

Colorectal Cancer Cases Rise in Younger Adults- Transcripts

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Dr. Asif Quyyum, OSF HealthCare Colorectal Surgeon

“We always thought cancer, the majority of people who have cancer, are elderly or people above 65, but we’re finding it more and more with young people. We need to get out more, do more outreach to let young people know that just because you’re young doesn’t mean you can’t get cancer. And if you’re having problems, especially if you’re having problems, seek out a physician.” (:23)

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Dr. Asif Quyyum, OSF HealthCare Colorectal Surgeon

“Right now young people are hesitant to get screened, even if they have problems. They have bleeding from the rectum, they have change in bowel movement, they have unintentional weight loss. They are hesitant to get a screening, they are hesitant to get a colonoscopy or even see a doctor,” said Dr. Quyyum. You don’t want to detect a cancer at the later stages, because then the outcomes are not as good as detecting it earlier.” (:20)

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Asif Quyyum, OSF HealthCare Colorectal Surgeon

“Of all the factors you look at, family history is probably the biggest contributor. So if you have a family member with colon cancer, let’s say they had cancer found at age 50. That means you should have your colonoscopy 10 years earlier at age 40. It’s the biggest predictor of who has colon cancer. There are a lot of mutations that can lead to colon cancer, and many of them run in families.” (:26)

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Dr. Omar Khokhar, OSF HealthCare Gastroenterologist

“If you have a family history of colon cancer or advanced polyps, or hereditary polyp syndrome or inflammatory bowel disease such as Crohn’s disease or ulcerative colitis, your best bet for screening really should be the structural evaluation, which is colonoscopy. We really tend to steer those higher risk patients away from the other stool-based tests.” (:26)

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Dr. Omar Khokhar, OSF HealthCare Gastroenterologist

“It should be a no brainer. Just do one. I don’t mind if you do the stool test, as long as you do it. It’s the people who don’t do anything – that’s the big question mark. Those are the people who show up in the ER who are anemic and we go in and we see a big tumor and we’re like, ‘you know what? We could have caught that.’” (:19)