Colorectal Cancer...You Can Prevent It

- In the United States, colorectal cancer is the 3rd most common cancer in both men and women, yet it is one of the most preventable types of cancer.
- Regular screening for and removal of growths in the colon called polyps reduces the risk of developing colorectal cancer - by up to 90 percent with colonoscopy.
What common cancer can YOU prevent with screening?

A. Prostate
   - NO [x]
   - YES [ ]

B. Breast
   - NO [x]
   - YES [ ]

C. Colorectal
   - NO [ ]
   - YES [✓]

Yes, colorectal cancer can be **prevented** – not just detected – through colonoscopy.
Why is Colorectal Cancer Screening Important?

- You can prevent – not just detect – colorectal cancer with a screening test called colonoscopy.
- Removing precancerous growths in the colon called polyps reduces the risk of colorectal cancer.
- Screening by colonoscopy with polyp removal prevents colorectal cancer before it can start.
- The power of prevention!
The Colon and Rectum form the Large Bowel or Large Intestine
Screening by
COLONOSCOPY AND POLYP REMOVAL
PREVENTS COLORECTAL CANCER
before it can start

Colorectal Cancer: YOU CAN PREVENT IT
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Where Does Colorectal Cancer Start?

- Colorectal cancer usually starts in a benign growth – a polyp – that arises from the innermost layer of the colon which is called the mucosa.

- If cells spread in to the first layer below the mucosa (called the submucosa) then cancer is present.
About Colon Polyps

• A polyp is a small clump of cells on the lining of the colon.
• Most colon polyps are harmless.
• Some colon polyps can develop into colorectal cancer, often fatal when found in its later stages.
• Not all polyps turn into cancer, but all cancers start as polyps.
• Because colon polyps do not usually cause symptoms, it is important to have regular colorectal screenings such as colonoscopy.
• Remember: screening by colonoscopy with polyp removal prevents colorectal cancer before it can start.
Polyps Come in Different Shapes
Some Polyps Are Hard to See
PHYSICIANS FROM THE AMERICAN COLLEGE OF GASTROENTEROLOGY WANT YOU TO KNOW

that SCREENING TESTS CAN FIND PRECANCEROUS COLON POLYPS so they can be REMOVED BEFORE THEY TURN INTO COLORECTAL CANCER

COLORECTAL CANCER: YOU CAN PREVENT IT

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Colonoscopy is the only screening test that allows both identification and removal of polyps (polypectomy).

Colonoscopy is a Powerful Cancer Prevention Tool.

Removal of polyps prevents up to 90% of colorectal cancers and with appropriate follow-up the chance of death from colorectal cancer is reduced.
Colonoscopy and Polypectomy
Understanding Who Is At Risk For Colorectal Cancer
Risks of Colorectal Cancer

• Colorectal cancer affects BOTH men and women:

  1 in 23  Lifetime risk of colorectal cancer for men
  1 in 25  Lifetime risk of colorectal cancer for women

1990  Estimates show that people born around 1990 have twice the risk of colon cancer and four times the risk of rectal cancer than those born around 1950.

While the reasons for these trends are complex, experts suggest unhealthy diet and sedentary lifestyle may contribute.
Some Factors That Further Increase Risk

- Family history of colorectal cancer
- Family history of adenomas
- Cigarette smoking
- Obesity
- Gallbladder removal
- Physical inactivity
- Abdominal radiation
- Cancer of the uterus or ovaries before 50
- Ulcerative colitis or Crohn’s colitis
- African American race
Symptoms and Colorectal Cancer
What Are the Symptoms and Signs of Colorectal Cancer?

• Most early colorectal cancers produce **no symptoms**. This is why screening for colorectal cancer is so important.

• Never ignore new or worrying symptoms!

• Reach out to your health care providers if you have any symptoms, regardless of age.
Should I wait until I get symptoms to get checked for colorectal cancer?

**NO**

Do not hesitate to talk to your health care team about symptoms, even those that seem hard to discuss or share, including:

- blood in the stool
- change in bowl habits
- change in the shape & size of stool
- rectal pain
- abdominal pain
- unexpected weight loss
- unexplained or new anemia
What should I do if I don’t have any symptoms of colorectal cancer?

