Colorectal Cancer Screening

Colorectal cancer (cancer of the colon or rectum) is the second leading cause of death in the United States. It is estimated that in 2005 about 145,000 new cases will be diagnosed and about 56,000 people will die of this disease. Among men, colorectal cancer is the third most commonly occurring cancer (after prostate and lung cancer) and among women it ranks third (after cancer of the breast and lung).

Who is at risk for colorectal cancer?

Most cases of colorectal cancer are diagnosed in individuals past the age of 50, with the average age of diagnosis being 70 for men and 73 for women. Age is considered a significant risk factor for developing this disease. Therefore, the American Cancer Society recommends routine screening for colorectal cancer for everyone over 50 years old. (See table for screening guidelines.)

AMERICAN CANCER SOCIETY COLORECTAL CANCER SCREENING GUIDELINES

Regardless of age, there are certain people that are more likely to develop colorectal cancer. For example, certain hereditary colon conditions and certain types of non-cancerous colon disease can increase the risk of colorectal cancer. Having a close relative with colorectal cancer also increases the risk. The screening guidelines for individuals at increased risk are somewhat different than for those over 50 years old who are at average risk (that is, without one of these identifiable risk factors).

How do you screen for colorectal cancer?

Screening for colorectal cancer ideally means finding the cancer at an early curable stage. It is believed that most colorectal cancers originate as growths of the intestinal lining of the colon or rectum, called polyps. Polyps usually have a slender stem with a tuft of tissue at the end of the stem. If a cancer can be prevented by finding and removing polyps that might eventually become cancerous, then this would fit the criteria for an ideal screening method. But how can a polyp be found? It is known that blood vessels around polyps are somewhat fragile and easily damaged by the passage of stool. The damaged vessels can release a small amount of blood into the stool. There is a test called the fecal occult blood test (FOBT), sometimes referred to as a “stool test”, that attempts to detect if there is occult (hidden) blood present in the stool. A small amount of stool is obtained and smeared onto a special type of paper card. A few drops of a special liquid chemical are added to the card and, if there is blood in the stool, the card will turn a particular color. WHPP participants can get this type of colorectal cancer screening test as part of their physical exam.

There are other screening options recommended by the American Cancer Society, including sigmoidoscopy and colonoscopy. A sigmoidoscopy is performed with a sigmoidoscope, which is a slender, flexible, hallowed lighted tube about the thickness of a finger. It is inserted through the rectum to view the rectum and colon. The sigmoidoscope is about two feet long and can view only a portion of the colon (the colon is about five feet long). A colonoscopy is performed with a colonoscope (a longer version of the sigmoidoscope) which allows for viewing of the whole colon. These screening tests can be somewhat uncomfortable, and involve somewhat greater risks than a “stool test.”

What if the stool blood test test is abnormal?

The stool blood test cannot tell whether blood is from the colon or from other parts of the digestive tract. If this test is positive for the presence of blood, additional testing such as colonoscopy is usually needed to determine the source of the blood. If polyps or other abnormalities are found (such as a tumor), they are removed and then sent to a lab to be checked to see if the tissue is cancerous.

It should be remembered that an abnormal stool blood test does not automatically signify cancer and can be related to conditions such as hemorrhoids or ulcers. While it is true that this screening method can produce abnormal results without cancer being truly present, the stool blood test is not invasive and can be easily and readily performed. Furthermore, this test has been widely studied and used as a screening method and has been shown to help reduce colon cancer deaths in large population groups, both in the United States and internationally.

CANCER SCREENING GUIDELINES

- Fecal occult blood test (FOBT)* or fecal immunochemical test (FIT) – Every year
- Flexible sigmoidoscopy – Every 5 years
- FOBT* or FIT every year plus flexible sigmoidoscopy (of these first 3 options, this option is the most preferable)
- Double-contrast barium enema (an x-ray study) – Every 5 years
- Colonoscopy – Every 10 years

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US DOE Assistant Secretary Shaw Visits the Early Lung Cancer Mobile Unit

John Spitaleri Shaw, Assistant Secretary for the DOE Office of Environment, Safety and Health visited the WHPP Early Lung Cancer Detection’s mobile unit on April 15, 2005. Since his recent appointment at DOE, Shaw has been a strong supporter of the early lung cancer screening program.

At the Oak Ridge union hall where the mobile unit was parked, Shaw told TV reporters, “At 500 dollars per scan, it costs about 1.5 million dollars a year to run this unit. But it is money well spent for all the lives it’s saved. It is a lifesaver. There is no doubt about it.”

