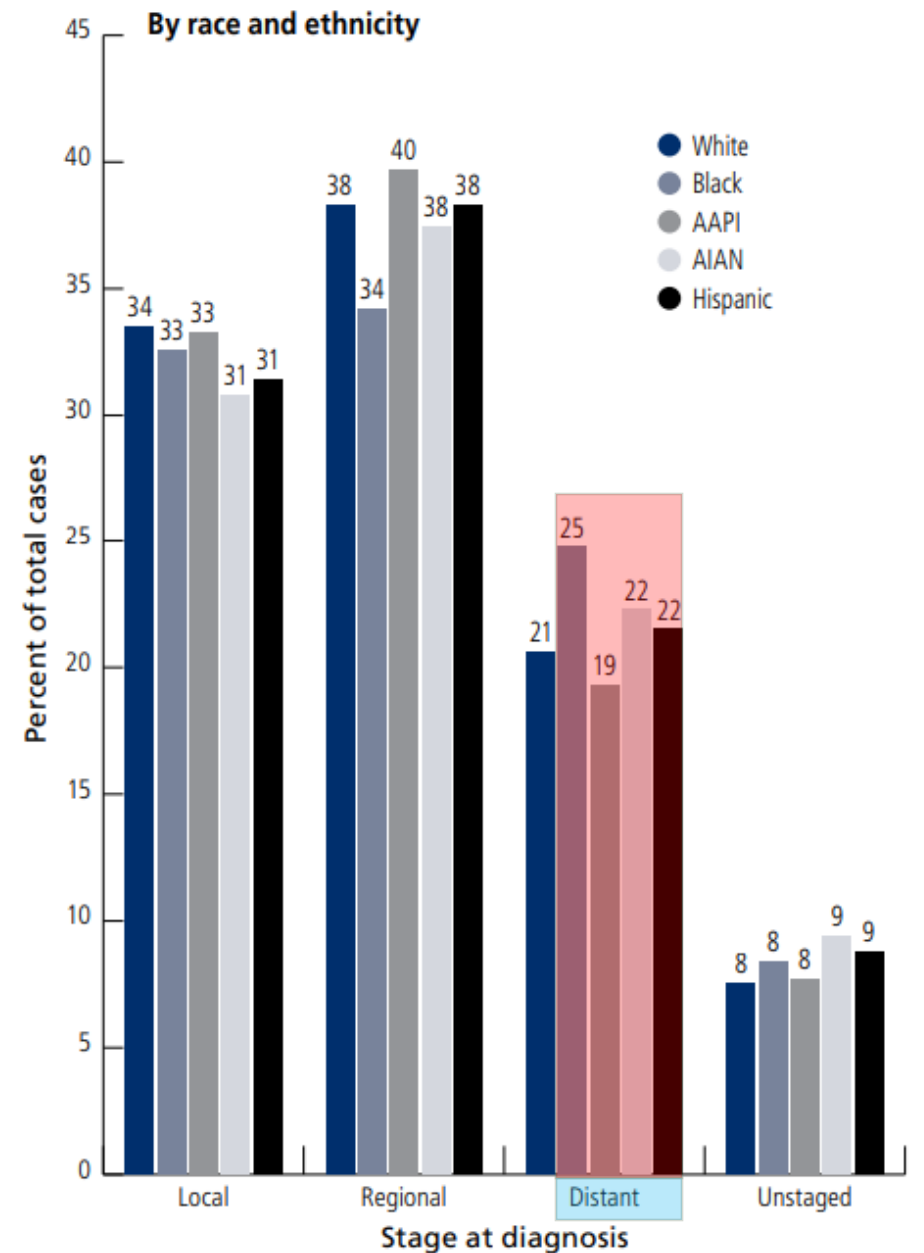




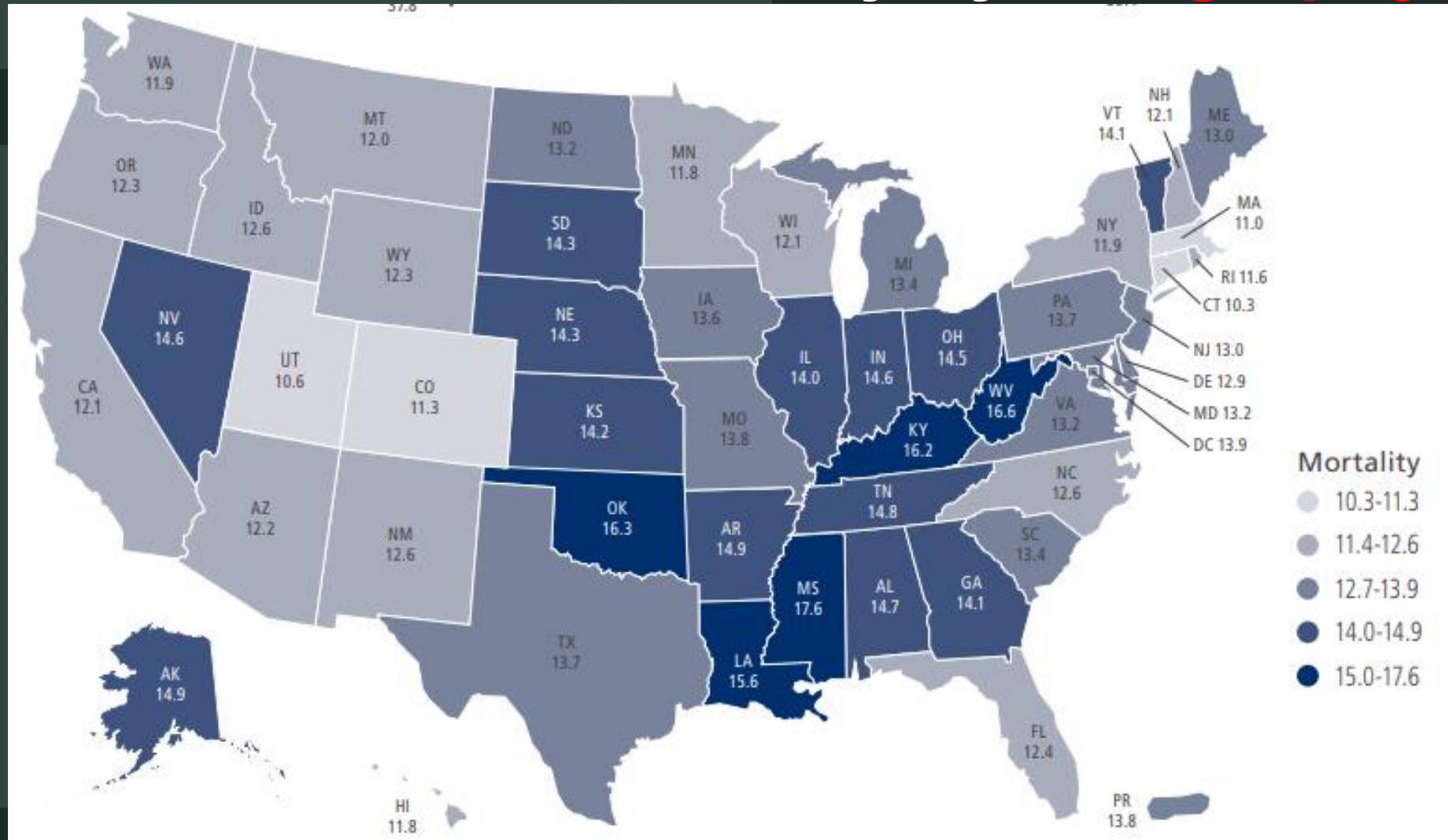
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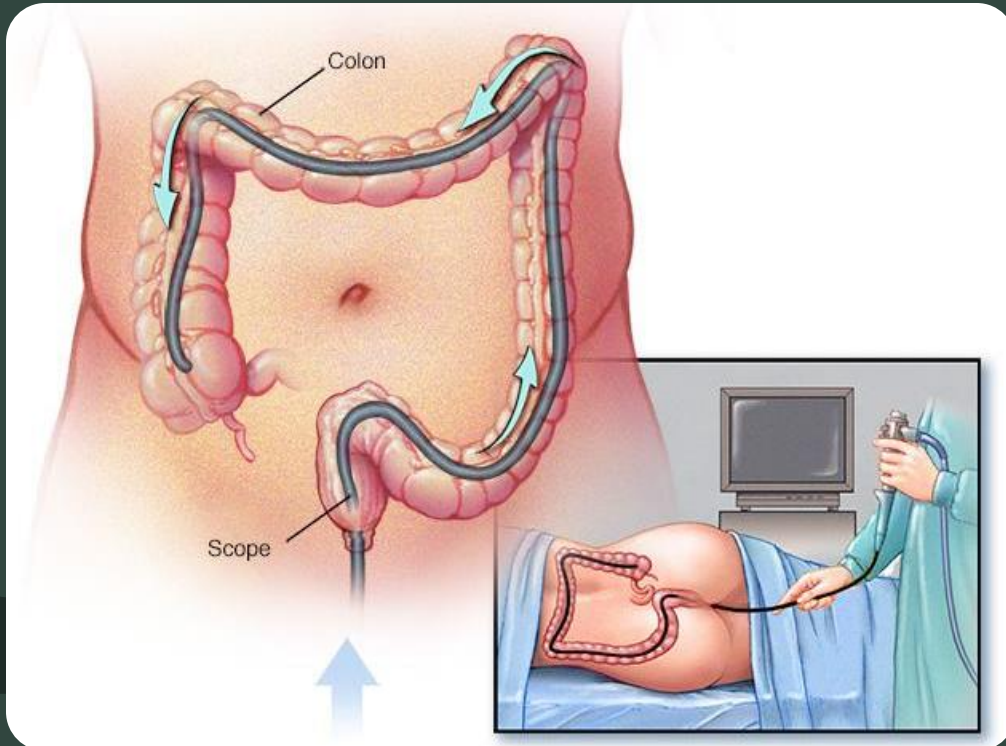
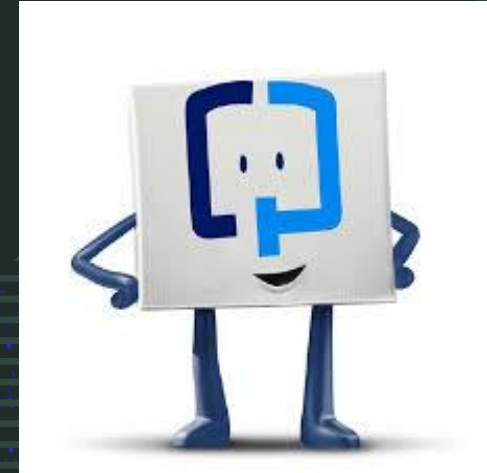


