Melvin Schapiro, M.D., Series Editor

Introduction to a New Series: Colorectal Cancer: Real Progress in Diagnosis and Treatment

Melvin Schapiro

It has been four years since the last colorectal cancer (CRC) symposium has appeared in Practical Gastroenterology.[1] We have witnessed continued progress in the implantation of more cost effective screening programs, improvement in the technology of screening techniques, development of newer diagnostic measures, and the emergence of exciting and potentially practical genetic approaches to the diagnosis and treatment of this problem.

Though evidence for a decline in the incidence of this disease continues, it is still second in mortality related to cancer in the western world.[2] The American Cancer Society estimates that about 140,000 people will be diagnosed with the disease and about 50,000 will die in the US. CRC continues to be the third most commonly diagnosed cancer and the third leading cause of cancer death.[3] Subsequent to the landmark study of Winawer et al. on colorectal cancer in 1996,[4] the incidence rates in the US have been declining by 3.0% per year in men and by 2.3% per year in women.[5] The acceleration in the decline in the past decade has largely been attributed to the detection and removal of precancerous polyps as a result of colorectal cancer screening.[6,7] A joint guideline for screening[8] has been widely disseminated and more progress should be possible by increasing access to, and utilization of screening modalities. Unfortunately a large number of people eligible for screening do not receive colorectal cancer testing consistent with the current guidelines. In addition, though rates have been declining in the 50 years in older groups, the incidence is increasing amongst younger individuals. This increase appears to be confined to cancers arising in the distal colon and rectum.[9]

The issues for manpower and technical facilities to provide quality performance of screening procedures is of continued concern. The appropriate use of newer screening modalities is evolving. The genetics of CRC are rapidly being transformed in the laboratory to useful adjuncts in diagnosis and therapy. These concepts, and other related issues, are addressed in this present series, "Colorectal Cancer: Real Progress in Diagnosis and Treatment". Experts in the field, many of whom have generously participated in the series over the past 25 years of its publications, will contribute to this series.

Governmental agencies and third party carriers effect reimbursement for CRC. Therefore a thorough understanding of the concepts, alternatives and guidelines in a screening program are essential for the practicing physician in order to translate the advances for diagnosis and prevention into continued reductions in mortality in a cost effective manner. The discussion,"A Practical Approach to Colorectal Cancer Screening" by Jeff Lee, Dan Li and Ted Levin, leads off the series and sets the stage for the related concepts to follow.

Our knowledge and understanding of the genetics

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of CRC continues to increase at a rapid rate and the use of these concepts in treatment is now more standardized. Bill Hendricks and Dan Edelstein update our understanding and on a practical basis bring these into perspective in the next presentation, "Colorectal Cancer Precision Medicine" while Swati Patel and Dennis Ahnen follow with further details in "Update in Genetics of Colorectal Cancer: A Practical Guide to Testing".

The forefront of CRC genetics resides in genome analysis. Therefore, the experience and understanding presented in the landmark following presentation, "Integrative Genomic Approaches for Evolving Personalized Colorectal Cancer Therapy" by Eric Schadt are especially important for the evolving future. A careful reading and understanding of the concepts presented here will update the practicing specialist and individuals interested in the detailed genetics of tumor therapy.

Building on the previous discussions, we ask the question: Is DNA fecal occult blood testing reliable for practicing physician's offices? Steve Itzkowitz addresses this thorny, practical and controversial question in the presentation, "Stool DNA Testing: Are We There Today?" Likewise, Cesera Hassan joins a previous series contributor, Nadir Arber, in the next discussion, "Colonic Capsule as a Screening Test for Colorectal Cancer: We Are Improving", informing us that newer capsule diagnostic technology, proven useful in other areas of the GI tract, may become useful for Colon Cancer Screening.

Ah, the serrated polyp. What is its role?[10] It is always a pleasure to welcome back Doug Rex's scholarly presentations. Next in our series is his article, "A Colonoscopist's Perspective on Serrated Lesions", where he provides the diagnostic and clinical approach to these lesions in a discussion that serves to bring understanding to the confusion.

Though the use of endoscopy in the detection of CRC is well known, its use in colon cancer treatment may frequently be overlooked. In their presentation, "Endoscopic Management of Colorectal Cancer", Wei-Chung Chen and Mike Wallace review the opportunities and values offered by endoscopy particularly as these relate to endoscopic removal of early colon cancers through endoscopic resection.

Finally, Ashish Malhotra and Aasma Shauket, conclude the series with "Quality in Colonoscopy", a practical discussion for improving CRC screening. Primary care physicians and gastroenterologists alike will find this useful.

Once again we have come full circle and I want to express my appreciation to all of the experts who have contributed to these ongoing symposiums that Practical Gastroenerology has committed itself to. Major strides in our understanding of this disease are reaping benefit in early detection as well as prevention and treatment of colorectal cancer.

Professor Massimo Crespi

It is with sadness that I recognize the passing this past year of Professor Massimo Crespi, Emeritus Professor at the National Cancer Institute "Regina Elena", Roma, Italy. Professor Crespi was a pioneer instigator in the development and utilization of screening concepts and the use of the technical modalities for diagnosis and treatment of CRC. His enthusiasm was infectious and his contributions to the progress made in prevention and treatment of this disease should be recognized. It is therefore to his memory that I dedicate this, the eighth symposium in Practical Gastroenterology's Colorectal Cancer Series.■

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