



cancer
today

Practical Knowledge. *Real Hope.*

AACR

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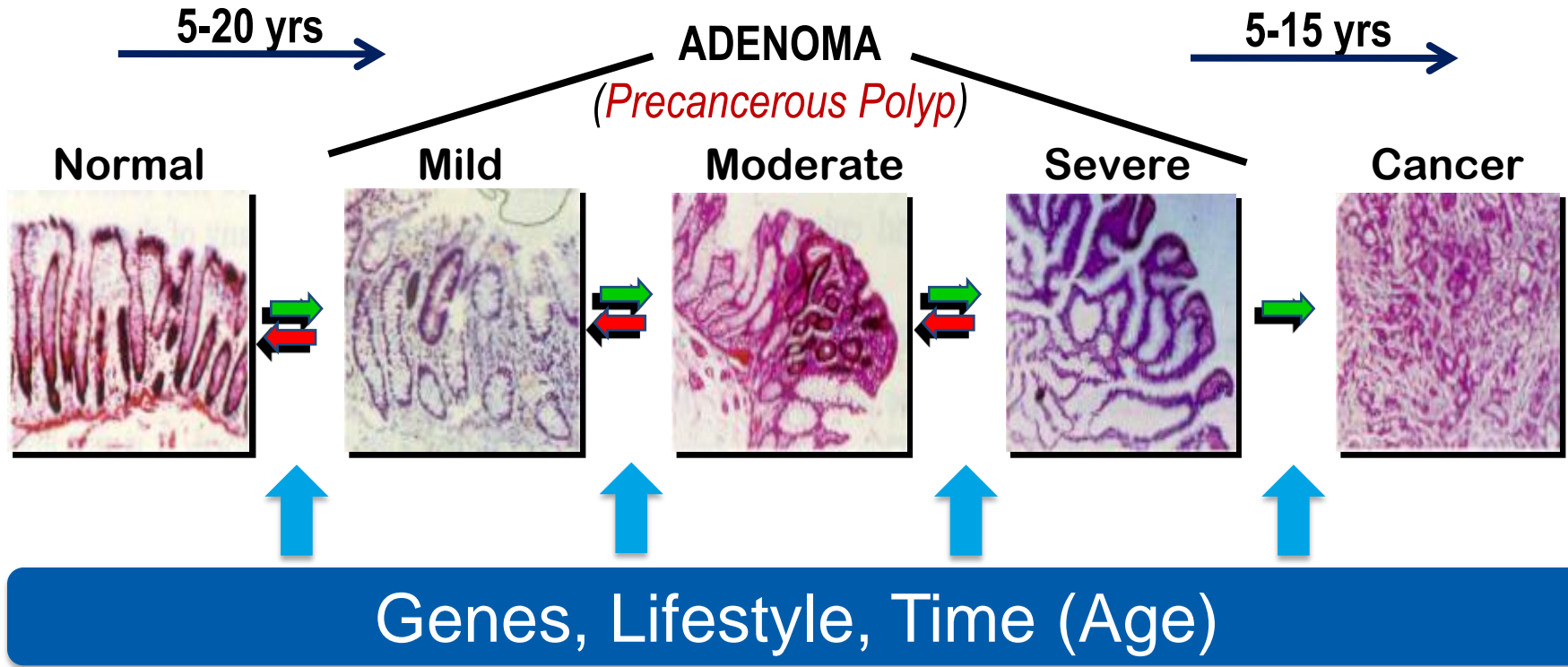
PROGRESS AND PROMISE AGAINST CANCER WEBINAR SERIES

SCREENING FOR COLORECTAL CANCER

Ernest Hawk, M.D., M.P.H.

UT MD Anderson Cancer Center

Colorectal Cancer Grows from a Precancerous Stage



Genes -

Some Colorectal Cancers are Inherited



- 5%-10% of all colorectal cancers are due to known strong mutations passed from parent to child
 - Lynch Syndrome
 - Familial Adenomatous Polyposis (FAP)

- Other colorectal cancers have a heritable component, but the genetic mutations remain unknown
 - A positive family history of colorectal polyps or cancer in a 1st degree relative places you at increased risk
 - Begin screening at an earlier age
 - Be screened more often
 - Screen using colonoscopy

Lifestyle - Prevent Colorectal Cancer Through a Healthy Lifestyle



- Nearly 50% of colorectal cancers can be prevented through a healthy lifestyle
- Reduce your risk of colorectal cancer by:
 - Avoiding tobacco & alcohol
 - Maintaining a healthy weight throughout life
 - Being physically active (30 minutes every day)
 - Reducing/eliminating consumption of red & processed meats
 - Increasing consumption of foods containing fiber



Age - Colorectal Cancer Screening Recommendations

*The United States Preventive Services Task Force
June 2016*



	Population	Recommendation	Grade
Average Risk	Adults aged 50-75	Start at age 50 & continue Reduction in CRC Mortality: ≥32%	A
	Adults aged 76-85	Individual decision, considering overall health & prior screening history	C

Source: Lin, et al.,
Evidence Syntheses, No.
135; Agency for Healthcare
Research and Quality.
Rockville, MD. June 2016

FDA-Approved Options for Colorectal Screening

Test Characteristics

* All positive tests require follow-up colonoscopy



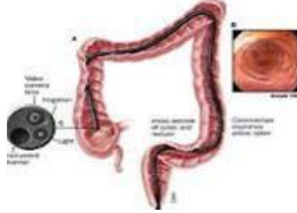




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Early Detection Only

Early Detection & Prevention

Stool-Based Tests*		Blood Test*	Colonoscopy	Flex Sig*	CT Colonography*
Every 1-2 yrs	Unknown	Every 10 yrs	Every 5 yrs	Every 5 yrs	
					
