

Editorial Submission: Lawrence W. Cappel, Ph.D., Board Chair, Peninsula Health Care District

Less than two years ago was the tragic, untimely, and unexpected death of Chadwick Boseman, an International Megastar and superhero to many people around the world. He was an icon. He was the epitome of the Black Panther. Mr. Boseman was only 43 years old.

Mr. Boseman died of colon cancer after being diagnosed four years earlier. Unfortunately, he was one of a rapidly growing number of young people who are developing this insidious disease in their 20s, 30s, and 40s. That is not supposed to happen. Colon cancer has always been thought of as an older person's disease, the disease our grandparents or parents get. It is not supposed to attack and ravage people who are either in the prime of their life or are standing on the threshold of their amazing futures.

Now, we have 1 in 7 colon cancers being diagnosed in patients under 50. Alas, that number is growing and is estimated to increase 90% for ages 20-34 and 28% for ages 35-49 by 2030. The sobering news is that younger people are diagnosed when the cancer has already developed into stage 3 or 4 at a higher rate than those over 50. Correspondingly, their chances of survival decrease significantly. In fact, those under 50 are 50% more likely to have cancers that spread either to lymph nodes or other organs than older patients.

It is not a rare cancer. It is the third most common, and second deadliest, cancer in the United States. Today, 145 people die of the disease each day, the equivalent of a passenger plane crashing each day! During the course of a year, over 150,000 people will be newly diagnosed.

It is time for the United States to change our way of thinking about colon cancer. We need to recognize that it is a disease of us all and not just our elderly population. It is time for us to realize that certain demographic groups are far more susceptible to the disease. It is time for us to realize that physicians and patients must recognize not only the classic symptoms of the disease but also the breadth of the age spectrum and demographic spectrum that may be more susceptible to this insidious disease and become more vigilant and aware that all of us are at risk.

We also need to lower the standards for screening for the disease. The archaic standard of 50 years of age, recently lowered to 45 for certain populations, is just that. Archaic. This is even more pronounced with the improvements that have been made in screening techniques in recent years. Why not lower the age for recommended screening to 40? The more we can provide a well-organized screening process, the more cases we will find, and the more cases will be at an earlier stage where the success rate in treatment is nearly 90%!

The loss of Mr. Boseman was a loss for many. He accomplished much in his short life. The bigger loss is what he might have accomplished had been allowed the opportunity to live a normal life span.

The death of Mr. Boseman is certainly tragic but let us learn something from him. The loss of over 50,000 other people a year in the United States is also tragic. The loss of my son at age 23 to colon cancer was tragic. We are losing too many fine young people because we have not developed a systemic screening program throughout the United States that allows us to detect the disease at stages that allow us to save lives. Too many young people are leaving us without ever having the opportunity to give the world what it is that they were destined to give.

Let's make sure all of us have that opportunity. Let's eliminate the structural and racial barriers that have been built over the years. Let us be sure that colon cancer screening becomes a part of all of our lives.