Trends in CRC Mortality by Geography



Geographic access to colonoscopy, neighborhood social vulnerability, and associations with late-stage colorectal cancers in Maryland: 2010–2021

Samuel Roubin ^a  , Broderick Yoerg ^b, Michael R. Desjardins ^{a c} 



Barriers:

- Income/Education (SES)
- Insurance, Health Literacy
- Primary Care Access
 - Distance
 - Transportation
 - Limited Providers



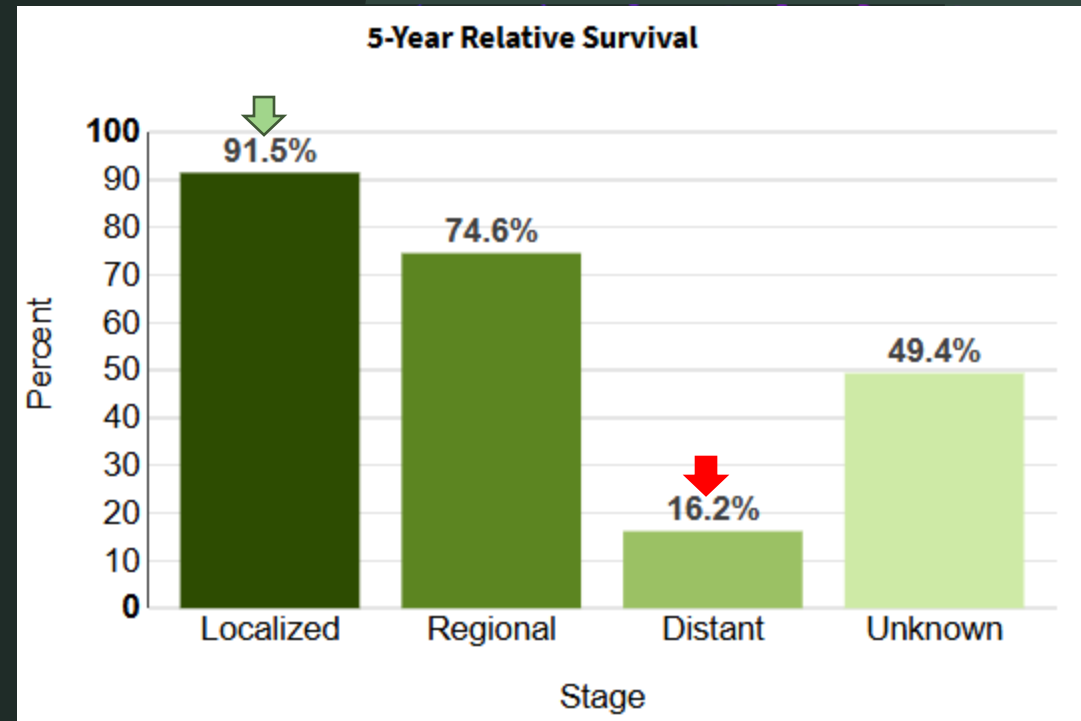
5-Year
Relative Survival

65.4%

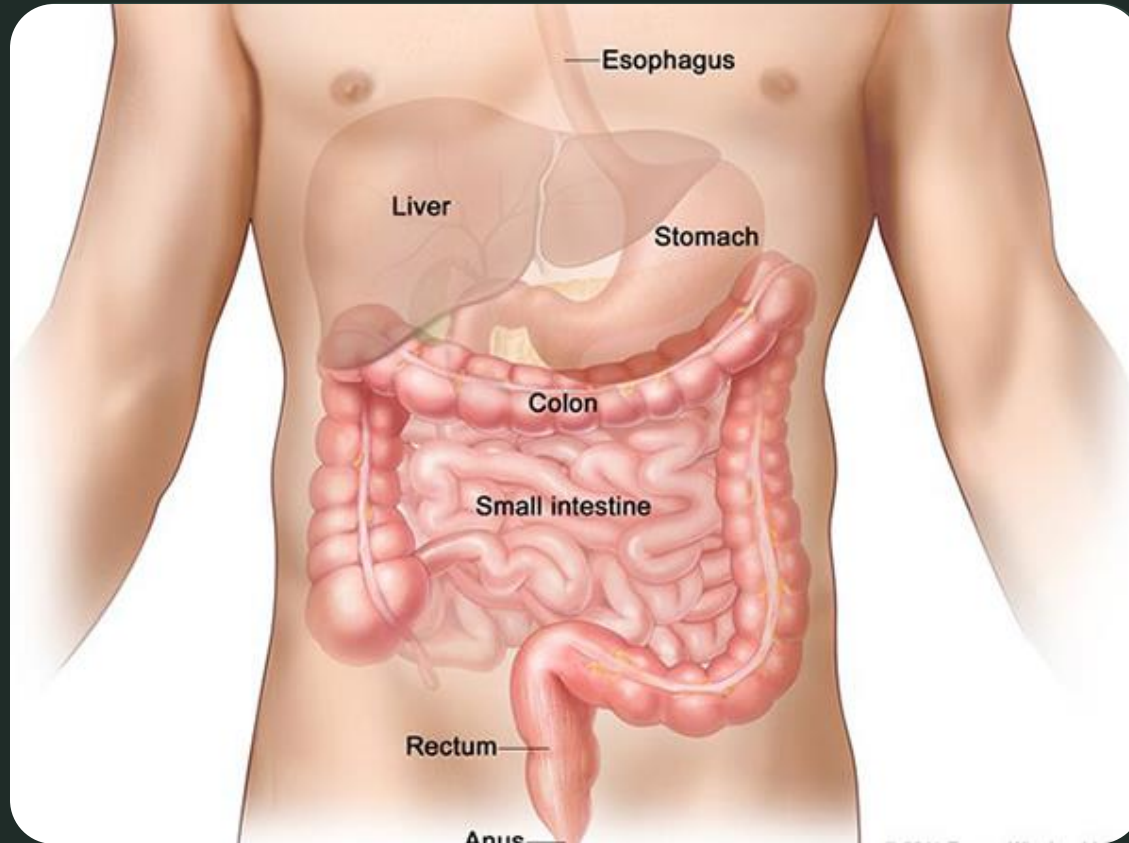
We can PREVENT CRC....

Improved treatment options & outcomes when diagnosed EARLY

- <50 yo: advanced disease



Colon & Rectal Adenocarcinoma

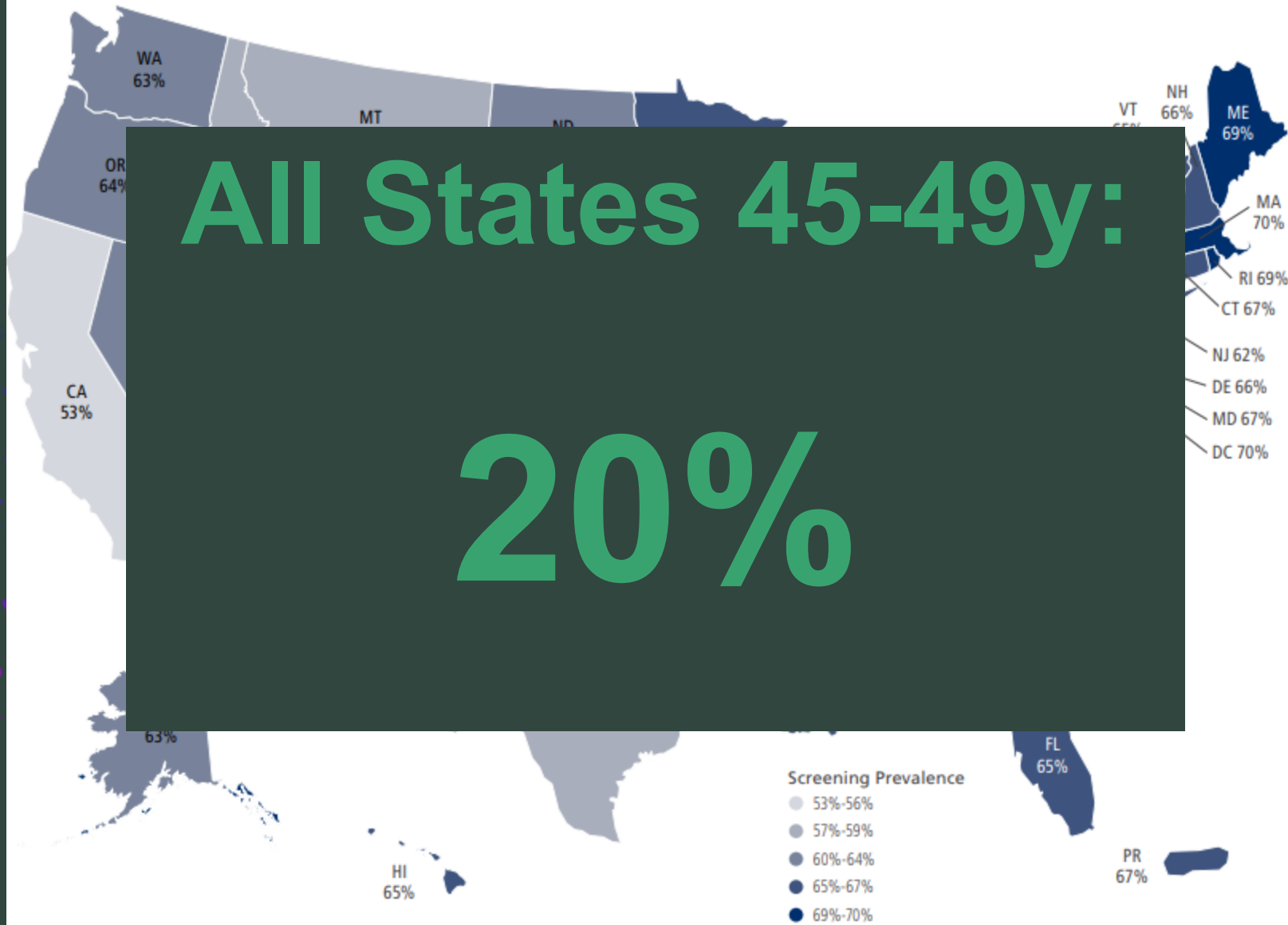


- Adeno - “gland” | carcinoma – “karkinos” ... “crab-like”
 - Epithelial cancer or glandular origin
- Abnormal cell growth from inner lining (mucosa) of colon or rectum
- Adenoma-Carcinoma Sequence
 - From Polyp → Cancer