John S. Shaw was sworn in as Assistant Secretary for Environment, Safety and Health at the U.S. Department of Energy on January 11, 2005 following his nomination by President Bush and confirmation by the United States Senate. Immediately prior to his appointment, he served as the Department’s Deputy Chief of Staff and White House Liaison, and has been acting Assistant Secretary since July 2004.

As Assistant Secretary, Mr. Shaw has moved swiftly to reinvigorate the mission of the Office of Environment, Safety and Health. First, he redirected funds to expand the former worker medical screening programs to many sites that had never been served, including Mound, Fernald and Brookhaven. He is extending the life of the former worker programs at the GPOs and INEEL in a scaled back mode to help those who may not have had a chance to participate. Second, he authorized beryllium screening for employees of former DOE vendors that have been closed down. Third, he facilitated a smooth transfer of Subtitle D of the Energy Employees Occupational Illnesses Compensation Program Act (EEOICPA) from DOE to the Labor Department (see major story on EEOICPA reforms). Fourth, he issued proposed rules that would make DOE’s safety orders legally enforceable.

“The professionals in the Worker Health Protection Program bring expertise, independence and compassion to the work of helping diagnose possible work-related illnesses in Cold War-era nuclear workers”, commented Assistant Secretary Shaw. “My job at DOE is to make sure that this program has the necessary support to provide timely medical screening for illnesses that may have been caused by work at DOE nuclear facilities.”
The state workers’ compensation systems work miserably for people suffering from occupational diseases. Workers rarely receive medical benefits or compensation for chronic lung, kidney, liver disease, cancer or any other longstanding illnesses that are work-related. The insurance carriers routinely contest even the most obvious occupational illness such as asbestosis or lung cancer. The judges and lawyers involved in the claims review and decision process are generally ignorant about occupational diseases. In fact, the track record is so poor, and there is so little hope of success, that most people and attorneys don’t even file many occupational disease claims.

Consider this: After September 11th, many of the Ground Zero workers – fire fighters, police, construction workers, etc. – became ill as a result of the dust and smoke at Ground Zero. They developed upper respiratory conditions, sinusitis, asthma, and post-traumatic stress disorder. This was well-documented. But when they filed for workers’ compensation, they were routinely turned down by the insurance carriers of the employers. They were forced into a long, conflict-ridden process in order to obtain just compensation, and many of these cases are still not resolved. Remember that work at Ground Zero started at a precise date and lasted a finite period, making issues of causation fairly straightforward. If the state workers’ compensation systems fail Ground Zero workers, who will they work for?

For at least some workers in the U.S., then, compensation for occupational diseases is moving in the right direction. If this new program demonstrates, among one set of workers, how workers’ compensation can be improved and actually address the legitimate needs of deserving workers and their families, then there will be important lessons for the system of workers’ compensation as a whole in the United States. Fixing that system of workers’ compensation as a whole in the United States. Fixing that

EEOICPA COVERAGE SUMMARY

Subtitle B (in place since 2000)

Illnesses covered:
- Radiation-related cancers, beryllium disease, silicosis (for underground test site workers in Alaska and Nevada)

Benefits available:
- Lump sum $150,000 plus future medical benefits for covered illness (plus conditions consequential to the illness, such as side effects from treatment, complications of the disease (e.g., metastasis), etc.)
- Variable level of benefits based on degree of permanent impairment and disability

Claims Payment
- U.S. DOL pays claims

Subtitle E (new in October 2004)

Illnesses covered:
- Occupational illnesses from toxic exposures (such as asbestos, solvents, heavy metals) and exposures also covered under Subtitle B – mainly radiation and beryllium

Benefits available:
- Lump sum $250,000 plus future medical benefits for covered illness (plus conditions consequential to the illness, such as side effects from treatment, complications of the disease (e.g., metastasis), etc.)
- No requirement to establish permanent impairment or disability
- Variable level of benefits based on degree of permanent impairment and wages lost prior to age 65, with a cap of $250,000 plus future medical benefits for covered illness

Claims Payment
- DOE contract workers can file under both Subtitle B and E; with a maximum combined benefit of $400,000 ($150,000 under Subtitle B plus maximum $250,000 under Subtitle E).