Get Screened

Screening means getting checked even when you have no symptoms
Screening and Colorectal Cancer
Learn About Your Screening Options for Colorectal Cancer

1-Step Screening vs. 2-Step Screening for Colorectal Cancer

- The American College of Gastroenterology 2021 Guidelines on Colorectal Cancer Screening explain the difference between recommended tests that are “1-step tests” and “2-step tests.”
- In many instances, the best screening test is the one that gets done.
1-Step Screening Test: Colonoscopy

- Colonoscopy is a one-step test that looks for growths called polyps in your entire colon (large intestine) and rectum using a colonoscope.
- Your doctor can both detect and remove polyps during colonoscopy and prevent colorectal cancer.
- Colonoscopy is the most commonly performed gastrointestinal procedure in the United States.
- Colonoscopy with removal of polyps offers long term protection against developing colorectal cancer or dying from it.
2-Step Screening Tests: Stool-Based Tests

Tests to detect blood or altered DNA in the stool as a 1st step. A positive result would lead to the 2nd step of colonoscopy for further examination.

a. FIT Test
   - Fecal Immunochemical Tests (FIT) detect hidden blood in the stool. The stool FIT test is typically performed on an annual basis.
   - A positive test requires a follow-up colonoscopy.

b. Multitarget Stool DNA (mtsDNA)
   - A non-invasive screening that looks for abnormal DNA associated with colon cancer or precancerous polyps.
   - More sensitive than the FIT test, but your chance of getting a false positive may increase with advancing age.
   - If the mtsDNA test is negative, repeat screening occurs in three years
   - If the mtsDNA test is positive, the second step of colonoscopy is required. (At this time the only FDA-approved mtsDNA is Cologuard.*
Tests for Individuals who Cannot or Will Not Have a Colonoscopy or FIT, or Are Not Candidates for Colonoscopy

CT Colonography and Colon Capsule

- At this time, CT colonography and colon capsule are options for individuals unwilling or unable to undergo colonoscopy or FIT, provided that the tests are locally available and reimbursed by insurers for screening.
- It is important to note that both tests will still require a follow-up colonoscopy if positive.
1-Step Test

1-STEP TEST Colonoscopy is a one-step test that looks for growths called polyps in your entire colon (large intestine) and rectum using a colonoscope. Your doctor can remove polyps during colonoscopy and prevent colorectal cancer.

2-Step Test

1ST STEP
- Stool-Based Test
  - FIT Test (Fecal Immunochemical Test)
  - Multitarget Stool DNA
- Flexible Sigmoidoscopy
- OR
- Imaging Test
  - CT Colonography
  - Colon Capsule

POSITIVE TEST?

2ND STEP
- Colonoscopy
Screening Recommendations from the American College of Gastroenterology

• We recommend colorectal cancer screening in average-risk individuals between age 45 and 75 years to reduce pre-cancerous growths called advanced adenomas, reduce colorectal cancer, and reduce death from colorectal cancer.

• We suggest that a decision to continue screening beyond age 75 years be personalized.

• We recommend colonoscopy and FIT as the primary methods for colorectal cancer screening.

• We suggest considering the following screening tests for individuals unable or unwilling to undergo a colonoscopy or FIT test: Flexible Sigmoidoscopy, Multitarget Stool DNA test, CT Colonography, or Colon Capsule.

Shaukat, et al., 2021 ACG Clinical Guidelines on Colorectal Cancer Screening
Recommended Frequency for Different Screening Tests

• We recommend the following tests as the primary screening methods for patients at average risk for colorectal cancer on this schedule:
  • Colonoscopy every ten years
  • FIT every one year

• If one of these alternatives is used, we suggest that the tests be done on this schedule:
  • Multitarget stool DNA test every three years
  • Flexible sigmoidoscopy every 5 to 10 years
  • CT colonography every five years
  • Colon Capsule every five years

• We suggest *against* Septin9 (blood-based test) for colorectal cancer screening.