SCREENING

Colorectal Cancer Screening* (%), Adults 45 Years and Older by State, 2020



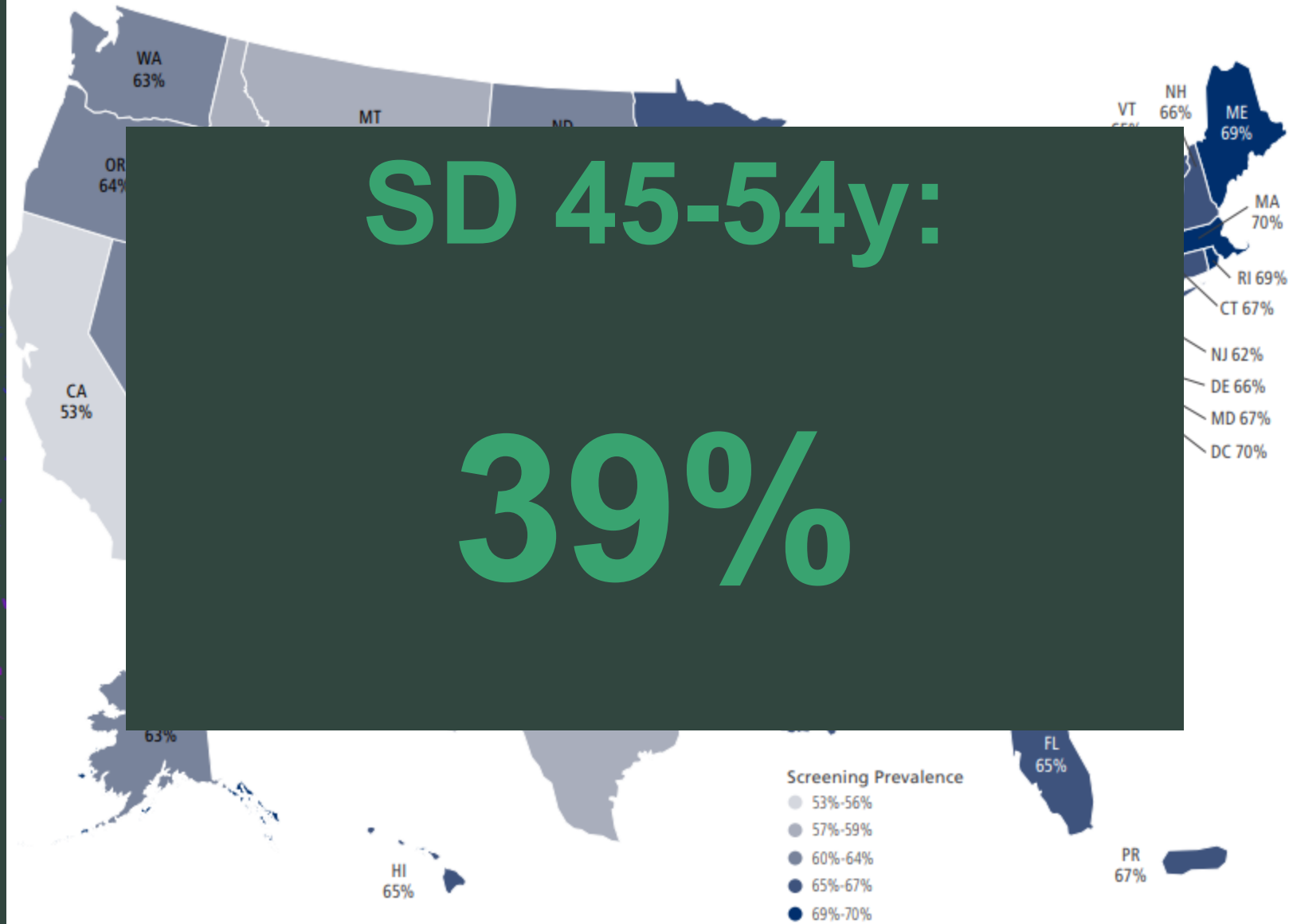
All States 45-49y:

20%

*Blood/DNA stool test, sigmoidoscopy, or colonoscopy in the past 1/3, 5, or 10 years, respectively. Note: Estimates are age adjusted to the 2000 US standard population and do not distinguish between examinations for screening and diagnosis.

Source: Behavioral Risk Factors Surveillance System, 2020.

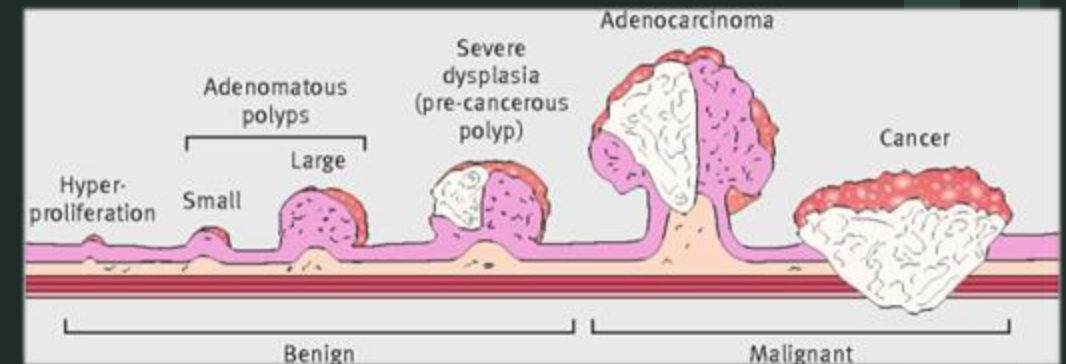
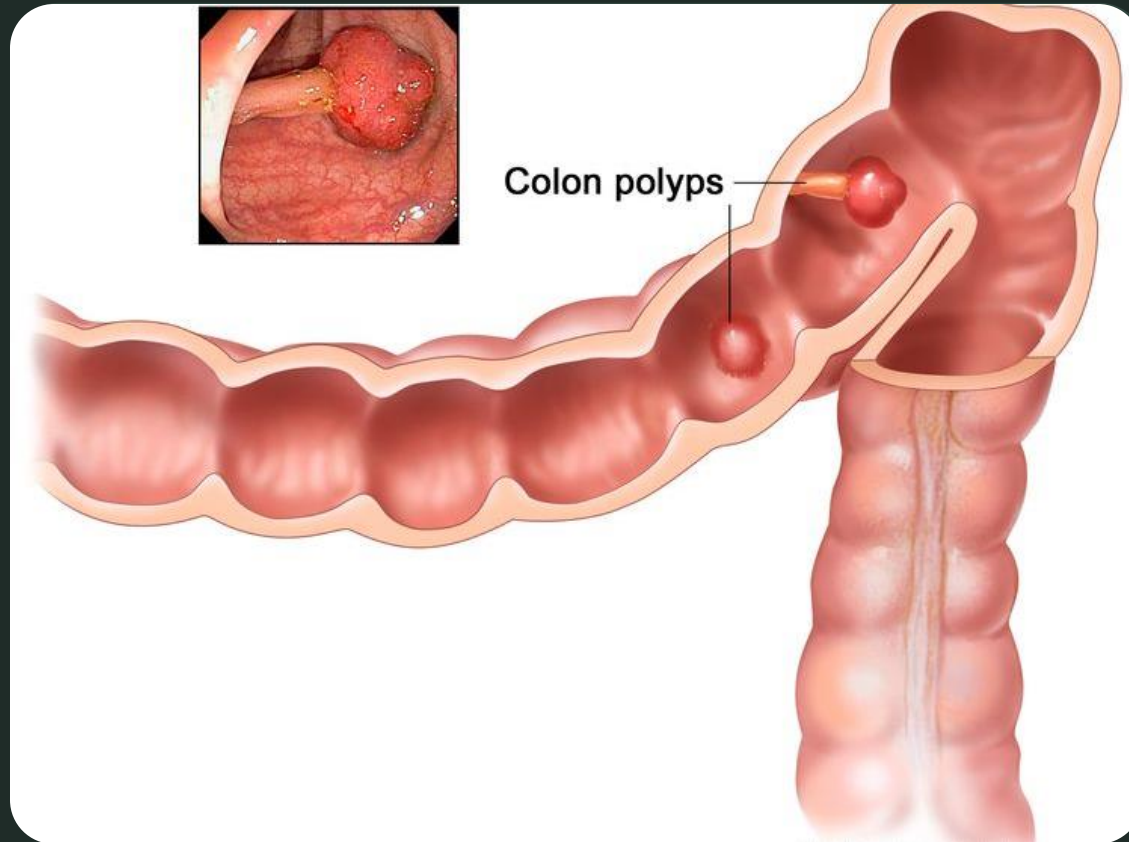
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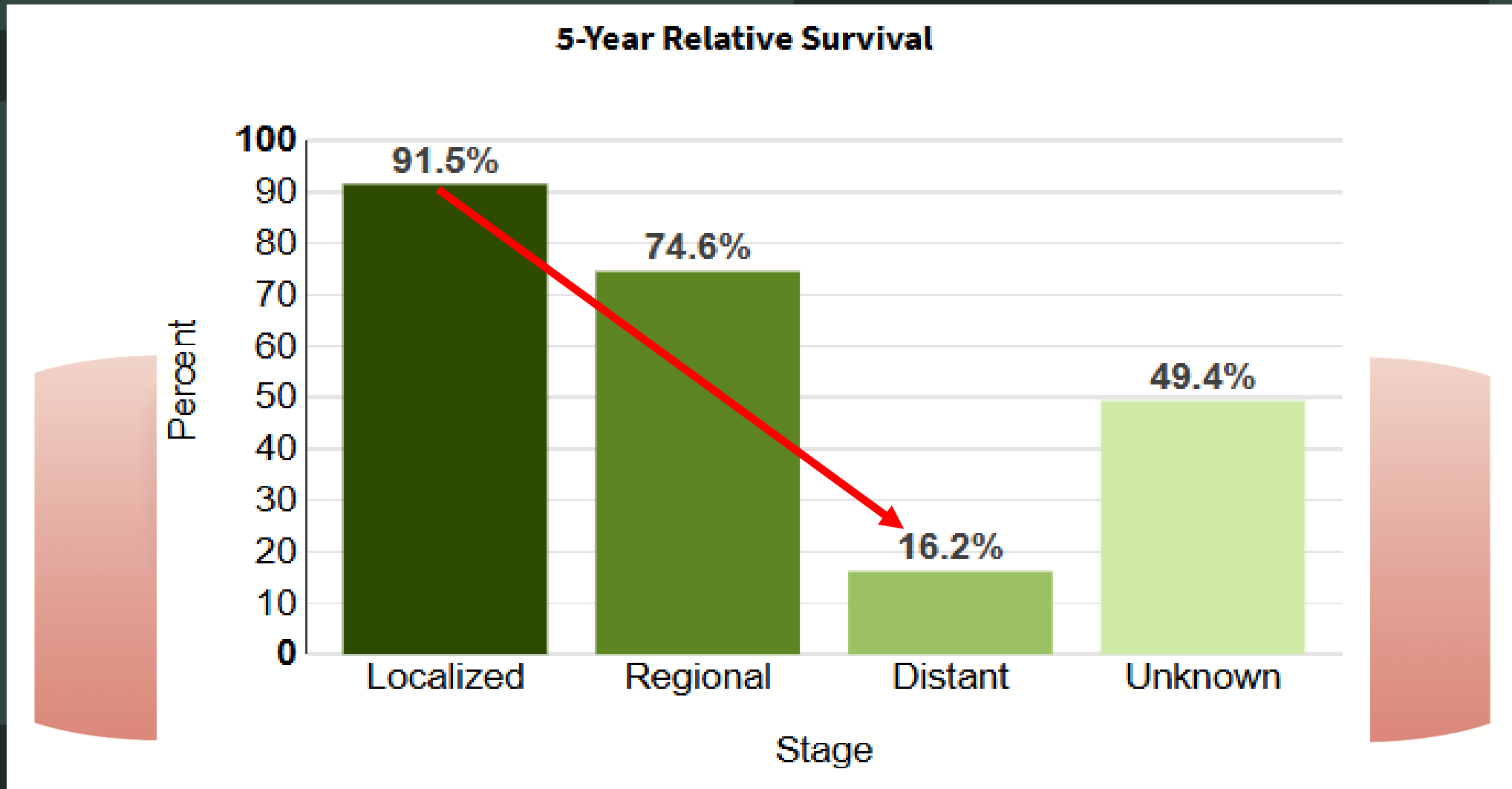
Source: Behavioral Risk Factors Surveillance System, 2020.