At home	At Dr.'s office	Endoscopy Center	Endoscopy Center / Clinic	At hospital	
Non-invasive	Non-invasive	Invasive	Semi-invasive	Semi-invasive	
Some have dietary restrictions	Detects methylated SEPT9 DNA	Extensive bowel prep & sedation required	Less bowel prep & no sedation	Bowl prep & no sedation	
High false-positive rate		Entire colorectum	Distal colon only	Entire colorectum	

Source: Inadomi J, NEJM, v376(2), 2017

Options for Colorectal Screening – Outcomes, Complications, Price, & Insurance Coverage

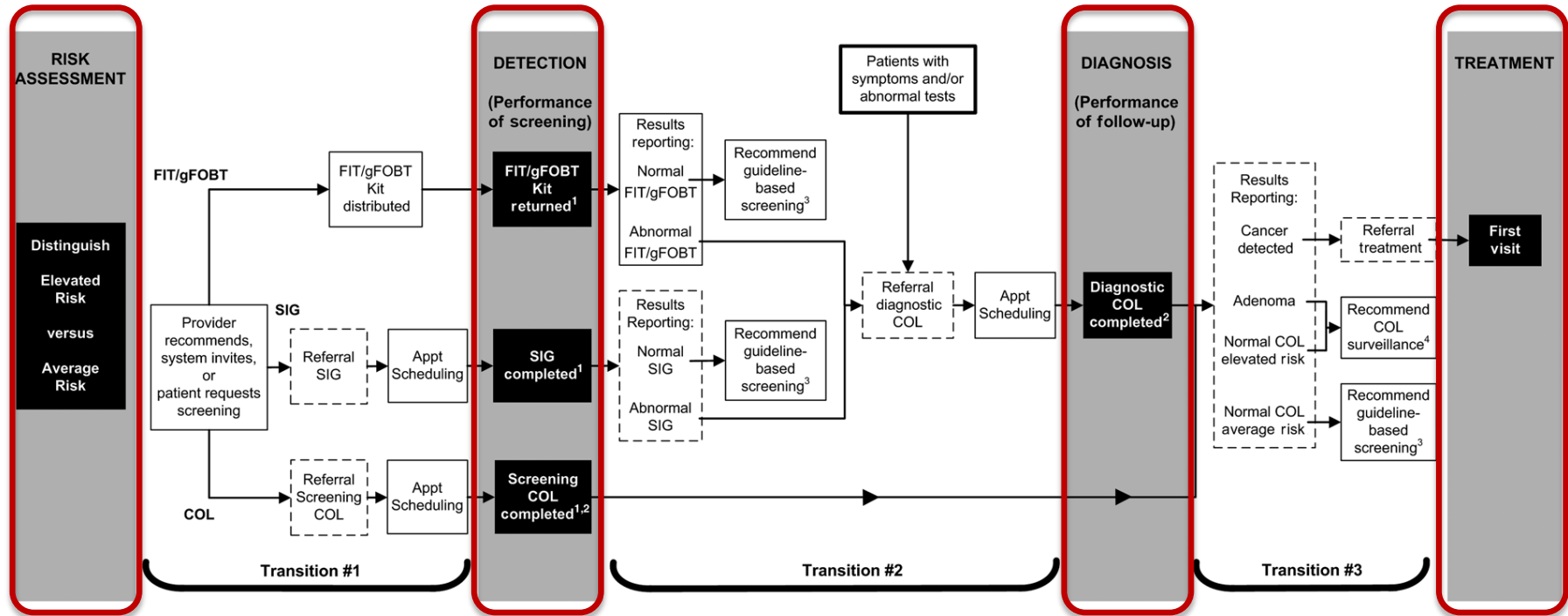


Early Detection Only

Early Detection & Prevention

Stool-Based Tests	Blood Test	Colonoscopy	Flex Sig	CT Colonography
32% mortality reduction	48% sensitivity 92% specificity	68%-88% mortality reduction	26%-31% mortality reduction (46% for distal)	68% - 94% sensitivity 86% - 98% specificity
Serious Complications: <i>(due to f/u colonoscopy)</i>	Serious Complications: Blood draw	Serious Complications: 14 -15 / 1000	Serious Complications: 9 - 12 / 1000	Serious Complications: Radiation & incidental findings
10 – 11 / 1000 (FIT)				
9 - 10 / 1000 (FIT-DNA)				
Estimated Price: FOBT: \$4-\$9 FIT: \$8-\$26 FIT-DNA: \$502	Estimated Price: Unknown	Estimated Price*: \$1, 601 – \$1,748	Estimated Price*: \$847	Estimated Price*: \$452-\$624
		<i>* Price estimate based on geographic area (Houston) & rates paid by private insurers</i>		
<u>Covered by Medicare at no cost</u>	Not covered by Medicare	<u>Covered by Medicare at no cost</u>	<u>Covered by Medicare at no cost</u>	Not covered by Medicare

The Colorectal Cancer Screening Process is More Than the Test



Source: Tiro, et al., CEBP, 23(7), 2014

Take Action Today to Prevent Colorectal Cancer Tomorrow



- Adhere to published cancer prevention recommendations
- Know your family history of colorectal polyps or cancer
 - Did your mom, dad, brother, or sister get colorectal polyps or cancer before age 50?
 - Talk with your doctor about whether you should start getting colonoscopies earlier or have them done more often.
- Get screened
- Share your results with family
- Participate in research studies