Note: Prior to enactment of “Subtitle E” in October 2004, claims for disability arising from exposure to toxic substances were covered under “Subtitle D” and had to be paid through the state workers’ compensation systems after review by a DOE physicians panel. “Subtitle D” was abolished in October 2004, but all pending Subtitle D claims were transferred from DOE to DOL.
Atomic Weapons Workers to Gain New Benefits Through Reforms to Energy Workers Comp Program

DOE Will No Longer Handle Toxic Exposure Claims

By contrast, DOE spent $95 million on administrative costs during the four years it tried to implement Subtitle D, but had only rendered approximately $1.3 million in payments to a small number of workers out of nearly 25,000 claims filed as of August 2004. (Definitive statistics were not available from the DOE.)

Subtitle D Claims Filed Automatically Transferred to DOL

Individuals who have already filed benefits under Part D will have their claims automatically transferred to DOL as a claim under Part E, therefore, it is not necessary to file a new claim. Moreover, all Part D claims that were denied by DOE will be reviewed by DOL. For those who never filed a Part D claim, you can file a Part E claim through your local DOL Resource Center or call DOL's toll-free number at 1-866-888-3322.

Claims that were accepted under Part B (including Special Exposure Cohort cases) will be deemed a “covered condition” under Subtitle E, and claimants may be eligible for additional benefits. Even if a claim under Part B was denied, you can file a Part E claim with DOL for consideration of benefits under this program.

As of April 28, 2005, DOL has already paid $43.1 million in benefits under the new program. Moreover, another 300+ claims have been languishing at the DOEL.

The early lung cancer screening program has been a striking success. In a survey sent out in late 2004, on a survey of the early lung cancer screening program in the United States, Europe and Asia that are conducting lung cancer screening with the use of a low-dose CT scan. Selected results of each program are being pooled in order to allow an improved and more powerful statistical picture of this screening technique. Currently, the use of low-dose CT scans has not been endorsed as a screening technique by the American Cancer Society or other institutions such as the National Cancer Institute (part of the U.S. Department of Health and Human Services) because randomized clinical trials -- considered the “gold standard” for evaluating screening tests -- have not been completed. This type of research study uses controls (comparison groups that are not given the low-dose CT scan) and can better measure and interpret mortality rates in the screened population.

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Early Lung Cancer Detection Program is working with others towards answering the question — does early detection of lung cancer, using low-dose CT scanning, reduce the death rate from lung cancer? Lung cancer is responsible for the largest number of deaths of any cancer in both men and women. Furthermore, long-term survival of patients with symptomatic lung cancer is extremely low and has not improved in the past 30 years. Preliminary evidence indicates that low-dose helical CT scanning shows tremendous promise for improving the future for lung cancer patients and for reducing this death rate through early detection. “With 160,000 people expected to die of lung cancer in the United States in 2004, there is no time to waste,” noted Steven Markowitz, M.D., WHPP Program Director.

Reminder! Starting February 2006, the Worker Health Protection Program will no longer be able to offer the lung cancer screening to new participants. (We will only be able to offer follow-up scans.) Don’t miss this valuable opportunity to get screened for free. It may save your life.

WHPP Early Lung Cancer Detection Program toll-free number to see if you are eligible for this program, 1-866-228-7226.

No. of calls 13,320
No. of exams completed 11,112
No. of workshops completed 358
No. of participants who attended workshops 3,551
No. of participants screened for lung cancer 5,145

The free DOE medical screening program will be scaled back in 2006. We urge you to tell friends and co-workers (current and former at the GDP sites, former I-ELCAP participants) to take advantage of this unique and valuable program now and call our toll-free number today 1-888-241-1199 for more information or to schedule an appointment for a free medical screening.

Call Today! 1-888-241-1199

WHPP Success

At-A-Glance (as of 3-31-05)

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Words from Survivors

“I had my WHPP physical exam in April 2003 but nothing showed on the x-ray. Then I went to the mobile unit for my first low-dose CT scan in July 2004. I needed a follow-up scan which was done 3-4 weeks later. After this scan, I received a call from Queen’s College advising me to see a lung specialist. A PET scan was done 3-4 weeks later. After this, I needed a follow-up scan which was done in July 2004. I had surgery and the pathology showed that the nodule was malignant. The upper left lobe of my lung was removed and the doctor assured me that he had gotten all of the lung cancer. It turned out to be an early lung cancer. No doubt about it, if it hadn’t been for the screening program, I wouldn’t be here now!”

- Tom Dodds, Portsmouth GDP, special response team officer, 1977 – present.

“When it was finally determined I had chronic beryllium disease, I was in total shock. I’d never heard of beryllium let alone that I had been exposed to it. Please have the physical and CT scan. If not for yourself, then do it for your family.”