Adenoma (Polyp) → Carcinoma



- 7-10 years
 - Polyposis syndromes
 - Genetic mutations
 - Yet to be identified risk factors/mutations
- Screening
 - Average risk: start at 45 yo

Prevention & Catching it Early...

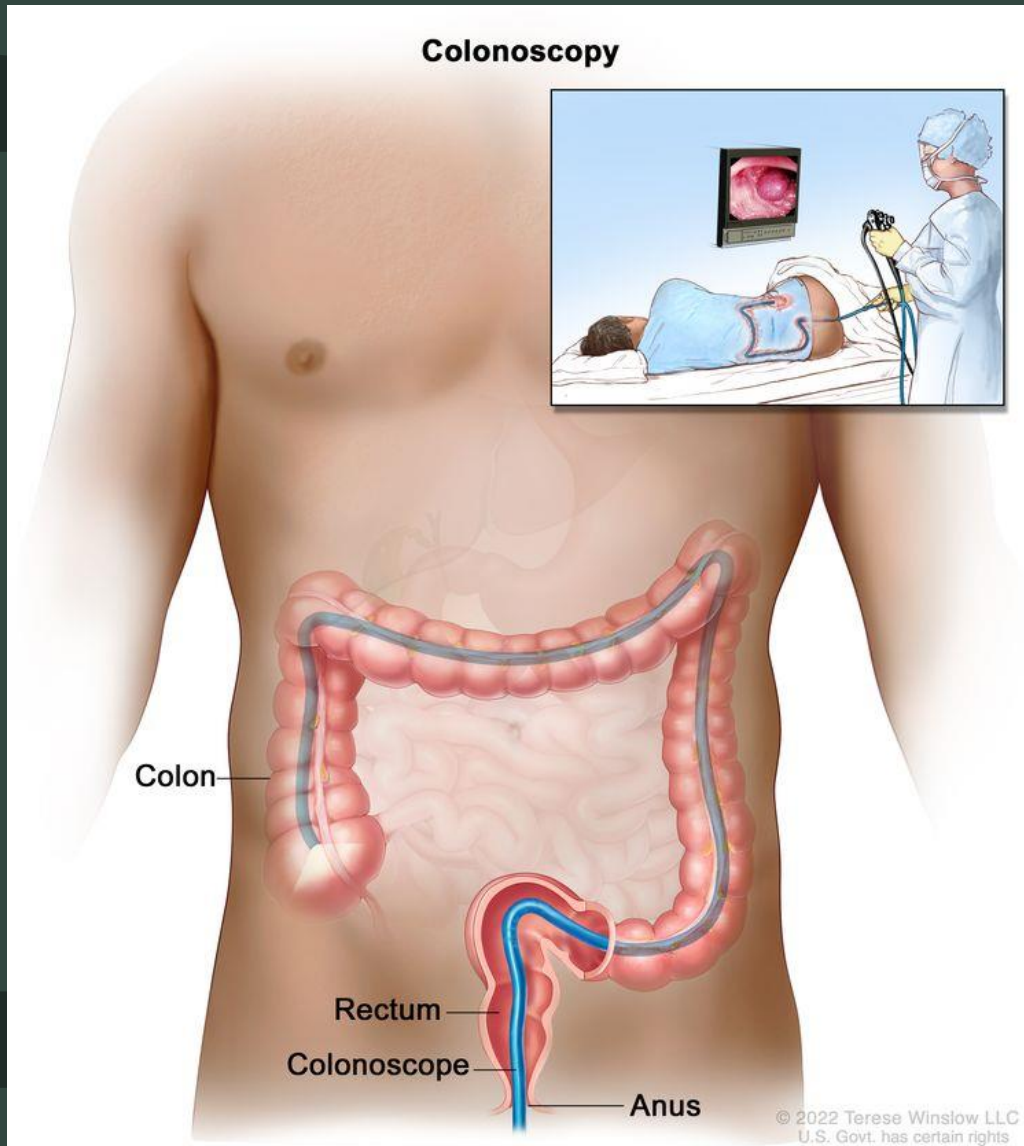


Signs & Symptoms



- Change in bowel habits
- Melena/Hematochezia
- Abdominal pain
- Systemic symptoms:
 - Anorexia
 - Weight loss
 - Fatigue
- Left vs Right Colon

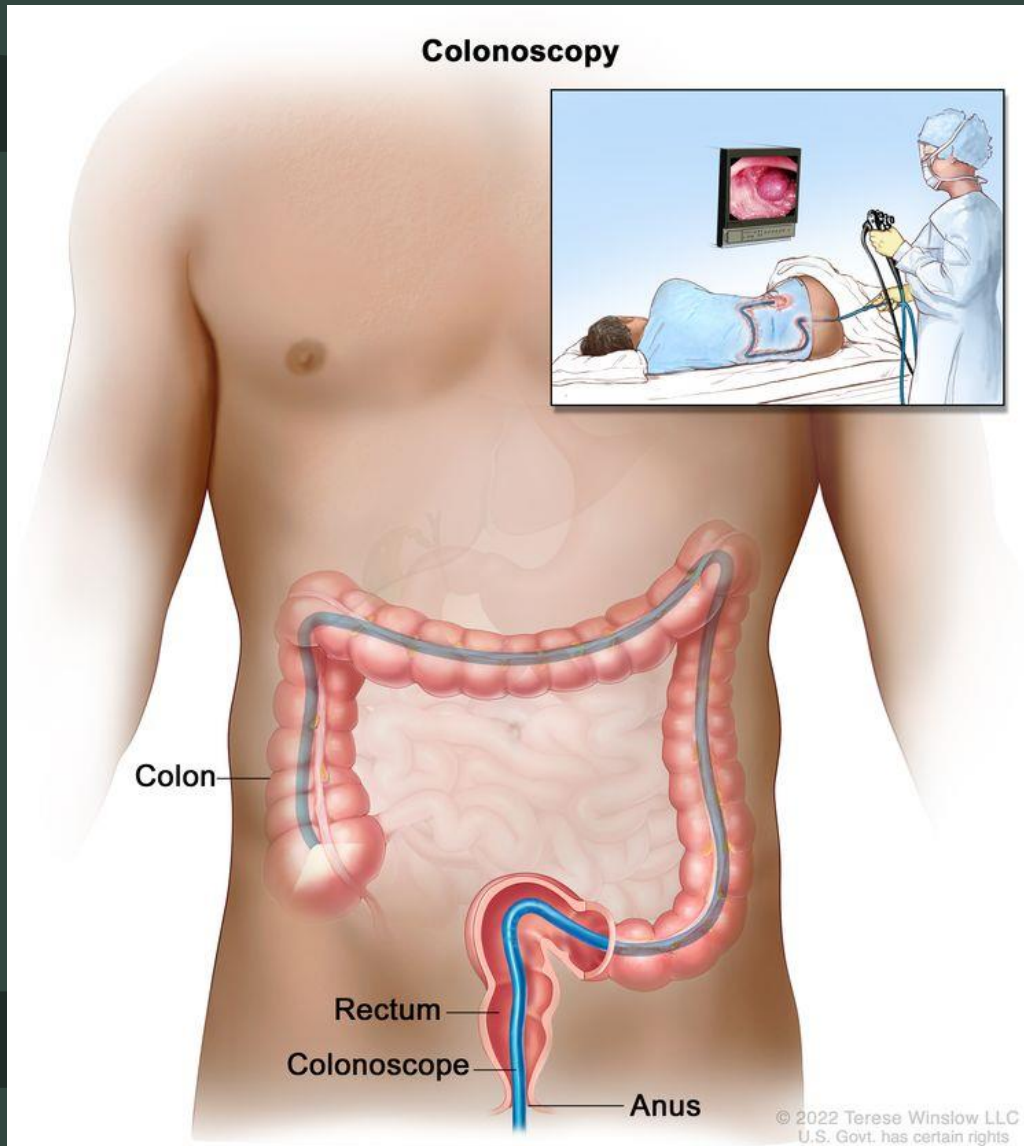
Screening Recommendations



Average Risk Patients: 45+

- **Asymptomatic**
- **Stool-based tests:**
 - FOBT (Guaiac) or FIT test annually
 - Multitargeted stool DNA test with FIT q3 y
- **Visual exams:**
 - Colonoscopy q10 y
 - Sigmoidoscopy q5 y +/- stool test
- **Imaging exams:**
 - CT colonography q5 y

