

Colorectal Cancer Prevention

Colorectal Cancer
The Case for Prevention
March 2024

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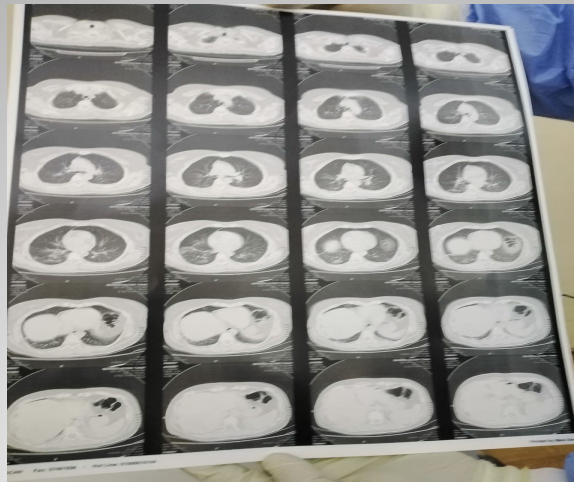
Colorectal Cancer Prevention

NO DISCLOSURES

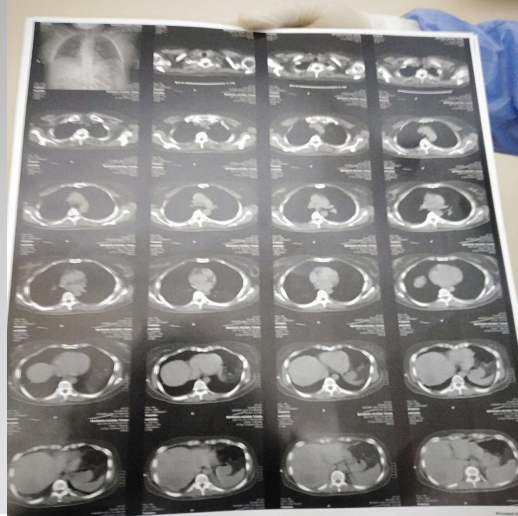
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- 150,000 Americans are diagnosed with colorectal cancer every year
- 50,000 + die each year of colorectal cancer

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- Overall 5 year relative survival rate is 63%
- If early diagnosis done at the localized state, the 5 year survival rate is 91%

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Increasing CRC incidence and mortality for 45- to 49-year-olds now matches incidence in 50-year-olds in 1992 when CRC screening was first recommended for those ages 50 and older.

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High Risk Factors for Colon Cancer

- Genetic predisposition & family history
- Crohn's disease & Ulcerative colitis
- Pelvic irradiation
- Obesity
- Low physical activity
- Active and passive smoking
- High salt and red meat consumption

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American College of Gastroenterology (ACG) 2021 guidelines recommend

- colorectal cancer screening in average-risk individuals of age 50 to 75 years
- screening in average-risk individuals of age 45 to 49 years
- colonoscopy and FIT as the primary modalities for colorectal cancer screening

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The USPSTF expanded the recommended ages for colorectal cancer screening to 45 to 75 years (previously, it was 50 to 75 years). The USPSTF continues to recommend selectively screening adults aged 76 to 85 years for colorectal cancer.

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Cologuard Vs FIT Testing

45 year old person with average risk can be tested with cologuard test or FIT test

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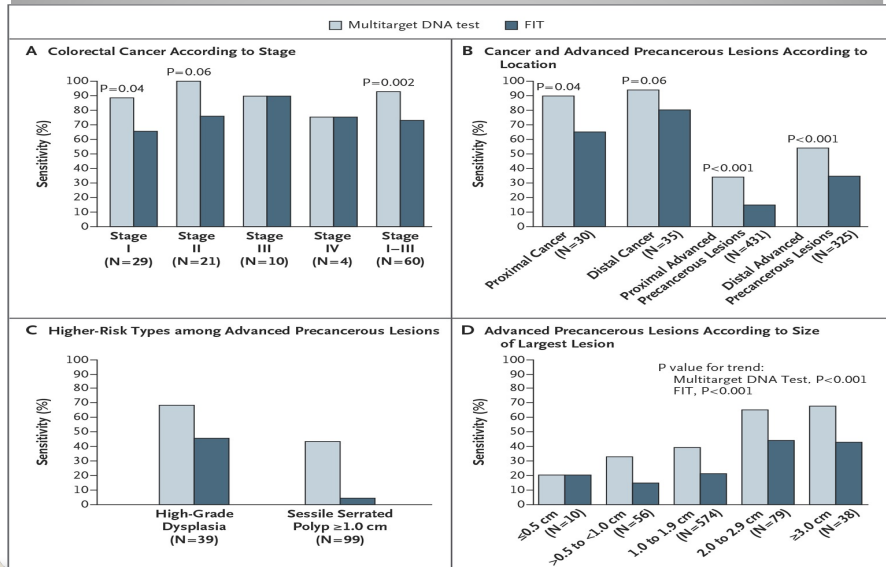


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Multitarget Stool DNA Testing for
Colorectal-Cancer Screening

<https://www.nejm.org/doi/full/10.1056/nejmoa1311194>

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- The Sensitivity of Cologuard test (blood & DNA in stools) was SUPERIOR to FIT test. Finds more cancers but has false positives
- The specificity of FIT Test (Blood in stools) was superior to Cologuard test. If negative suggests higher probability of no cancer

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Colonoscopy is the Gold Standard for definitive diagnosis since it can:

- Identify and evaluate precancerous polyps
- Evaluate the extent of colon involvement
- Biopsy suspicious lesion

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