

UNDERSTANDING COLORECTAL CANCER

PATIENT EDUCATION SLIDES FROM
**THE AMERICAN COLLEGE
OF GASTROENTEROLOGY**
(Based on the College's 2021 Guideline)

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 ☒

YES ☐

B. Breast

NO ☒

YES ☐

C. Colorectal

NO ☐

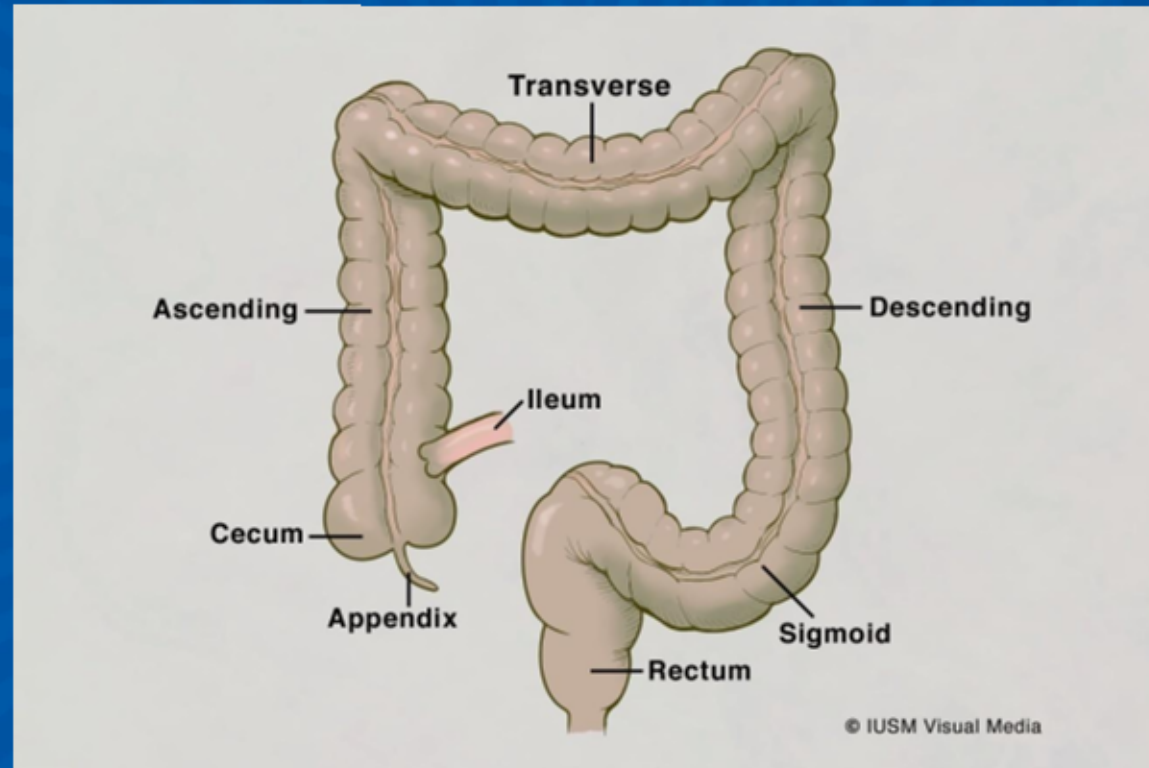
YES ☒

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



ACCORDING TO PHYSICIANS FROM THE
AMERICAN COLLEGE OF GASTROENTEROLOGY:

Screening by
COLONOSCOPY AND POLYP REMOVAL
PREVENTS COLORECTAL CANCER
before it can start

