

New recommendations propose earlier screening for colorectal cancer in African Americans

New recommendations from the American College of Gastroenterology have called for earlier screening for colorectal cancer in African Americans. Screening for average-risk individuals should begin at age 45 years, they say—five years earlier than has been recommended to date. This advice comes in response to evidence of a higher incidence of the disease in this population than among other racial or ethnic groups, and a lower mean age at presentation. Furthermore, since African American patients have a particularly high frequency of lesions in the proximal part of the large bowel, colonoscopy is preferred over sigmoidoscopy as a first-line screening procedure.

The College's Committee of Minority Affairs and Cultural Diversity has published the recommendations—along with information on colorectal cancer incidence, survival, tumor site distribution, diagnosis, and screening—in the *American Journal of Gastroenterology*. The paper draws attention to the specific issues of colorectal cancer in African Americans, and encourages the development of culturally-sensitive educational programs, both in the community and for physicians.

The authors note that survival in African Americans with colorectal cancer is lower than among whites and prognosis tends to be poorer. In the absence of any biological explanation for the higher incidence of colorectal cancer in African Americans, the authors suggest that better access to healthcare, increased awareness of screening, and improvements in socioeconomic status might help to close the gap between these two groups.

Original article Agrawal S *et al.* (2005) Colorectal cancer in African Americans. *Am J Gastroenterol* **100**: 515–523

Patients' perception of breast cancer risk: effects of genetic counseling

Patients' misunderstanding of risk can lead to inappropriate treatment decisions and unnecessarily high levels of distress. It is therefore important to understand how patients perceive the risk information that is provided to

them. To examine this question, Gurmankin and colleagues have studied changes in risk perception among women receiving genetic counseling about the risks of breast cancer and *BRCA1/2* mutations.

The study included 108 women who attended the Breast and Ovarian Cancer Risk Evaluation Program at the University of Pennsylvania. Having completed a precounseling questionnaire, participants received individualized information, both from a physician and from a genetic counselor, regarding their breast cancer and *BRCA1/2* mutation risks. This was followed during the next week by a post-counseling telephone interview, which sought to determine the new perceived risk, recall of the risk information that had been provided, and the associated degree of worry, along with trait anxiety and dispositional optimism.

Although patients' perceived risk of breast cancer and *BRCA1/2* mutation were significantly lower after genetic counseling than before, risk perception remained inappropriately high relative to the actual risk information provided. This apparent resistance to risk information was related to both the patients' recall of and their belief in the information. In the case of breast cancer risk, patients' overestimation of their risk was significantly associated with their precounseling worry.

Gurmankin *et al.* propose that similar studies in other disease areas are indicated. They draw attention to the need for specific interventions to close the communication gap between health-care providers and their patients, with a focus on especially worried patients.

Original article Gurmankin AD *et al.* (2005) Patients' resistance to risk information in genetic counseling for *BRCA1/2*. *Arch Intern Med* **165**: 523–529

Adjuvant chemotherapy in breast cancer: assessment of age

Adjuvant chemotherapy improves survival in patients with locoregional breast cancer; however, it is frequently not offered to older patients and its benefit in this demographic is uncertain. Muss *et al.* have reviewed four randomized trials to compare the benefits and toxic effects of adjuvant chemotherapy in age groups of 50 years or younger, 51–64 years, and 65 years