- Donna Christian, Portsmouth GDP, uranium material handler, 1974 - 2002

“Within one month of detection of my aneurysm, I had open heart surgery and will have ascending aortic aneurysm (a silent killer). I had surgery and recovered. The WHPP saved my life. I didn’t get to hunt my moose that year, but I got to go the next year. I strongly recommend this program to all eligible participants.”

- Roy McIvor, security manager, INEEL, 1960 - 1981

“During my WHPP physical exam at Park Med, I was examined by a doctor who had participated in the PACE program and who said he detected an early lung cancer.”

- George Mustard, Portsmouth GDP, research staff member 1954 to 1994

“The consideration extended by the WHPP program makes it easy to be thankful and accept the blessing of finding my lung cancer early. I would encourage anybody to take advantage of this program, especially the lung cancer screening program.”


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- Bob Jones, INEEL, engineer, 1953 - 1991

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“Through WHPP I found out about a problem I didn’t know I had. After I went for the physical, I got the low-dose CT scan. A small nodule showed up that turned out to be an early lung cancer. It would never have been found until it was too late.”

- KB, Paducah GDP, chemical operator 1951-1953

“Without the Worker Health Protection Program, my lung cancer would not have been found until it was too far advanced. A lung specialist assured me that I did not have a problem. Then I went through the lung cancer screening program. The nodule that was revealed was not to be malignant and was removed while it was tiny. I am deeply grateful to my friend for insisting that I go through the WHPP program.”


“I am very grateful to the WHPP program because of the early detection of my lung cancer.”


“I participated in the Worker Health Protection Program, an ongoing health examination program which discovered a serious health condition.”

“Beginning in 1957, I worked in management positions at the INEEL in an atomic energy program, including the SL-1 cleanup. Until I received free medical screening tests for occupational disease, I never knew that I had become ‘beryllium sensitized.’ As a result, the Department of Labor has approved a claim to provide ongoing medical monitoring. My condition would never have been found in a private medical facility. I strongly recommend that people who worked at DOE’s Hanford site contact WHPP for a free diagnostic screening.”

- Marvin Eld, INEEL, 1961 - 1979

“I took advantage of the free physical and CT scan offered by the WHPP program. The physical exam showed I was very healthy, but the CT scan showed I had an ascending aortic aneurysm (a silent killer). I had open heart surgery and will have 100% recovery. This program saved my life and it could save yours.”

- Tom Dodds, Portsmouth GDP, special response team officer, 1977 – present.

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“Because of the WHPP low-dose CT scan I have become a survivor. Since there were malignant masses in both lungs chemotherapy was recommended. Scans after 12 treatment months revealed the masses are stable.”

- Eugene Bailey, Portsmouth GDP, production process operator, 1954 – 1965

“The Workers Health Protection Program (WHPP) is a God send for the past and present workers at the Paducah GDP plant. I have been an electrician at the Paducah plant for more than 30 years. Anybody that worked during the seventies knows that we were exposed to radiation with little or no protection. After going through the WHPP I was diagnosed with chronic beryllium disease (CBD) and I was recommended for treatment by the WHPP.”

- Michael Thompson, Paducah GDP, electrician, 1974 to present

“Within one month of detection of my aneurysm, I had open heart surgery to repair my aorta. I believe it is safe to say that I owe my life to this program. I am very thankful for the skilled people involved with the WHPP program and feel it is important that the program continues.”

- Greg Rucker, Portsmouth GDP, security police officer, 1961 - present

“Through the free physical and CT scan of the WHPP I discovered there were some suspicious spots on my right lung. A biopsy confirmed the spots were cancer. I had an operation to remove the upper right lobe of my lung. The operation was a success and I owe my life to the early detection as a result of WHPP.”

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These are stories told by participants in the PACE Worker Health Protection Program (WHPP) who had illnesses discovered through WHPP. If you have been through the WHPP physical or had a low-dose CT scan through the program, and learned of an illness you didn’t know you had before, call us and tell us your story. Help us document the success of this crucial program for the nuclear weapons workers from the DOE GDP’s and INEEL.

THANKS TO THE PACE/QUENNS COLLEGE WORKER HEALTH PROTECTION PROGRAM, “EARLY DETECTION SAVED OUR LIVES!”

Call us toll-free, 1-888-241-1199 and ask for Jackie Namfua.

If you prefer, mail your story to: Jackie Namfua, CBNS, Queens College, 163-03 Horace Harding Exp., Flushing, NY 11365.