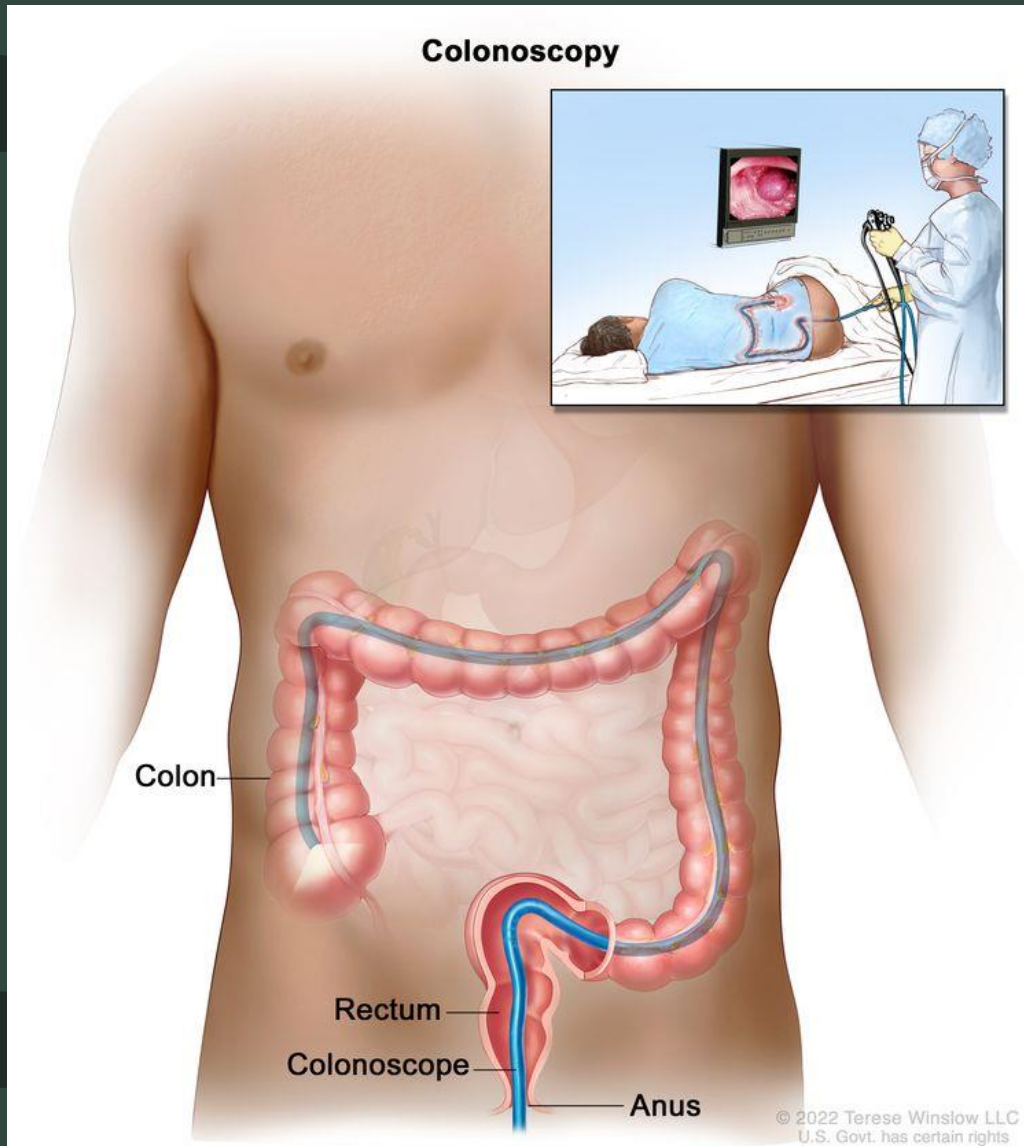
Screening Recommendations



Average Risk Patients: 45+

- ANY + findings → colonoscopy
- USPSTF – No definitive “gold-standard”
- Colonoscopy: Diagnostic + Therapeutic
- Limitations of Stool DNA, Cologuard
 - 92% Sensitivity - Cancer
 - **45% Sensitivity – Advanced Adenoma/Dysplasia**
- “Purpose” of a Colonoscopy: not to catch a cancer, but prevent a cancer...

