Introduction to the 80% by 2018 Special Issue

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The “80 by 2018” special issue acknowledges the extraordinary efforts by physicians, researchers, epidemiologists, as well as local, state, and federal organizations across multiple disciplines to tackle the nationwide problem of inadequate colonoscopy screening for colorectal cancer (CRC). This endeavor, initiated in 2014 by the National Colorectal Cancer Roundtable, was predicated on the simple facts that CRC screening can save lives and that CRC screening is underutilized. A few key facts highlight the extent of the problem. First, CRC is the fifth most commonly diagnosed cancer in the United States, following skin (all types), breast, lung, and prostate (<https://www.cancer.gov/types/common-cancers>). Second, the American Cancer Society estimates that approximately 140,000 US adults will be diagnosed with CRC in 2018 and that approximately 50,000 US adults will die of CRC in 2018 (<https://cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html>). Third, the lifetime risk of developing CRC in an average risk individual in the United States is 4.5%. These facts, when simply stated, demonstrate the enormous impact that CRC has on society, which should not be underestimated. On a personal level, family members and friends are lost; social and professional lives are disrupted. On an economic level, the negative impact of CRC is enormous, with one study estimating that the cost of care for each patient is approximately \$70,000 [1]. This impressive figure significantly underestimates the true costs of total CRC care, however, as it does not include the myriad of indirect costs associated with diagnosis and treatment, including lost wages, mental health counseling, possible disability, child care, travel, special meals, lodging near treatment facilities, and caregiving. For many families, the diagnosis of CRC is both a personal and an economic tragedy.

There is good news, however, with regard to CRC epidemiology and screening outcomes, and this special edition highlights many of these positive findings. We know that CRC screening is effective and leads to a significant drop in morbidity and mortality [2, 3]. Importantly, the nationwide strategy to improve CRC screening in the United States is working. Coordinated efforts have improved screening of all eligible Americans from 66.2 to 67.3% from 2014 to 2016 [4]. This represents an additional 3.3 million US adults screened which, over the course of the next 2 decades, translates into over 200,000 potential lives saved [5]. Although we will not have complete 2018 data for another 2–3 years, it appears that, on a national level, we are likely to approach the ambitious goals laid

out by the National Colorectal Cancer Roundtable back in 2014. In fact, some states are now screening nearly 80% of eligible adults (e.g., Maine, Massachusetts, New Hampshire, and Connecticut; <https://www.cdc.gov/cancer/dcpc/research/articles/use-colorectal-screening-tests-state.htm>).

However, we still have a long way to go to reach the benchmark of 80% of all eligible persons screened. For example, 25% of US adults aged 50 to 75 years have never been screened for CRC. As well, screening rates for CRC lag behind those for both breast cancer and cervical cancer [6]. The challenge that we face as health care providers committed to identifying and treating CRC is to discover new techniques and novel strategies to screen all age-appropriate US adults. This challenging situation formed the basis of this special edition focusing on CRC. We are pleased to offer a wealth of original research articles, review articles, commentaries, and editorials dealing with this topic of utmost importance to the practicing gastroenterologist. You will want to read the article by Dr. de Groen, who describes how he performs water exchange colonoscopy, a technique that can improve polyp detection rates. Dr. Singh presents a state-of-the-art review article on rectal cancer, while Dr. Ma and colleagues present data from a systematic review on detecting CRC in patients with inflammatory bowel disease (IBD). Readers will be challenged with new information on the contribution of a family history of colon cancer on the development of CRC, and new data on the role of smoking and other risk factors on the development of colonic adenomas. CRC outreach screening programs are discussed, and new information on the FIT test is presented. Finally, a thoughtful overview of our current state of progress is presented in Dr. Pochapin’s wonderful Emily Couric Memorial lecture “Colorectal Cancer: Polyps, Prevention and Progress.”

This special edition contains an abundance of information that should benefit clinicians and researchers of all levels of knowledge and experience. We know that you will find the information presented within this edition valuable to your clinical practice, the care of your patients, and to future research efforts.

CONFLICT OF INTEREST

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REFERENCES

1. Ananda S, Kosmider S, Tran B, et al. The rapidly escalating cost of treating colorectal cancer in Australia. *Asia Pac J Clin Oncol*. 2016;12:33–40.
2. Edwards BK, Ward E, Kohler BA, et al. Annual report to the nation on the status of cancer, 1975–2006, featuring colorectal cancer trends and impact of interventions (risk factors, screening, and treatment) to reduce future rates. *Cancer*. 2010;116:544–73.
3. Shaukat A, Mongin SJ, Geisser MS. Long-term mortality after screening for colorectal cancer. *N Engl J Med*. 2013;369:1106–14.
4. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance Survey. <https://www.cdc.gov/brfss/index.html>. Accessed 9 Sept 2018
5. Meester RG, Doubeni CA, Zauber AG, et al. Public health impact of achieving 80% colorectal cancer screening rates in the United States by 2018. *Cancer*. 2015;121:2281–5.
6. Hall IJ, Tangka FK, Sabatino SA, et al. Patterns and trends in cancer screening in the United States. *Prev Chronic Dis*. 2018;15:170465.