

Colorectal Cancer Screening Saves Lives

Colorectal cancer is now the second leading cause of cancer-related death in the U.S. This is despite an overall 50-67% decline in the risk of death from colorectal cancer in screened patients.

What we know: early detection matters! When colorectal cancer is found early, before it spreads, the cure rate is nearly 90%. Given the increase of colorectal cancer in patients younger than 50, high-risk individuals may consider **screening beginning at age 45**. It is recommended to check with your health insurance company before scheduling with your provider.

Screening Guidelines

Colonoscopy

- Remains the gold standard and preferred method for screening with the highest sensitivity and specificity
- Most accurately detects both polyps and cancer
- The only tool that can alter the disease and offer prevention as polyp removal is associated with a decrease in colorectal cancer
- Requires bowel prep and anesthesia
- Recommended **every 10 years** beginning at age 45 if no other risk factors are present

Fecal Immunohistochemistry Test (FIT)

- Noninvasive but less specific; poor sensitivity for the detection of polyps
- Not approved for those with family history of colorectal cancer or a genetic defect associated with colorectal cancer (Lynch syndrome etc.), inflammatory bowel disease, or personal history of polyps
- Recommended **every year** to be effective

Fecal DNA Testing (Cologuard®)

- Sensitivity for colorectal cancer detection at 92%; sensitivity for polyp detection at 42%
- False-negative rate of 8% and false-positive rate of 12%
- Not approved for those with family history of colorectal cancer or a genetic defect associated with colorectal cancer (Lynch syndrome etc.), inflammatory bowel disease, or personal history of polyps
- Recommended **every 3 years**

Flexible Sigmoidoscopy

- Generally replaced by Colonoscopy
- Does not evaluate the entire colon and therefore is limited at detection and risk reduction
- Recommended **every 5 years**

CT Colonography

- Noninvasive but still requires bowel prep
- Procedure involves radiation exposure
- Poor sensitivity for sessile polyps
- Recommended **every 5 years**

Our goal: everyone eligible should be screened! Speak with your doctor to understand your risk and find the test right for you.

COWELL FAMILY CANCER CENTER