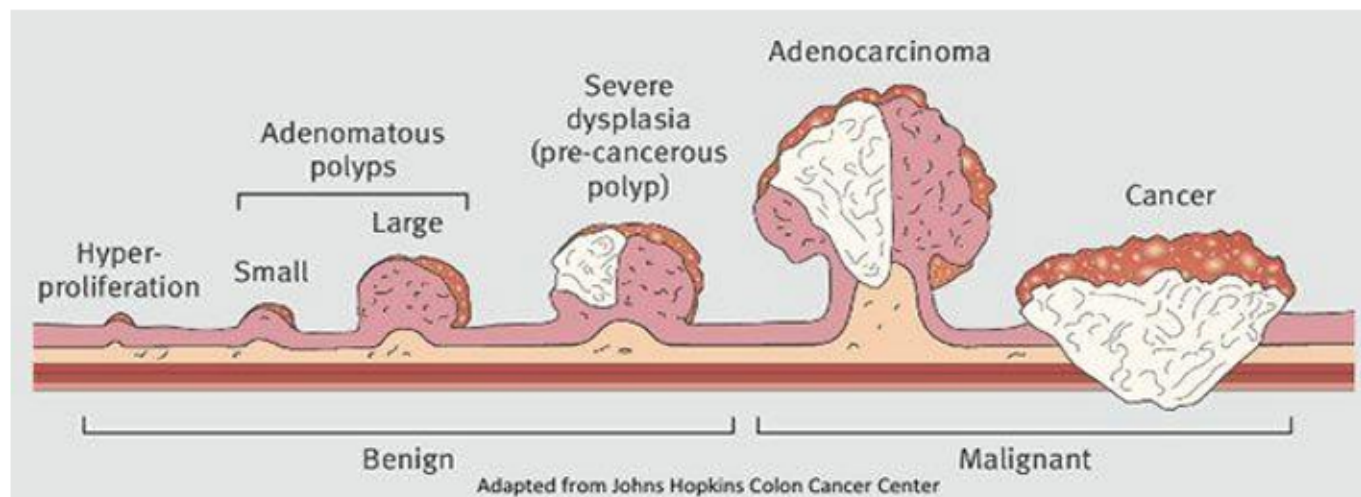


Colorectal Cancer: YOU CAN PREVENT IT
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Where Does Colorectal Cancer Start?

- **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**



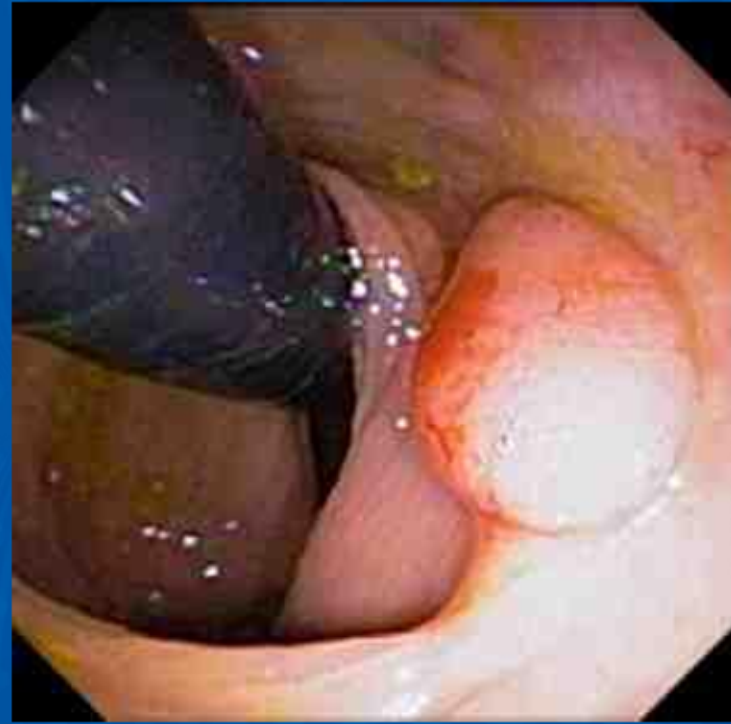
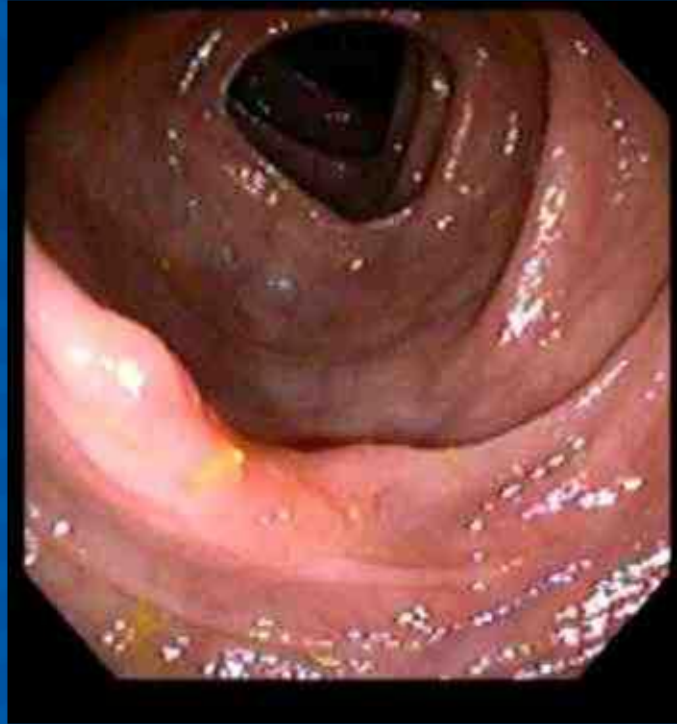
About Colon Polyps

