Dr. Bilchik: Co-Leading The SU2C Colorectal Cancer Health Equity Dream Team

Dr. Anton Bilchik hopes his work on the SU2C Colorectal Cancer Health Equity Dream Team improves outcomes.

April 5, 2022 By Justin Birckbichler

A few weeks ago, I shared my conversation with Stand Up To Cancer's CEO, Dr. Sung Poblete about the Colorectal Cancer Health Equity Dream Team. If you need a refresher, go check out the original post here. (TLDR: Dr. Poblete is awesome and the SU2C Colorectal Cancer Health Equity Dream Team aims to bring together leading researchers, patient advocates, community leaders, and clinicians to accomplish several goals, including improving colorectal cancer screenings in medically underserved communities.)

As promised, I'm following up with my conversation with Dr. Anton Bilchik, a cancer surgeon and scientist from Providence Saint John's Health Center in Los Angeles. Dr. Bilchik is one of the leaders of the Dream Team and is responsible for designing and deploying a community-based campaign to increase colorectal cancer screening rates in demographically diverse areas within Los Angeles County, CA, one of the zones that the Cancer Colorectal Cancer Health Equity Dream Team is targeting.

The other team leaders are Dr. Jennifer Haas, MD, MSc, at Massachusetts General Hospital and Dr. Folasade P. May, MD, PhD, MPhil, at the University of California, Los Angeles. Additional team members are from the Dana-Farber Cancer Institute and the Great Plains Tribal Leaders Health Board.

Dr. Bilchik has always had an interest in gastrointestinal issues.

After medical school, he did his PhD thesis in gastrointestinal physiology at Yale University. He followed that with general surgery training at UCLA, which included more research in the gastrointestinal field. Next up was a surgical oncology fellowship at the Saint John's Cancer Institute, formerly known as the John Wayne Cancer Institute. Two years later, he helped establish the gastrointestinal research program at the Saint John's Cancer Institute. Throw in fourteen years of funding from the National Cancer Institute, and suffice it to say, Dr. Bilchik knows his stuff.

He called out how he's seen colorectal cancer change over the past few years.

“We’re talking about the second most common cause of cancer related deaths in the United States. We’re talking about a cancer that is completely preventable and now we’re talking about a cancer that’s a young person’s disease. When I was training several years ago, I would see colon cancer patients or patients diagnosed with colon cancer over age 65. Now, a lot of the people I’m seeing are under age 50. About once a week, I see a patient under age 45. Two weeks ago, I saw a 26 year old woman with advanced colon cancer.

For some reason, colon cancer is rapidly increasing among young people in this country, no one knows for sure why. But the predictions are staggering. By 2030, a third of patients with colon cancer will be under age 50. I don’t think there’s any other cancer that is increasing among young people as rapidly as colon cancer.

And then the other issue is that we have huge disparities in this country in healthcare and we have huge disparities in colon cancer. African Americans have a higher risk of death, are typically diagnosed at a more advanced stage, and have less access to screening.”

Dr. Bilchik reiterated the goals of the SU2C Colorectal Cancer Health Equity Dream Team.

He stated that all members of the Dream Team have a common interest in increasing colorectal cancer screening, particularly in underserved areas. He shared that, “One of the challenges that scientists and researchers have faced for many years is working in silos, even within a single university. Scientists have a tendency to hold onto things and not be that enthusiastic to collaborate with another scientist or another clinician.

What this initiative does is it breaks down the silos and brings people together with a common goal. Through this initiative, we’ve identified three zones – one in Greater Boston, the second in Los Angeles, and the third in South Dakota zones – where we know that the screening rates are low. One of the primary goals is to increase screening rates in these populations to what should be the national benchmark, which is 80%. We have certain areas in this country where screening rates are as low as 30%, and in fact, during COVID, screening rates dropped to 17%.”

Joining the SU2C Colorectal Cancer Health Equity Dream Team was personal.

Beyond his obvious professional interest in colorectal cancer, he found inspiration in the Black Panther himself, Chadwick Boseman. After Chadwick’s tragic passing, Dr. Bilchik found himself questioning how an extremely fit and healthy 43-year-old man could have been diagnosed with this disease. He remembers thinking “We’ve got to try and get the word out and screen people. Part of the reason that I think we’re seeing more and more advanced colon cancers and younger patients is that there really is a fear of a colonoscopy. There’s also a fear of talking about it.”