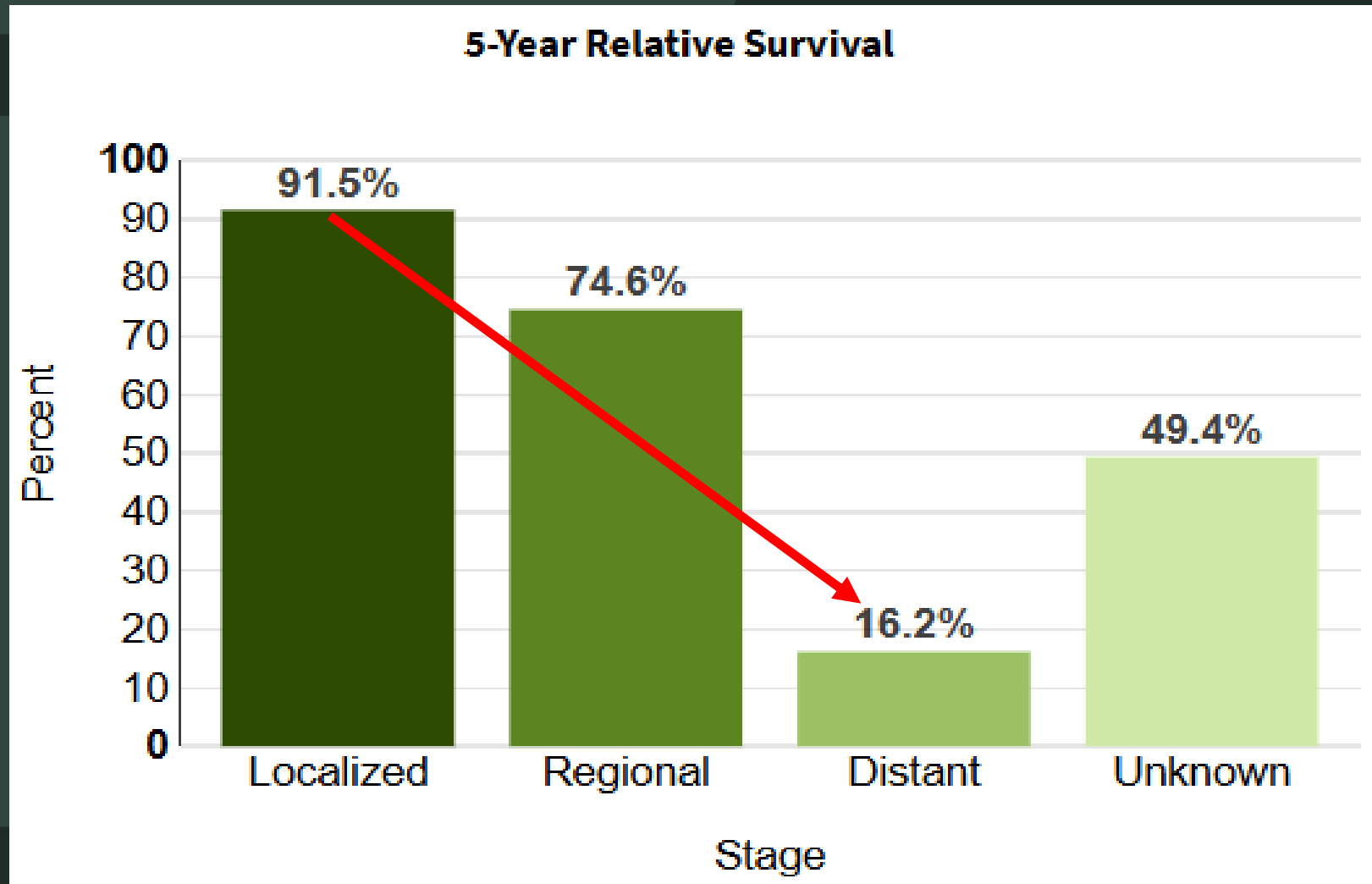
Increased Risk

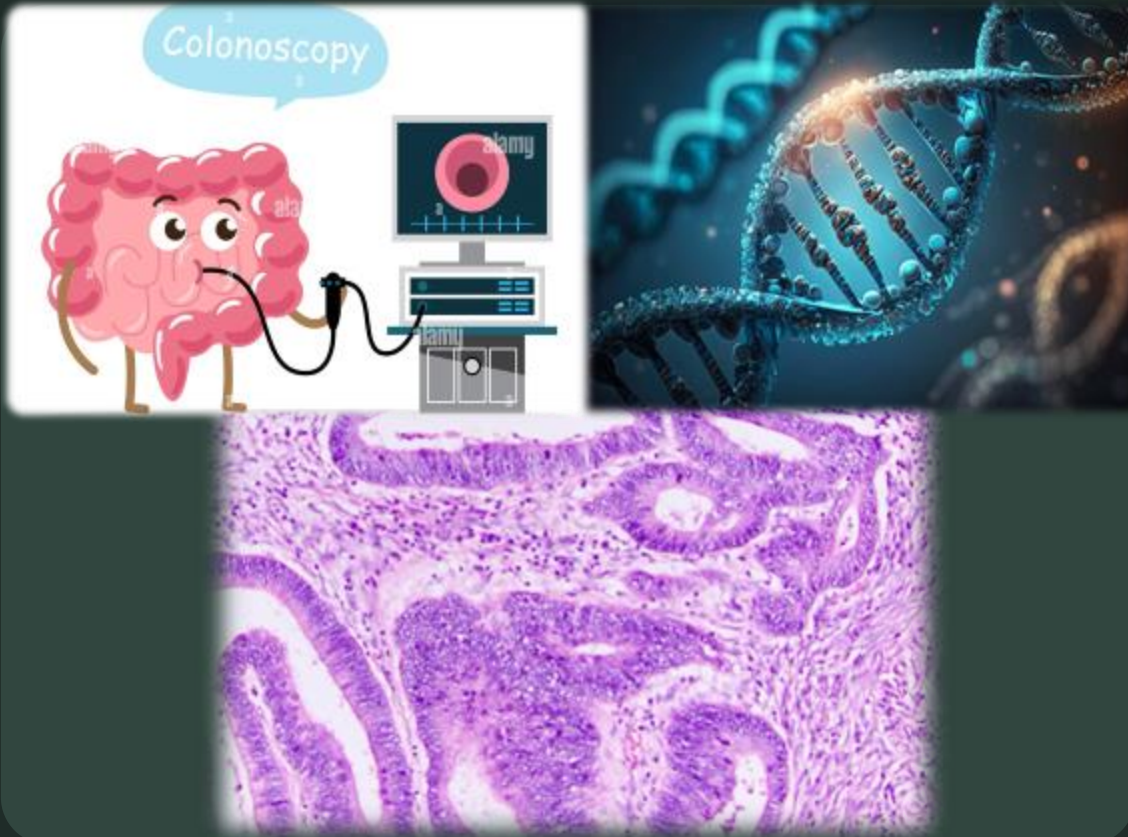


Modified Screening Recs

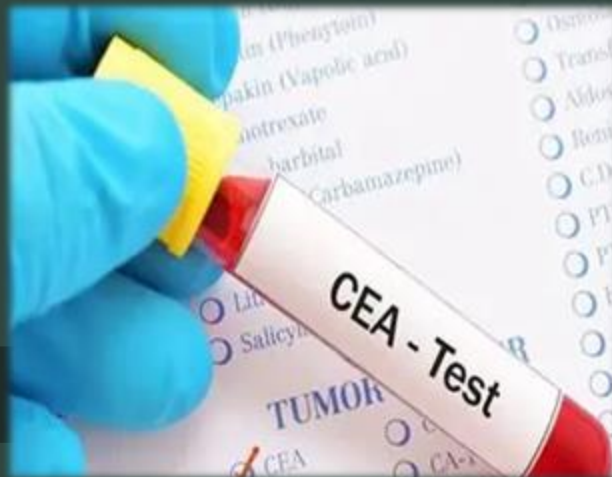
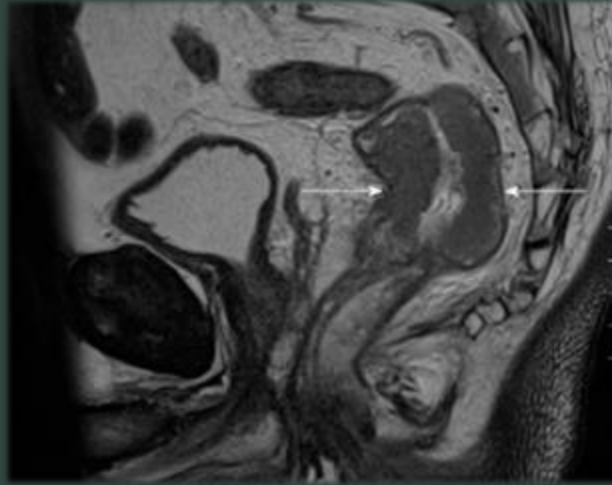
- Age >45
- Family or personal hx of polyps or cancer
 - < 50yo, #
- Inflammatory bowel disease
- Family or personal hx of ovarian, endometrial or stomach cancer
- Genetic Mutations/Polyposis Syndromes
 - ? expedite Adenoma to Carcinoma Sequence

Steps in Management...catching it early...

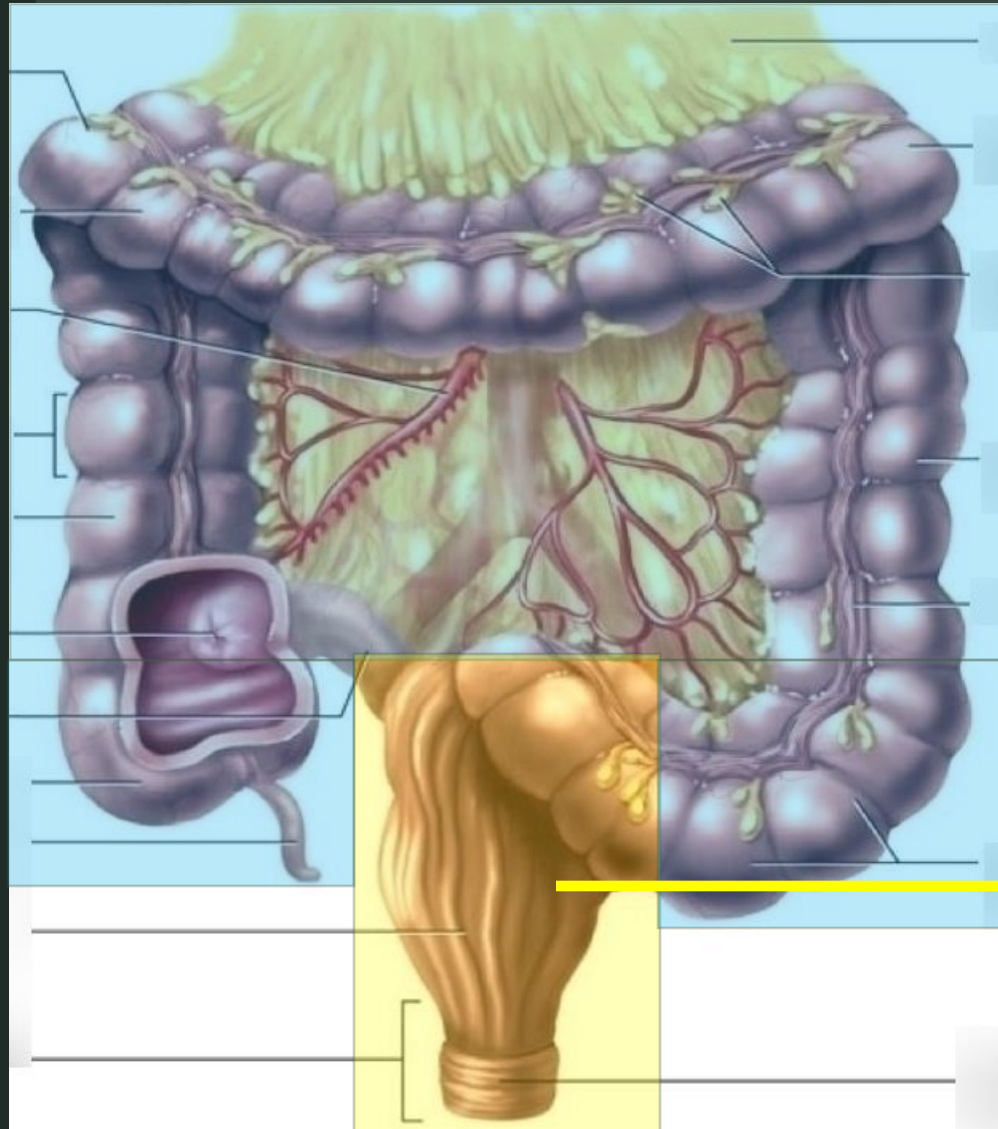




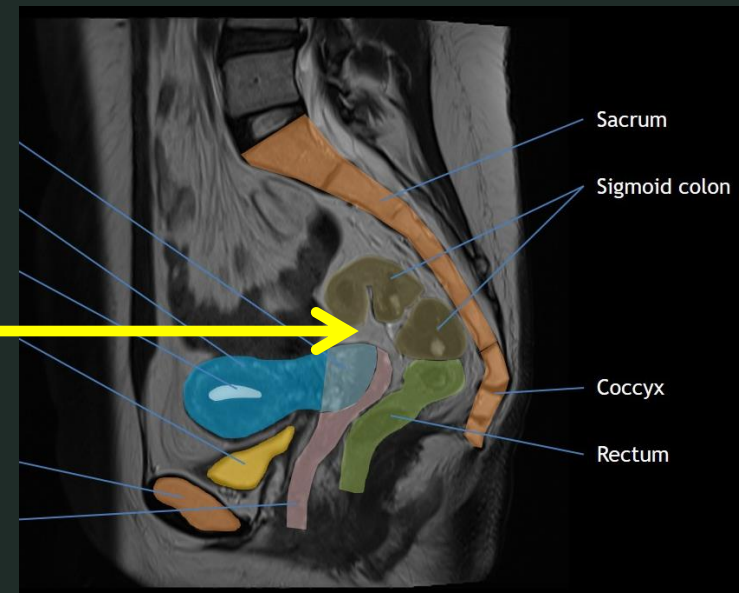
Name it!



