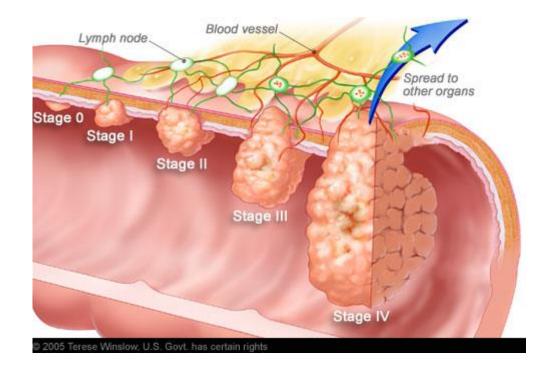
Colon Cancer screening: When, What, Why, When, How, Where...

Sekou RS Rawlins, MD, FACP March 26, 2019

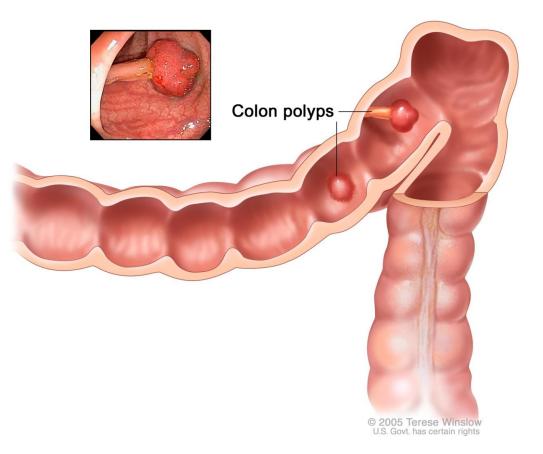
What is colon cancer?

- A cancer that starts in the colon or the rectum
- Cancer starts when the cells in the body grow out of control, can spread to other areas of the body



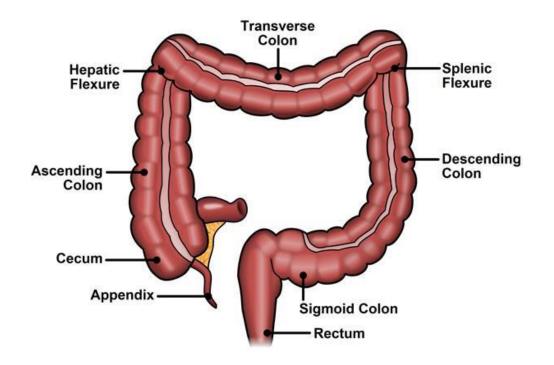
Where does cancer start?

 Most cancers start as growths on the inner lining called a polyp



What does the colon do?

- A 5 foot long muscular tube
- Absorbs water and salt from the remaining food matter after it passes through the small intestines



How much colon cancer is there?

- 136,830 people diagnosed with CRC in 2014
- **50,310** people die of colon cancer annually
- Fourth most commonly diagnosed cancer, second leading cause of cancer death
- Both incidence and death rates have declined in the past decade
 - Why? Increased colonoscopy use
- Incidence and mortality rates 25% and 50% higher in African Americans than Whites
 - Also high risk in Ashkenazi Jews
 - Lower in other ethnic groups

Who gets colon cancer?

- 4.4% for women
- 4.7% for men
- Usually adults over 50

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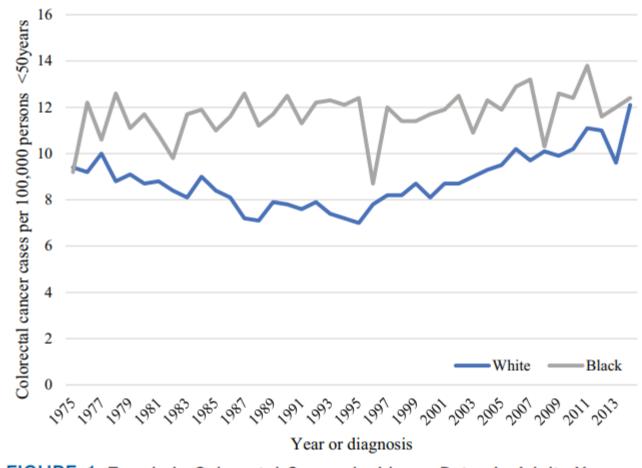


FIGURE 1. Trends in Colorectal Cancer Incidence Rates in Adults Younger Than Age 50 Years by Race, 1975 to 2014.