Dr. Bilchik has been involved in community advocacy for several years and found that some of the most satisfying projects that he was involved in were related to community outreach and education. “It just dawned on me that doing lectures around the world about genes and molecules and new discoveries doesn’t really make that much of a difference to the people in your own community that don’t really understand the disease or don’t know how to reduce the chance of

getting it, and don't want to get screened."

He shared a poignant message that drove the point of the importance of community outreach. "In doing some of these initiatives, one person would stand up in a community center and say, 'I've got the message. Next week, I'm gonna go get my colonoscopy. I really was petrified about doing it. Now I understand why and why I need to do it.' If I can help one person with an early diagnosis be cured, rather than have that person present when they have a very advanced disease, it's well worth it."

Dr. Bilchik shared what people should know about colorectal cancer.

As Dr. Poblete said, the "outer space goal" is for the United States to be one zone. Since we're in the three zones stage, I asked Dr. Bilchik what he wishes everyone knew about colorectal cancer. He shared two main thoughts: prevention and screening protocols.

n many cases, colorectal cancer is preventable. His suspicion is that colon cancer likely starts at a younger age, even as early as school age. A healthy diet, avoiding smoking, and regular exercise is paramount to prevention. The next step is knowing if anyone in your family has been diagnosed with colon cancer because there may be some genetic component. Finally, simply knowing what the screening guidelines are is important in prevention.

Though the USPSTF are still on my "list" for their dumb ratings on testicular self exams, they have made a great deal of progress in adjusting the recommended age of screenings for asymptomatic people from 50 down to 45. This reduction in age is critical because part of the reason for screening is to identify and remove concerning polyps. By doing so, you may have removed something that may have otherwise developed into cancer. Many studies are showing that by removing certain polyps prevents you from getting cancer.

He acknowledged the fear around colonoscopies and provided some alternatives.

He reiterated that a colonoscopy is still the gold standard for early detection, but there are other great options. A common one is collecting stool samples at home and sending them in for testing. If one of those tests comes back positive, the person would still need a colonoscopy. He wants to make sure that everyone knows that "There are alternatives and doing nothing, especially in high risk groups, is just not a good idea, given what we are seeing in this disease that's rapidly changing."

Though the USPSTF recommended 45 as the new age, in his area, they will be offering free screening to individuals who are 40 and above. Dr. Bilchik is working on organizing CHATs – Community Health Action Teams. One-off meetings are not likely to resonate, but working with community leaders will have a greater impact. "We're involving the community in helping us figure out how best to get the word out to particularly those people at risk, and then to provide support and navigation to those people. So, we're giving support for the community leaders and the navigators that help get these people through the system, so that they don't feel like they're going to be lost or abandoned somewhere along the way. The primary goal is to increase

screening rates in these communities.”

If this pilot goes well, it will help to push us closer to the goal of one large zone.

What are the next steps for Dr. Bilchik and the SU2C Colorectal Cancer Health Equity Dream Team?

While the community outreach is a big part of what Dr. Bilchik hopes to achieve, he’s also looking smaller – microscopically so.

“Part of the initiative is being able to share data, but also to better understand at a cellular or genomic level with some of the changes that are happening, particularly some of these younger patients with colon cancer. If people test positive and they get a colonoscopy, we plan to bank tissue and then study the tissue to see if we can identify changes.

We will also share that tissue with colleagues at Harvard or UCLA and have them share their tissue with us at our Cancer Institute so that again, we’re breaking down silos. We’re doing this kind of translational research in a way that is really somewhat unique in that we’re not only focusing on community outreach and trying to increase screening but also performing translational research on this population to give us a better idea as to why this is happening.”

Sometimes you have to go small to go big. Dr. Bilchik, the Colorectal Cancer Health Equity Dream Team, and SU2C are attacking this problem at all levels – microscopically, at the individual level, throughout communities, the nation, and eventually the world. It’s truly a labor of love, and no one knows this better than Dr. Bilchik.

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