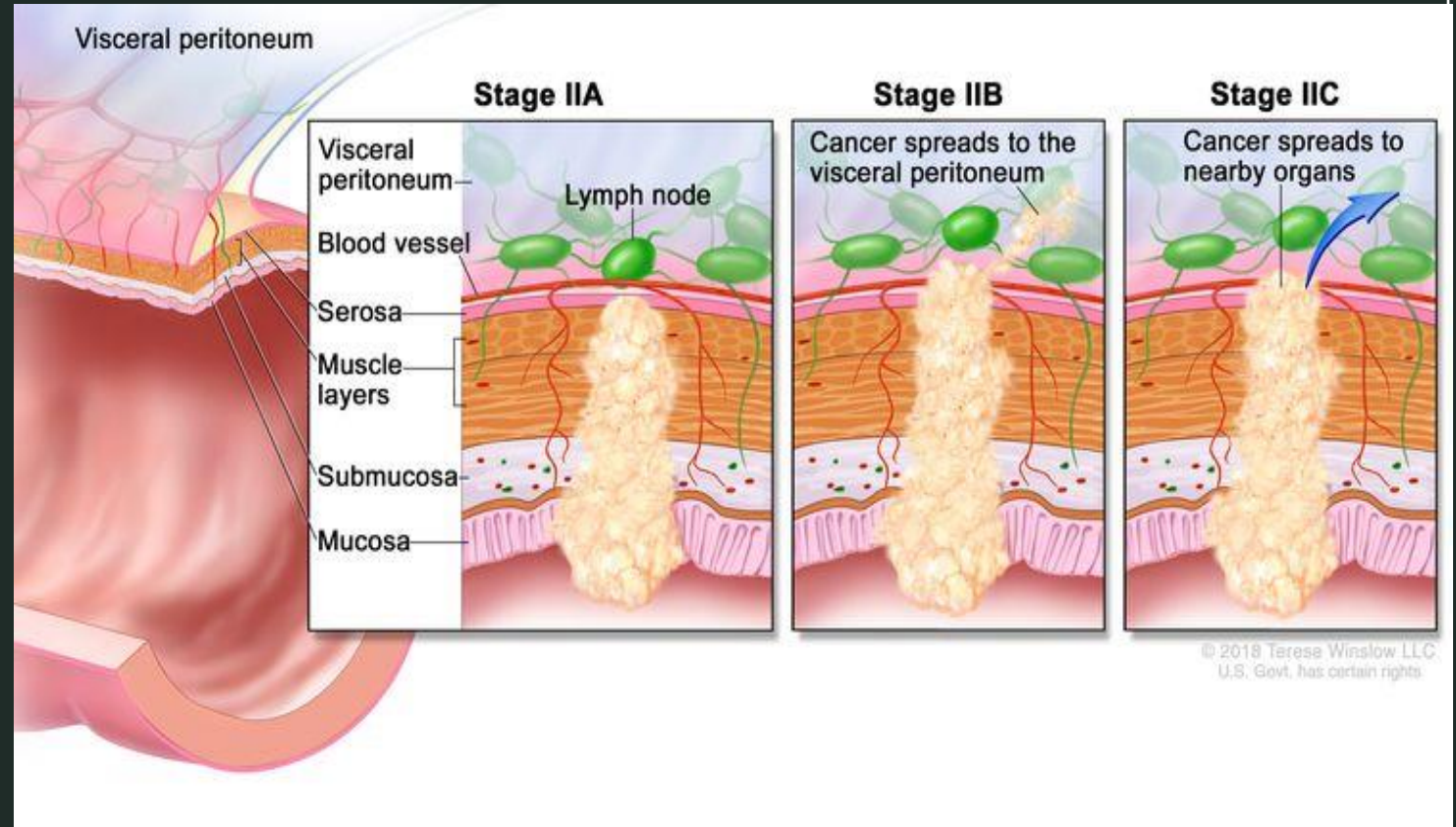
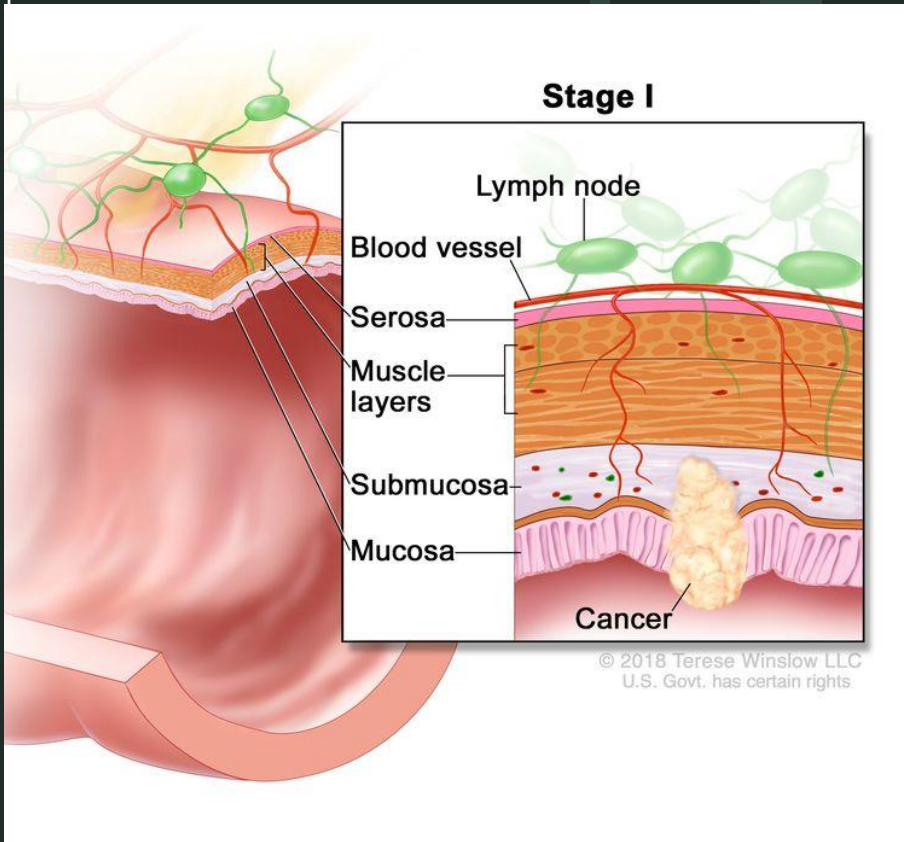
Stage it!



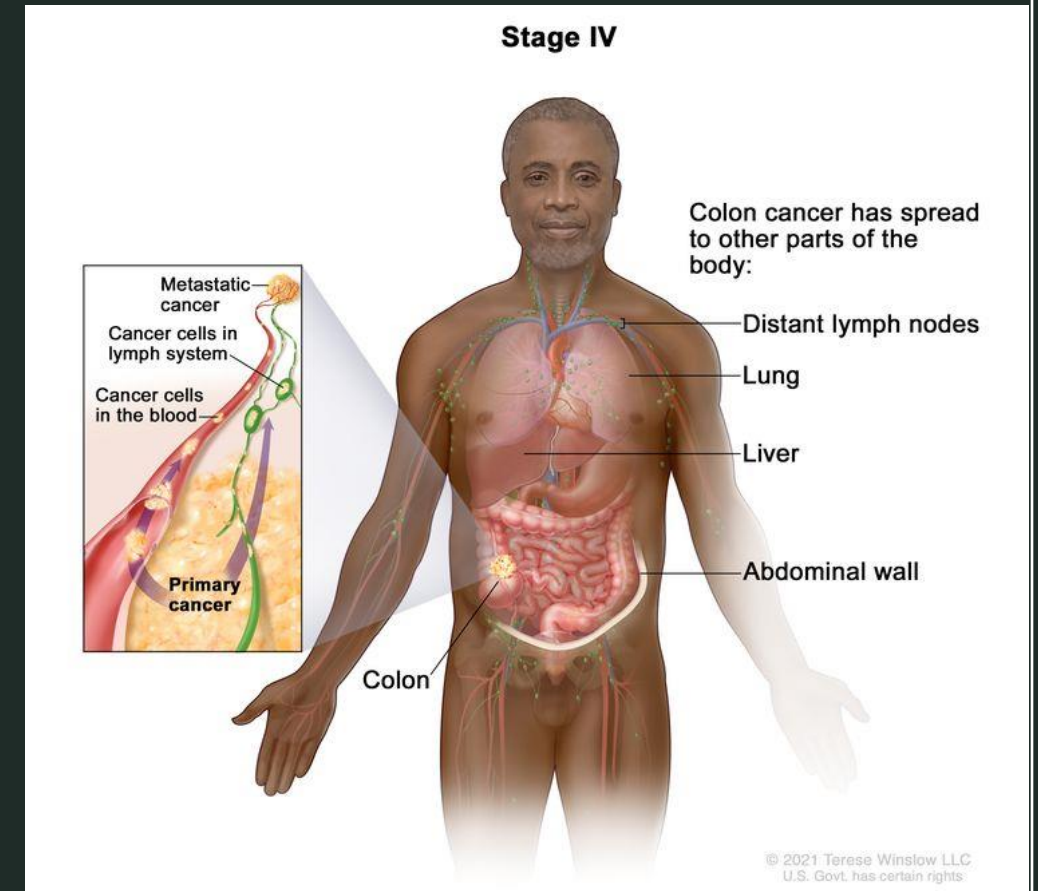
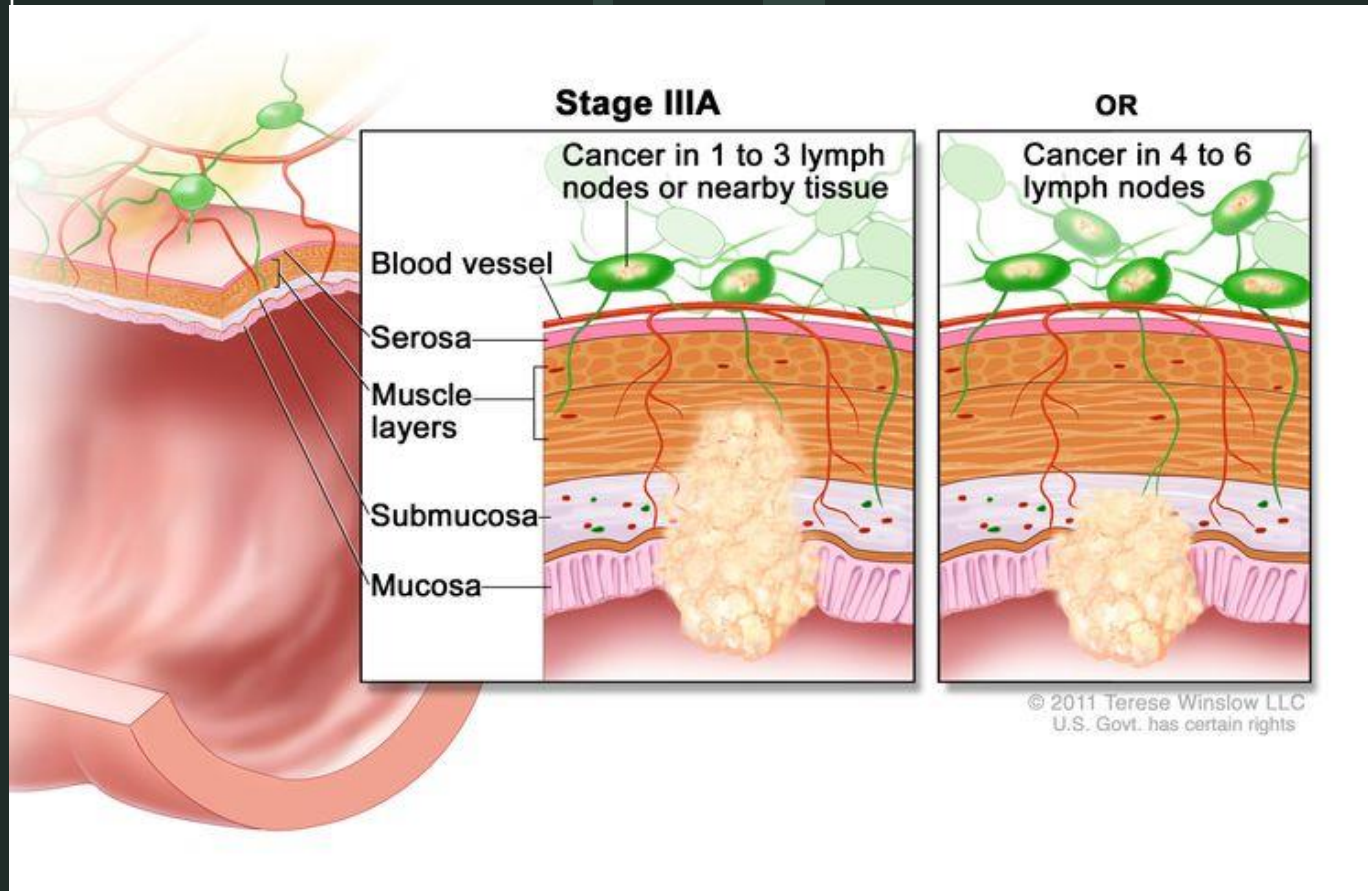
Treat it!



