

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”!!



Van Hees F. Ann Intern Med 2014;160:750-9.

The Best Test?

The One They Will Get!