

UNMC Chancellor Jeffrey P. Gold, MD: Hello, I'm Dr. Jeff Gold and welcome to another episode of "Heart to Heart." Today my special guest is Dr. (Shinobu) Watanabe-Galloway of our College of Public Health. Let's mark National Colorectal Cancer Awareness Month with a conversation with Dr. Watanabe-Galloway, who's a professor, and the Tim Hawk's Chair in Cancer Prevention and Population Science, as well as the Associate Director of Community Engagement for the Fred & Pamela Buffett Cancer Center. Welcome, and thanks so much for being with us today.

Shinobu Watanabe-Galloway, PhD: Thank you.

Dr. Gold: We know that one of your passions, and certainly one of ours as well, that we share as UNMC, Nebraska Medicine and the Fred & Pamela Buffett Cancer Center is addressing health disparities in our state's rural and underserved populations. How has creating the Fred & Pamela Buffet Cancer Center allowed us to better address these challenges, these disparities in cancer in new ways since it opened back in 2016?

Dr. Watanabe-Galloway: Thank you for this important question. So, as many of you know, the (Fred & Pamela) Buffett Cancer Center is one of the National Cancer Institute Designated Cancer Centers. And National Cancer Institute, or NCI, decided several years ago that each cancer center needed to decide on its catchment area. For us, the entire state of Nebraska is our catchment area, which means we cover central and western parts of Nebraska, which are primarily rural, and then there are many other important, underrepresented populations included in the catchment area. So, as the associate director of community outreach and engagement, I feel strongly I'm responsible for taking care of the cancer-related health issues among everyone in the state of Nebraska.

Dr. Gold: Well, that's certainly our approach to bringing the care and caring for the urban and the rural communities, both the underserved and the well-served communities, together around access and quality and, of course, affordable care. But unfortunately, the statistics of cancer epidemiology in Nebraska are not looking any better recently, and particularly I just read that the incidents of delayed diagnosis and unfortunately the mortality rates of colorectal cancer are going in the wrong direction. And do you have any reflections as to why that might be for a type of cancer that could potentially be almost universally diagnosed in an early stage and treated when it's nearly, as someone who had a longstanding career in the surgical specialties, in very early stage colorectal cancer, it can either be treated endoscopically or surgically and cured?

Dr. Watanabe-Galloway: Yes, you're absolutely right on this. With colorectal cancer and few other cancers, even the preventive cancer is possible because we can discover polyps in the case of colorectal cancer before it becomes cancerous. And there are many effective screening methods available to detect this cancer at the early stage. But this has been a pretty consistent and a persistent problem, not just in Nebraska, but all over the United States, is there is still a very, very strong stigma and misunderstanding in particular about colorectal cancer. And many people think, when we talk about colorectal cancer, they think about a colonoscopy, which is of course not one of the favorite things.

Dr. Gold: It's not something one looks forward to, having spoken from personal experience.

Dr. Watanabe-Galloway: Yes, definitely.

Dr. Gold: Although the prep is certainly far worse than the procedure without a doubt.

Dr. Watanabe-Galloway: Yes. And people talk about how awful preps are and so forth, but to make the matter really complicated, there are other effective methods of screening possible, like a stool test, FIT, Cologuard or all kinds of other tests. So it's really confusing for many people who are not from the health care arena: How many times? How often do I need to get screened? At what age do I need to start getting screened? What it means to be at the average risk and at risk? So, there is just too much confusing information out there. So researchers agree, lack of information and confusion about the screening, but also the access to care, including the colonoscopy facility, have been some of the persistent problems.

Dr. Gold: So, what are the current recommendations for screening of any type for colorectal cancer?

Dr. Watanabe Galloway: So, if you are at average risk, meaning you do not have any genetic conditions or the family history or the personal history of cancer, you only have to get a colonoscopy once in 10 years.

Dr. Gold: Starting at what age?

Dr. Watanabe Galloway: 45.

Dr. Gold: 45, they just knocked that down from 50?

Dr. Watanabe Galloway: Yes. And then a stool test would be every year.

Dr. Gold: And if you have risk factors, it's individualized, I take it, based on either your genetic profile or you have a family history, et cetera. I've heard so many people talk about their reluctance to get screened and particularly around colonoscopy and the prep. But you know what I typically tell them is if they don't like colonoscopy, they'd hate being told they have colorectal cancer even more.

Dr. Watanabe-Galloway: That is so true.

Dr. Gold: So, when we talk about prevention and population science statewide, how does UNMC have a role in being sure that we're not only focused on our immediate area here around our clinics and around our teaching facilities, but more importantly, about all of rural Nebraska as well?

Dr. Watanabe-Galloway: I think one of the exciting news for UNMC and the central part of Nebraska is the Kearney project expansion. I think that would really give us an opportunity to do more outreach and clinical care, clinical trial expansion. And then, fortunately, we have the satellite sites for College of Nursing and Allied Health. So, we actually have educational and clinical roles throughout Nebraska. So, I think we need to utilize those satellite sites in the Kearney expansion more effectively and rather aggressively to really communicate and interact with the community members, health care providers and public health in these areas to really collaborate working to address cancer issues.

Dr. Gold: I'm really excited about this Helix program of genetic screening that we're going to be offering to a 100,000 Nebraskans absolutely free, which will help to profile some of their risk factors as well, and perhaps provide an opportunity for over-the-dinner-table conversation of what is your risk and what can you do at the end of the day to reduce your risk. So finally, I wanted to ask you about the local public health districts, because they do report the statistics to us, but are they also part of the solution to the problem, because they're watching the screening rates go down as well?

Dr. Watanabe-Galloway: Yes. So, when we look at the data on the colorectal cancer screening rate by local health department, unfortunately, there are some pockets of districts which have very low screening rate. And we do not know why that is the case, but that's why epidemiology makes sense, too. We need to start slicing up and dicing up the data to really understand why certain local areas, populations, may be experiencing disparities. So, (the Fred & Pamela) Buffett Cancer Center has been working very closely with the comprehensive cancer control program in the state of Nebraska, as well as Cancer Coalition. And those organizations really already have partnerships, different types of partnerships we do not yet have. So, I think those are the key partners for us to work with the public health department and then, I'm a faculty from College of Public Health, so we already have very close relationship with those local health departments.

Dr. Gold: I know you do, and that's so important because they're a great means of being able to share helpful information about access, cost and all of the critical misinformation and disinformation that's out there. So, I just want to thank you for all that you do and tell you how important it is, not just of course in this month where we're talking about colorectal cancer awareness, but all the time in looking out for rural and urban communities and trying to reduce the instance of cancer in our state. There are a lot of frightening things that people hear when they are with their health care professionals in follow-up to routine screening and tests. But those words, "you have cancer," are certainly among the most frightening. And in the instance of colorectal cancer, we can really reduce that through screening.

So this is National Colorectal Cancer Awareness Month. This is the time for all of us on this podcast to ask their health care professional, when do I need my next screening? What's that going to entail, and where do I sign up?

Thanks so much for being with us today, and thank you, our audience for being with us today as well.