What increases the risk for colon cancer?

Avoidable risks

- Overweight/ obese
- Physical inactivity
- Diet high in red meat
- Fried, grilled, broiled meats
- Low in vegetables, fruits, whole grains
- Smoking
- Heavy alcohol use

Unavoidable risks

- Being older
- Personal history of colorectal polyps or colorectal cancer
- Personal history of inflammatory bowel disease
- Family history of colorectal cancer or polyps
- Inherited cancer syndromes
- Type 2 diabetes

When does family history matter?

- Family history of cancer or polyps
- Family cancer syndromes
 - Familial adenomatous polyposis (FAP)
 - Gardner syndrome
 - Lynch syndrome
 - Turcot syndrome
 - Peutz-Jeghers syndrome
 - **MUTYH-associated polyposis**

What if nobody else in my family has colon cancer?

- Most cancers aren't heritable
 - Your risk is likely average

What if my personal risk is very low?

• Then your risk is average (not negligible)

What if people in my family never get cancer?

• Congratulations! Your risk is average!

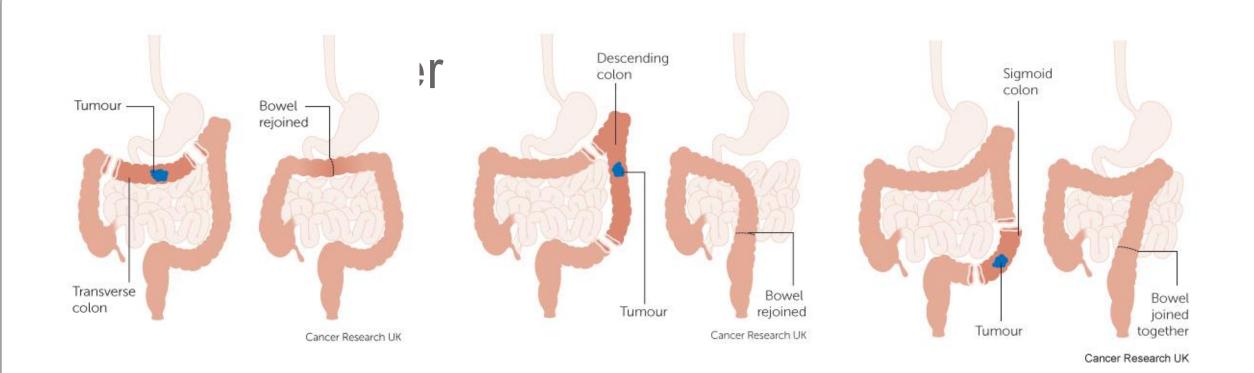
What if I don't want to get screened for colon cancer?

Then accept the small (but real) risk of a (completely preventable) cancer

Is there a cure?

- Prevention through polypectomy
- Surgery
- Adjunctive radiation therapy
- [Chemotherapy for metastatic dissease}





Can it be prevented?

• Yes. That's why we do screening tests.

What is a screening test?

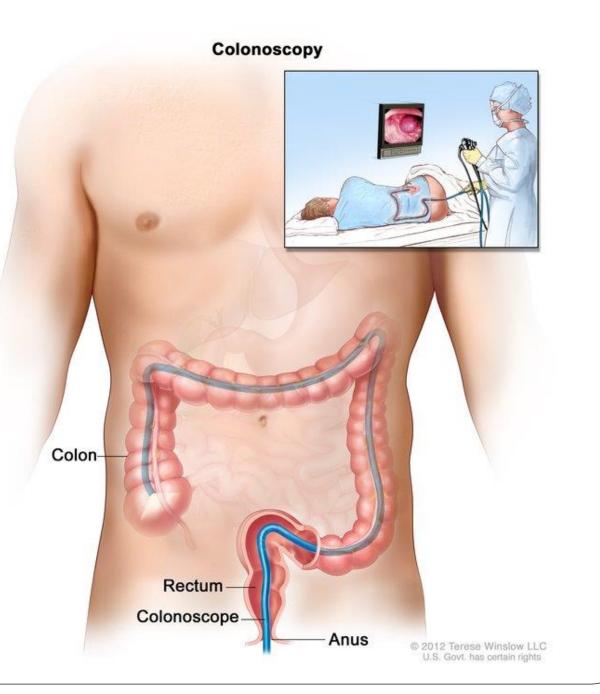
- A test that helps to identify people with increased risk for a disease before they have symptoms
- This is the core of preventive health care

