



Facts about Colorectal Cancer Screening from the American College of Gastroenterology

Colorectal Cancer...You Can Prevent It

Colorectal cancer is the number 2 cancer killer in the United States, yet it is one of the most preventable types of cancer. Colorectal cancer is often curable when detected early.

Risk Factors

- Lifetime risk of colorectal cancer is roughly equal in men and women.
- Colorectal cancer is most common after age 50, but it can strike at younger ages. The risk of developing colorectal cancer increases with age.

Who is Considered High Risk?

Colonoscopy is recommended for individuals of any age who are at higher than average risk for developing colorectal cancer by virtue of:

- Personal history of colorectal cancer or colorectal polyps
- A strong family history of the disease
- Inherited forms of colorectal polyps or cancer
- Predisposing chronic digestive condition such as inflammatory bowel disease (Crohn's disease or ulcerative colitis)

Recommendations for how often colonoscopy should be performed vary for different subsets of high risk individuals, and they should consult with their physician.

Symptoms

Most early colorectal cancers produce no symptoms. This is why screening for colorectal cancer is so important. Some possible symptoms, listed below, do not always indicate the presence of colorectal cancer, but should prompt a visit with your physician and a check-up:

- New onset of abdominal pain
- Blood in or on the stool or a change in stool caliber or shape
- A change in typical bowel habits, constipation, diarrhea

Screening tests can find polyps so they can be removed *before* they turn into cancer

- Most colorectal cancers develop from polyps, which are abnormal growths in the colon. If polyps grow unnoticed and are not removed, they may become cancerous. Screening tests can find pre-cancerous polyps so they can be removed *before* they turn into cancer.
- The development of more than 75-90 percent of colorectal cancer can be avoided through early detection and removal of pre-cancerous polyps.*

Colorectal Cancer Screening Guidelines from the American College of Gastroenterology

The 2009 ACG colorectal cancer screening guideline divides the options into **cancer prevention tests** and **cancer detection tests**. Cancer prevention tests are preferred over detection tests.

Preferred Colorectal Cancer Prevention Test: Colonoscopy

Colonoscopy every 10 years is the preferred colorectal cancer prevention test. For normal risk individuals, the American College of Gastroenterology recommends colonoscopy every beginning at age 50, and age 45 for African Americans.

Preferred Cancer Detection Test: Fecal Immunochemical Test (FIT)

Annual fecal immunochemical testing is the preferred colorectal cancer detection test. FIT is a relatively new test that detects hidden blood in the stool. If results are positive, a colonoscopy is performed.

Alternative Cancer Prevention Test: Flexible Sigmoidoscopy every 5 to 10 years

Alternative Cancer Detection Test: CT Colonography every 5 years

CT Colonography or “virtual colonoscopy” is an X-ray designed to look for colon polyps and cancers. CTC is an alternative to colonoscopy every 10 years for patients who decline colonoscopy. If polyps are detected, a regular colonoscopy is required to remove these pre-cancerous growths.

Alternative Cancer Detection Tests: Fecal DNA Testing every three years or Annual Hemocult Sensa®

Screening for African Americans Should Begin Earlier

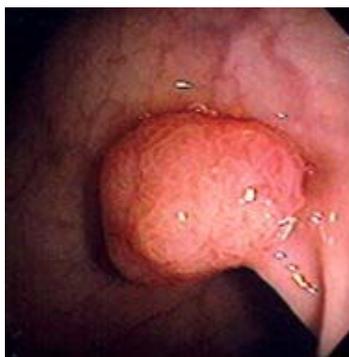
African-Americans are diagnosed with colorectal cancer at a younger age than other ethnic groups, and African-Americans with colorectal cancer have decreased survival compared with other ethnic groups.

The American College of Gastroenterology in 2009 issued new guidelines recommending colorectal cancer screening in African-Americans starting at age 45 rather than age 50.

Colonoscopy is the preferred method of screening for colorectal cancer and data support the recommendation that African-Americans should begin screening at a younger age because of the higher incidence of colorectal cancer and a greater prevalence of proximal or right-sided polyps and cancer in this population. The guidelines were published in the March 2009 issue of *The American Journal of Gastroenterology*.

To learn more, visit www.acg.gi.org

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A colon polyp