Shaukat, *et al.*, 2021 ACG Clinical Guidelines on Colorectal Cancer Screening
Screening for African Americans

• African Americans are diagnosed with colorectal cancer at a younger age than other ethnic/racial groups
• African Americans with colorectal cancer have decreased survival compared with other ethnic/racial groups
• ACG guidelines recommend colorectal cancer screening in African Americans starting at age 45
PHYSICIANS FROM THE AMERICAN COLLEGE OF GASTROENTEROLOGY RECOMMEND THAT AFRICAN AMERICANS BEGIN COLORECTAL CANCER SCREENING WITH COLONOSCOPY AT AGE 45

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Screening for Patients with Family History of Colorectal Cancer or Polyps

For individuals with a family history of colorectal cancer:

• If you have family history of colon cancer, you may need to talk with your health care provider to see if earlier and more frequent colonoscopy is required.

• Sometimes, genetic testing may be required to determine your risk of colon cancer if you have a strong family history, especially with younger age of affected relatives.

Shaukat, et al., 2021 ACG Clinical Guidelines on Colorectal Cancer Screening
Getting a Screening Test Scheduled
How Can I Arrange Colorectal Screening?

• If you’d like to undergo colonoscopy, ask your doctor to refer you to a gastroenterologist

• Gastroenterologists are specialists in diseases of the digestive system and in the performance of colonoscopy

• To find a gastroenterologist near you [gi.org/patients/find-a-gastroenterologist](http://gi.org/patients/find-a-gastroenterologist)

• To learn more visit [gi.org/coloncancer](http://gi.org/coloncancer)
Getting Screened

• Take control of your health

• Make a plan to talk to your healthcare providers about colorectal screening and get checked

• Don’t put off preventive health screenings

Most importantly, remember to GET SCREENED!!!!
No Excuses
Get Screened for Colorectal Cancer
YOUR EXCUSE TO AVOID COLONOSCOPY...

"I FEEL FINE."

COLON POLYPS AND EARLY COLON CANCER CAN DEVELOP SILENTLY WITHOUT SYMPTOMS. WAITING UNTIL SYMPTOMS OCCUR CAN MEAN THE CANCER IS MORE ADVANCED AND LESS LIKELY TO BE CURABLE.

PHYSICIANS from the AMERICAN COLLEGE OF GASTROENTEROLOGY RECOMMEND COLONOSCOPY as the PREFERRED COLORECTAL CANCER PREVENTION TEST

GI.ORG/COLONCANCER
YOUR EXCUSE TO AVOID COLONOSCOPY...

"I'M HEALTHY... WHY GET SCREENED??!"

ACCORDING TO EXPERTS FROM THE AMERICAN COLLEGE OF GASTROENTEROLOGY, COLORECTAL CANCER SCREENING IS FOR HEALTHY PEOPLE! IF WE FIND A POLYP, WE REMOVE IT AND PREVENT IT FROM BECOMING COLORECTAL CANCER.

PHYSICIANS from the AMERICAN COLLEGE OF GASTROENTEROLOGY RECOMMEND COLONOSCOPY as the PREFERRED COLORECTAL CANCER PREVENTION TEST

GI.ORG/COLONCANCER
Your excuse to avoid colonoscopy...

"No one in my family had colon cancer..."

Don't be the first.

Roughly 5 in 100 people are destined to get colorectal cancer in their lifetime even with no family history.

Physicians from the American College of Gastroenterology recommend colonoscopy as the preferred colorectal cancer prevention test.

gi.org/coloncancer
YOUR EXCUSE TO AVOID COLONOSCOPY...

"I HAVE NO RISK FACTORS."

THE SINGLE BIGGEST MODIFIABLE RISK FACTOR FOR COLORECTAL CANCER IS FAILURE TO BE SCREENED.

PHYSICIANS from the AMERICAN COLLEGE OF GASTROENTEROLOGY RECOMMEND COLONOSCOPY as the PREFERRED COLORECTAL CANCER PREVENTION TEST

GI.ORG/COLONCANCER
YOUR EXCUSE TO AVOID COLONOSCOPY...

“ONLY MEN GET COLON CANCER.”

COLON CANCER IS AN EQUAL OPPORTUNITY DISEASE. WOMEN HAVE THE SAME RISK AS MEN.

PHYSICIANS from the AMERICAN COLLEGE OF GASTROENTEROLOGY RECOMMEND COLONOSCOPY as the PREFERRED COLORECTAL CANCER PREVENTION TEST

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Thank you
Learn more from
the American College of Gastroenterology
gi.org/coloncancer