Available Screening Options

- Colonoscopy
- Fecal Immunochemical Testing (FIT)
- Fecal Occult Blood Testing (FOBT)
- Cologuard (Stool DNA)
- Flexible Sigmoidoscopy
- Computed Tomographic (CT) Colonography
- Barium Enema (BE)

Colonoscopy

- What?
- How?
- Where?
- Will it hurt?
- How often?

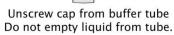


FIT

- What?
- How?
- Where?
- Will it hurt?
- How often?

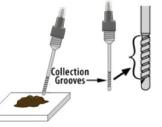


After an evacuation, wipe normally and retain a small amount of feces on toilet paper





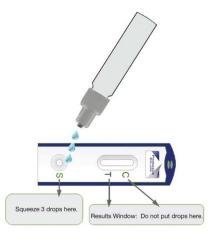
Shake tube for three (3) seconds



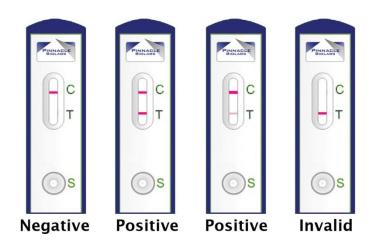
Collect a small sample of feces onto the grooves of the wand



Unscrew smaller, clear cap



Return wand to tube



Apply 3 drops from buffer tube to sample well.

Interpret results after five minutes. Do not read results after 10 minutes.

FOBT

- What?
- How?
- Where?
- Will it hurt?
- How often?



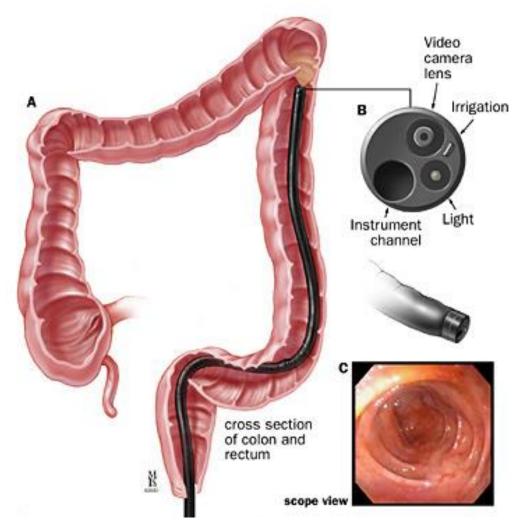
Stool DNA

- What?
- How?
- Where?
- Will it hurt?
- How often?



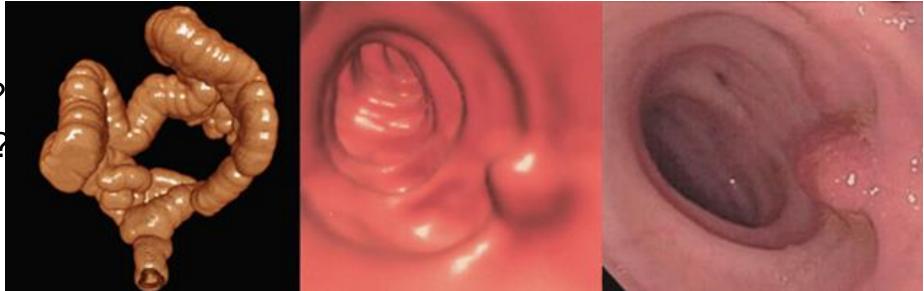
Flexible Sigmoidoscopy

- What?
- How?
- Where?
- Will it hurt?
- How often?



CT Colonography

- What?
- How?
- Where?
- Will it hurt?
- How often?



Barium Enema

- What?
- How?
- Where?
- Will it hurt?
- How often?



Is there a good reason NOT to get screened for CRC?

Questions?

Thank You!!