- 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

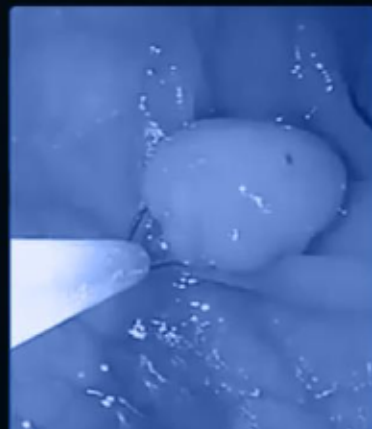
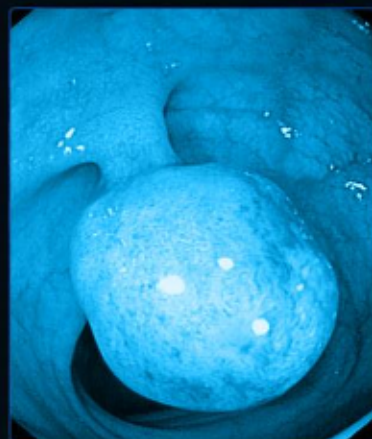
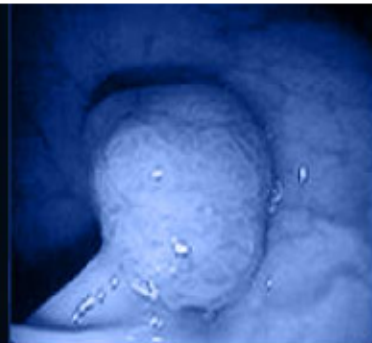


**PHYSICIANS FROM THE AMERICAN COLLEGE OF
GASTROENTEROLOGY WANT YOU TO KNOW**

**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)

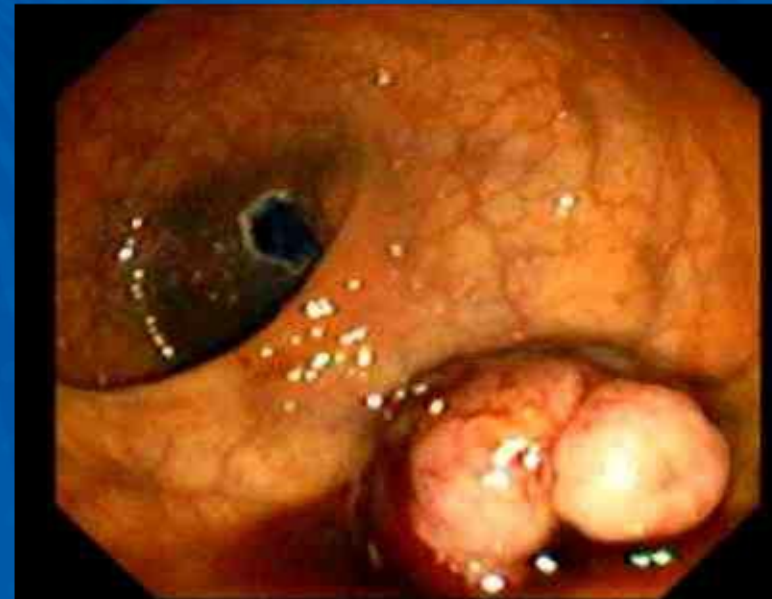
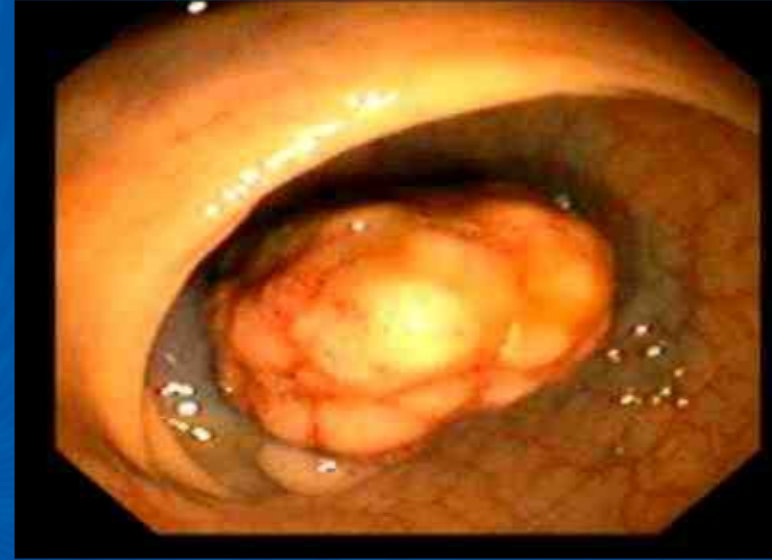
Colonoscopy is a Powerful Cancer Prevention Tool

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.
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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 bowel 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 vs. 2 Step Colorectal Screening

1-Step Test



COLONOSCOPY

Your doctor can see and remove pre-cancers called polyps and prevent or detect or confirm colorectal cancer

ALL IN 1 STEP.

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 TESTS If tests such as Fecal Immunochemical Tests (FIT) or multitarget stool DNA are positive, a follow up colonoscopy would be required to as a second test.

2-Step Test



1ST STEP

Stool-Based Test
FIT Test (Fecal Immunochemical Test)
Multitarget Stool DNA

OR

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.**

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.**

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**



Colorectal Cancer: YOU CAN PREVENT IT
gi.org/ColonCancer



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
- To learn more visit 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**



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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**



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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**



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**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**



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**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



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