

# Colorectal cancer

## Health professionals facts on screening

### How common is colorectal cancer?

Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the U.S. An estimated 49,000 Americans die of CRC and an estimated 148,000 new cases are diagnosed each year.<sup>1</sup> It affects both men and women, and more than 90% of cases are diagnosed in those 50 years old or older.<sup>1</sup>

### Who should be tested?

#### Men and women age 50 and older

Everyone age 50 and older should be tested routinely. Overall, the lifetime risk for developing colorectal cancer is about 1 in 19 (5.3%). This risk is slightly higher in men than in women.<sup>1</sup>

#### People at increased risk

Family history, personal history and lifestyle factors should be considered when determining a screening schedule. Among people considered at high risk for CRC are those with a personal or family history of colorectal cancer or polyps, people who have had inflammatory bowel disease (ulcerative colitis or Crohn's disease), and those with genetic syndromes (familial adenomatous polyposis or hereditary non-polyposis colon cancer). Several lifestyle-related factors have been linked to colorectal cancer. In fact, the effect of diet, weight and exercise on colorectal cancer risk is among the strongest for any type of cancer. Currently there is no consensus on screening recommendations for high-risk patients. For the most up-to-date compilation of guidelines from a variety of private, non-profit and government organizations, please refer to [www.guideline.gov](http://www.guideline.gov), the National Guideline Clearinghouse.

#### People with symptoms

Patients with symptoms require immediate diagnostic testing. Symptoms may include rectal bleeding, abdominal pain or discomfort, chronic fatigue, a change in bowel habits, frequent gas and unexplained weight loss.

### Why screen?

The natural history of CRC makes it ideally suited to screening. Most CRCs develop over many years from benign adenomatous polyps. Precancerous polyps can be detected and removed during certain screening procedures, thereby preventing CRC. If everybody aged 50 or older had regular screening tests, more than one third of deaths from colorectal cancer could be prevented.<sup>2</sup> When CRC is found early and is appropriately treated, survival is greatly enhanced, with a five-year relative survival rate of 90%.<sup>2</sup> Currently only 37% of CRCs are diagnosed at an early stage.<sup>2</sup>

### What screening tests are available?

Several tests are used to screen for CRC beginning at age 50. The U.S. Preventive Services Task Force (USPSTF), as well as the American Cancer Society (ACS), the U.S. Multi-Society Task Force on Colorectal Cancer (Task Force), and the American College of Radiology (ACR) have developed guidelines related to CRC screening. They are:

- USPSTF: Annual fecal occult blood test (FOBT), sigmoidoscopy every five years, and colonoscopy every 10 years. (2008)
- ACS/Task Force/ACR: Annual FOBT and flexible sigmoidoscopy every 5 years; or colonoscopy every 10 years; or double contrast barium enema (DCBE) every 5 years; or computed tomographic colonography every 5 years. (2008)

<sup>1</sup> American Cancer Society, "What Are the Key Statistics for Colorectal Cancer?" [www.cancer.org](http://www.cancer.org) (March 2008).

<sup>2</sup> Centers for Disease Control. Prevention and the Screen for Life National Colorectal Cancer Action Campaign.

#### Additional Sources:

Screening and Surveillance for the Early Detection of Colorectal Cancer and Adenomatous Polyps, 2008: A Joint Guideline from the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology. *CA Cancer J Clin* 2008; 58:130-160.

Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement. *Ann Intern Med* 2008;149: 627-637.

The information in this brochure was provided by the Centers for Disease Control and Prevention and the Screen for Life National Colorectal Cancer Action Campaign. This brochure is intended to educate readers about a subject that may be pertinent to their health and is not a substitute for consultation with a medical professional.

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Screening Test	FOBT (Fecal Occult Blood Test)*	Flex Sig (Flexible Sigmoidoscopy)	Combination-Flex Sig & FOBT*	Colonoscopy	DCBE (Double Contrast Barium Enema)
<b>Frequency</b>	Age 50-75, once a year.	Age 50-75, once every 5 years.	Age 50-75, FOBT annually and Flex Sig once every 5 years.	Age 50-75, once every 10 years.	Starting at age 50, once every 5 years.
<b>Purpose</b>	Detects blood from polyps and colorectal cancer. If blood is detected, patient will need a follow-up colonoscopy or double contrast barium enema.	Allows direct visualization of rectum and distal half of colon. Biopsies of polyps and cancers can be taken. Some physicians remove polyps during procedure.	Allows direct visualization of rectum and distal half of colon. Biopsies of polyps and cancers can be taken. Some physicians remove polyps during procedure.	Allows direct visualization of entire colon. Biopsies of polyps and cancers can be taken. Most polyps can be removed during procedure.	An alternative method for visualizing the rectum and entire colon.
<b>Important considerations</b>	<ul style="list-style-type: none"> <li>• Done at home, patient puts stool samples on test cards for three bowel movements in a row</li> <li>• False positive or false negative result occurs, as preoxidase activity from any GI source and a number of foods give a positive result</li> <li>• Patient should avoid some foods and medicines 1-3 days before and throughout the stool samples collection</li> </ul>	<ul style="list-style-type: none"> <li>• Provides no visualization of proximal colon</li> <li>• Patient expected to restrict diet and use laxatives and/or enemas before the procedure</li> <li>• Patient may feel discomfort during/after exam</li> <li>• Very small risk of perforation, infection or bleeding</li> <li>• If polyps or lesions are found, a follow-up colonoscopy generally is necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Provides no visualization of proximal colon</li> <li>• Patient expected to restrict diet and use laxatives and/or enemas before the procedure</li> <li>• Patient may feel discomfort during/after exam</li> <li>• Very small risk of perforation, infection or bleeding</li> <li>• If polyps or lesions are found, a follow-up colonoscopy is generally necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Provides visualization of entire colon</li> <li>• Patient expected to restrict diet and use laxatives and/or enemas before the procedure</li> <li>• Patient is sedated during procedure and advised not to drive or work on day of exam</li> <li>• Patient may feel discomfort during/after exam</li> <li>• Small risk of perforation, infection or bleeding</li> <li>• In many cases, offers one-step screening, diagnosis and treatment; if polyps or lesions are found, they can be removed during procedure</li> </ul>	<ul style="list-style-type: none"> <li>• Provides good view of rectum and entire colon</li> <li>• Patient expected to restrict diet and use laxatives and/or enemas before the procedure</li> <li>• Patient may feel discomfort during/after exam</li> <li>• Barium causes constipation, so laxatives and drinking a lot of water after the exam is advised</li> <li>• Small risk of perforation</li> <li>• May detect clinically significant lesions; if polyps/lesions found, a follow-up colonoscopy is generally necessary</li> </ul>

\* FOBT is not the same stool test done in the physician's office as part of a Digital Rectal Exam – a test that is considered neither appropriate nor sufficient as a CRC screening test.



Encourage your patients age 50 and over to begin screening for colorectal cancer and visit: [www.cdc.gov/cancer/ScreenforLife](http://www.cdc.gov/cancer/ScreenforLife). For more information about colorectal cancer or any other cancer, call the National Cancer Institute's Cancer Information Service: **1-800-4-CANCER (1-800-422-6237)**.