# Rectal Cancer Incidence: Trends in Younger Patients

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The American Cancer Society (ACS) recently published its statistics for new cancer cases and deaths expected in the United States for 2010 (Jemal, Siegel, Xu, & Ward, 2010). This year, a total of 1,529,560 new cases of cancer are anticipated, with approximately 569,490 deaths from the disease. The ACS reports that cancer incidence rates have continued to decrease for both sexes, primarily due to decreases in the three major cancer sites for men and women. This is good news.

For men, decreases in lung, prostate, and colorectal cancer accounted for nearly 80% of the total decreases for all races combined. For women, decreases in breast and colorectal cancer rates accounted for 60% of the total decrease, reducing the overall cancer death rate and demonstrating avoidance of approximately 767,000 deaths from cancer over the entire 16-year period (Jemal et al., 2010). The decline in death rates from breast cancer probably reflects the reduction in use of menopausal hormone therapy largely utilized in postmenopausal women. The accelerated decrease in the incidence of colorectal cancer is considered to be due to increased screening techniques that detect and remove precancerous polyps (Jemal et al., 2010). Most cases of colorectal cancer are found in patients over the age of 50; however, a disturbing trend shows that there is an increasing incidence of rectal cancer occurring in patients aged younger than 40 years (Meyer et al., 2010).

Meyer and colleagues conducted a retrospective cohort study using Surveillance, Epidemiology, and End Results (SEER) cancer registry data to study characteristics of 7,661 patients aged younger than 40 years who were diagnosed with colon, rectal, or rectosigmoid cancer between 1973 and 2005.. Although they noted no increase in colon cancer, a statistically significant increase in the incidence of rectal cancer was seen (annual percent change of 2.6% vs –0.2% for colon cancer). This increase was seen across the study participants, with all races and both sexes equally affected (Meyer et al., 2010).

The reduction in colorectal cancer incidence is related to the improvements in screening and removal of precancerous lesions. Current guidelines recommend screening to begin at the age of 50 for average-risk adults. Although screening is not recommended for patients under the age of 40 unless there is a family history or other genetic predisposition to the formation of colorectal cancer, an increase in rectal cancer has been seen in younger adults of this age group. What should advanced practitioners (APs) note when dealing with the younger adult patient who may be at risk for rectal cancer?

Advanced practitioners who see patients younger than age 40 should be aware of the trend toward increased incidence of rectal and rectosigmoid cancer in this age group. Additionally, patients presenting with rectal bleeding, tenesmus, change in character of stool, pain, or other symptoms should be evaluated promptly. It is gratifying to note that overall decreases in colorectal cancer are occurring for all races and both sexes; however, the increases in rectal cancer in younger adults should be recognized, and patients at risk should be thoroughly evaluated for this disease. If patients are not diagnosed early in their disease process, outcomes will be negatively affected. Advanced practitioners have a critical role in the assessment and evaluation of this patient population.

This issue of the *Journal of the Advanced Practitioner in Oncology* presents the third offering in our *Biomarker Series* with a thoughtful review of relevant biomarkers in colorectal cancer by Caroline Grande and co-authors. Evidence-based practice is discussed in a review by Robin Sommers. Our *Prescriber's Corner* highlights the use of the newly FDA-approved sipuleucel-T (Provenge) in a review by Robert Ignoffo, PharmD, and a review of chemotherapy-induced neuropathic pain is presented by Michelle Abramowski in our *Clinical Snapshot* feature. Our *Grand Rounds* feature by Michelle Bratton and Sandy Kurtin continues the discussion of diabetes in oncology patients. Heather Greene gives us her three favorite websites for practice in our *Tools and Technology* feature, and this issue's *Translating Research into Practice (TRIP)* features a discussion of ipilimumab in melanoma by Peg Esper and Christopher Friese.

As our readership grows, we are excited about continuing to offer APs valuable information for practice, and, as always, we invite you to consider writing for JAdPrO. Our goal is to provide you with timely articles that aid you in your care for patients with cancer, and we welcome your questions and comments. Please drop us a line and let us know how we are doing!

## REFERENCES

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