Colorectal Cancer (CRC)

• **Number 3 cause of cancer death in women**

• ~60% of cases are preventable with current screening methods

• Women half as likely to be screened for CRC as breast or cervical cancer

Colorectal Cancer - “The” Guidelines...

• US Preventive Services Task Force - 2016
• American College of OB/GYN - 2014
• American College of Physicians - 2012
• US Multi-Society Task Force - 2008
• National Comprehensive Cancer Network - continuous
• American Cancer Society Update - 2018
So What to Recommend for Average Risk?

• African American Women – start age 45
• All other women – start age 50
• Tier one methods:
  • Colonoscopy – Finds cancer and precancer, invasive, highest risk, good for 10 years
  • Fecal Immunochemical Test (FIT) – simple (no prep or diet), follow up critical

Detection of Increased CRC Risk

• First degree relative with X before age 50?
  • CRC
  • Lynch related cancer

• Personal history of either before age 50?
  • CRC
  • Adenomatous polyp

• Three or more relatives with CRC?
Further Recommendations

• Tier two methods:
  • FIT-DNA – 4 DNA mutations and FIT
    • Expensive ($500 vs $25 for FIT), every 3 years, high false (+) rate (13%)
  • CT Colonography
    • Finds cancer and precancer, less good for flat lesions
  • Flexible Sigmoidoscopy
    • Good RCT data, misses right colon, rarely done in US

When to Stop CRC Screening

• < 10 year life expectancy

• Age > 75 and negative prior screening

• Age >85 and never screened

• Remember: benefit from 75-85 for “never screened”!!


The Best Test?
The One They Will Get!