

## Conference Abstracts

# Early detection of Colon Adenocarcinoma: A case report in the context of underserved communities

Brenda Santellano, MD<sup>1</sup>, Christopher Turner, MPH<sup>2</sup>, Robby Amin, MD<sup>3</sup>, Lorriane A Odhiambo, MPH, PhD<sup>2</sup>, Sable Fleming, RN<sup>4</sup>, Samah Ibrahim, MBBS<sup>5</sup>, Katreena Davis, MPH<sup>6</sup>, Cynthia Merchant<sup>7</sup>, Douglas Patten, MD<sup>5</sup>, Koosh Desai, MD<sup>5</sup>, James Hotz, MD<sup>8</sup>, Lynn Durham, EdD<sup>6</sup>, Sheryl Gabram, MD<sup>6</sup>, Jorge Cortes, MD<sup>9</sup>, KM Islam, MD, MPH, PhD<sup>10</sup>

<sup>1</sup> Georgia Cancer Center at Augusta University, Augusta, GA, USA, <sup>2</sup> Augusta University, Augusta, GA, USA, <sup>3</sup> Horizons Community Solutions, Albany, GA, USA, <sup>4</sup> East Georgia Healthcare Center, Swainsboro, GA, USA, <sup>5</sup> Augusta University, Augusta, GA, USA, <sup>6</sup> Georgia CORE 5. Albany Area Healthcare Center, Albany, GA, USA, <sup>7</sup> Horizons Community Solutions, Albany, GA, USA, <sup>8</sup> Indiana University, Indianapolis, IN, USA, <sup>9</sup> Georgia Cancer Center at Augusta University, Augusta, GA, USA, <sup>10</sup> Augusta University, Augusta, GA, USA

Keywords: Abstract, Conference, Cancer, Oncology, Health disparities

<https://doi.org/10.53876/001c.117448>

---

## International Journal of Cancer Care and Delivery

---

### BACKGROUND

Colorectal cancer (CRC) is the second leading cause of cancer death in the United States. CRC incidence and mortality is preventable through screening. However, a gap in access to CRC screening remains in underserved populations, leading to delayed diagnosis and advanced stages of CRC. This unique case of CRC underscores the intersection between healthcare access and timely screening, as addressed by the Georgia Colorectal Cancer Control Program (GCRCCP).

### CASE DISCUSSION

A 50-year-old uninsured male, with a history of diabetes mellitus ty 2, hypertension, and hyperlipemia, presented for a routine medication refill. He had a negative history of smoking, hemorrhoids or family history of cancer and a positive history of Peptic Ulcer Disease. The patient denied having Gastrointestinal (GI) symptoms, and vital signs and laboratory results were normal. He received a free iFOBT kit (02/17/2023) through the GCRCCP and the test showed a positive result (02/21/2023). During follow-up, the patient

mentioned left upper quadrant pain, diarrhea, and blood in stool, starting two weeks earlier. A reduce-rate colonoscopy (04/17/2023) revealed a 3 cm polyp in the distal transverse colon. Pathology reported a moderately differentiated adenocarcinoma with focal submucosa invasion, associated with tubular adenoma with high-grade dysplasia, negative for lympho-vascular invasion. The patient underwent a transverse colectomy on 05/11/2023. Post-colectomy pathology showed no residual cancer with 14 negative nodes. The patient was declared cancer-free within 3 months, expedited by effective navigation and removal of financial barriers by the GCRCCP.

### CONCLUSION

This case emphasizes the significance of timely access and the role of targeted cancer screening programs, such as the GCRCCP, in overcoming barriers to healthcare access among underserved populations. The presented case of an uninsured age-eligible male with no apparent GI symptoms highlights the latent nature of early-stage CRC and the potential for missed opportunities in timely diagnosis.