Local Disease



Locally Advanced and Metastatic Disease



Colon Cancer Treatment

- Non-metastatic → Upfront Surgery (Colectomy)
 - Adjuvant Therapy dependent on stage
 - Systemic Chemotherapy
 - Immunotherapy/Targeted Therapies
 - Genetic Profile/Mutations
- Metastatic → Systemic Therapy
 - Surgery limited for complications of cancer



Rectal Cancer Treatment

- Upfront Radiation + Chemotherapy
 - “TNT” - Dependent on local stage
- MDT – NAPRC
 - Medical Oncology
 - Radiation Oncology
 - Radiology
 - Pathology
 - Genetics
 - Surgery



ACS **NAPRC**

National Accreditation Program
for Rectal Cancer
American College of Surgeons

Rectal Cancer

Balance of Oncologic Care & QOL

- Morbidity
- Mortality
- Functional Outcome

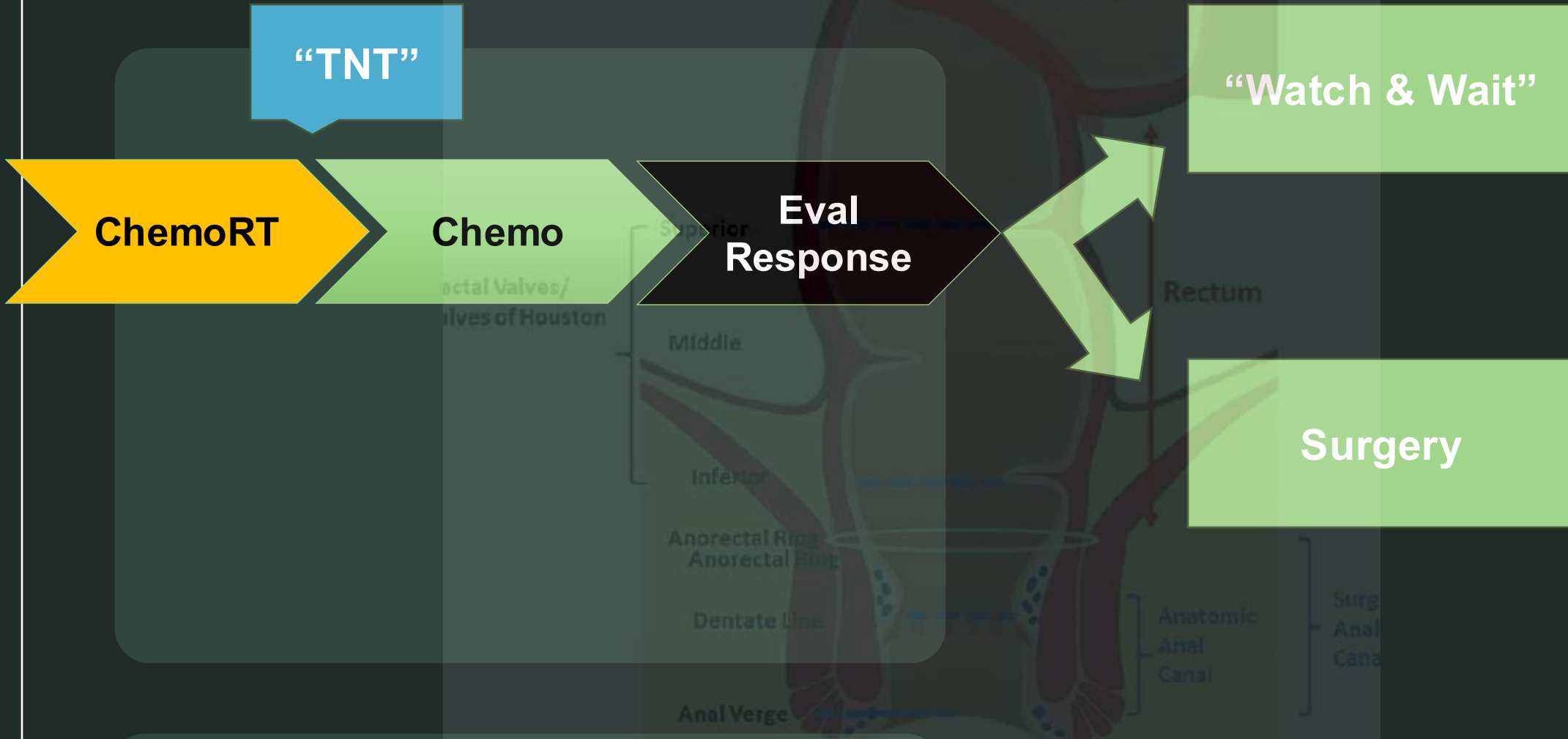


- Chemo & XRT
- Oncologic Resection
- Cure

Rectal Cancer: Why so different?

- Biologically the same – yet...the colon is accessible
- Visceral Geography: same goal – resect cancer + feeding lymphatics/vessels
- **Rectum:**
 - **Anatomically confined space – boney pelvis, vascular, urogenital anatomy**
 - **Anastomosis difficult and higher risk vs APR**
- **Rectal Cancer:**
 - **Greater risk of local/pelvic recurrence**
 - **Greater morbidity: stomas, bowel function - FI, sexual & urinary function**
 - **QOL**

Rectal Cancer Treatment – a medical disease?



Rectal Cancer Treatment – a medical disease?

Total Neoadjuvant Therapy

- Dependent on local (pelvis) staging
- Goals:
 - ✓ Improved completion of therapy
 - ✓ Tumor down-staging
 - ✓ Preserve anal sphincters
 - ✓ Potentially avoid surgery
- Watch and Wait:
 - No surgery
 - Close surveillance
 - Surgery with recurrence
- Surgery:
 - Rectal resection, anastomosis
 - Permanent colostomy

**Rectal Cancer:
Biology the same, approach very
different**

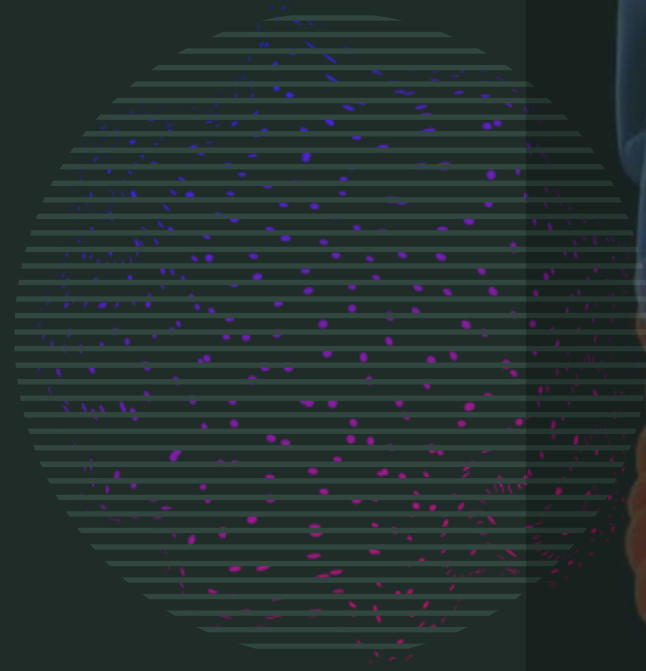
Giovanni Battista Morgagni

- 1682-1771
- 1st to propose rectal resection for cancer



Colon & Rectal Cancer Surveillance

- 5 years
- Physical Exam
- Tumor Markers
- Imaging
- Colonoscopy



6 Steps to **Lowering** Your Risk of CRC

1. Don't miss CRC screenings
2. Eat plenty of fiber: **30** grams daily
3. Eat a low-fat diet
4. Avoid excessive red meat
5. Avoid tobacco & excessive alcohol
6. Exercise: 20 minutes 3-4x per week

In the US, **>55%** of all CRCs attributable to modifiable risk factors

Incidence & Mortality:
preventable with screening, surveillance, treatment

Don't fall behind on your colorectal health.

Delaying screening
can increase the risk
of colorectal cancer.

Sources: Davidson KW, Barry MJ, Mangione CM, et al. Screening for Colorectal Cancer: US Preventative Services Task Force Recommendation Statement. *JAMA*. 2021;325(19):1965-1977. doi:10.1001/jama.2021.6238.

Schwartz S, Hornsusch M, Pox C, Haug U. Colorectal Cancer After Screening Colonoscopy: 10-Year Incidence by Site and Detection Rate at First Repeat Colonoscopy. *Clinical and translational gastroenterology*. 2023;14(1):e00535. doi:10.14309/ctg.0000000000000535

Questions?

Thank you

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