



Midwest Gastrointestinal Associates PC

Colon Cancer Awareness Month

March is Colon Cancer Awareness Month. During this time we like to emphasize the importance of screening in the prevention of colon cancer. Colorectal cancer is defined as cancer of the colon or rectum (American Cancer Society, 2016). A screening colonoscopy can prevent colon cancer by finding and removing colon polyps before they become cancer. A polyp is an abnormal growth of tissue lining the colon or rectum; some polyps, such as an adenomatous polyp, may turn into cancer or may already be cancer (2016).

The American College of Gastroenterology (ACG) recommends beginning screening at the age of 50 for individuals with no increased risk factors (2009). However, individuals who have a personal or family history of colorectal cancer or adenomatous polyps should begin screening earlier than 50 (2009). ACG also recommends African Americans begin screening at the age of 45 due to higher incidence rates in this population (2009).

Colon Cancer may begin with no symptoms at all. However, change in bowel habits, persistent abdominal discomfort, rectal bleeding, or weakness/fatigue may be indicators of a problem. According to Colorectal Cancer Alliance, "Colon cancer symptoms can also be associated with many other health conditions. Only a medical professional can determine the cause of your symptoms. Early signs of cancer often do not include pain. It is important not to wait before seeing a doctor. Early detection can save your life."

According to the Colorectal Cancer Alliance, "Colon cancer survival rate has been increasing, due in part to increased awareness and screening." Colorectal cancer screening is safe and effective. Early detection of colorectal cancer leads to easier treatments and higher survival rates. There are several different options for screening, colonoscopy being the most common. Schedule an appointment to talk to your gastroenterologist to make an informed decision about which screening tests are right for you.

Colon Cancer At-A-Glance*



Colon cancer is the second leading cause of cancer-related death in the U.S.



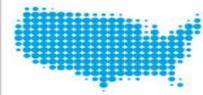
On average, your risk is about 1 in 20, although this varies widely according to individual risk factors.

50+

90% of new cases occur in people 50 or older.



People with a first-degree relative (parent, sibling or offspring) who has colon cancer have two to three times the risk of developing the disease.



There are currently more than one million colon cancer survivors in the U.S.

*Source: American Cancer Society

An In-Depth Look at Cologuard®

We've all seen the commercials, the little box talking about Cologuard®. Cologuard® is marketed as an easy to use, noninvasive colon cancer screening test that you can use in the privacy of your own home. In light of the increased promotion, we discussed the at home test with Dr. Brian Ward to gain insight on the test and the applicability to the general population.

According to Cologuard®, the home kit “identifies altered DNA and/or blood in stool, which are associated with the possibility of colon cancer or pre-cancer.” Dr. Ward states that, “Cologuard® is a stool based test which will check the stool for occult blood and also check markers for abnormal DNA. In other words, the Cologuard® can not only detect occult fecal hemoglobin, but it can also detect abnormal DNA. Both blood in stool and abnormal DNA markers are associated with increased risk for advanced adenomas or colorectal cancer.”

Cologuard® can be prescribed by a primary care physician. The physician orders the test directly with the lab and the collection kit is mailed from the lab to the patient's home. The patient collects the stool in a container provided in the kit and mails it back to the lab. The Center for Medicaid and Medicare Services approved the test for reimbursement and recommends performance at 3 year intervals.



Brian W. Ward, MD

While the Cologuard® test is convenient, it is not right for every patient. Dr. Ward states, “Cologuard® is currently considered a second tier test for detection of advanced adenomatous or colorectal cancer. The US multi-society task force on colorectal cancer recommends a colonoscopy or fecal immunochemical tests as first tier testing for colon cancer. The standard recommendation would be a colonoscopy every 10 years or a fecal immunochemical test annually. At the current time, the task force does not recommend Cologuard® as a first-line test.”

Cologuard® agrees, stating, “Cologuard® is not a replacement for diagnostic or surveillance colonoscopy in patients at high risk for colorectal cancer. Both false positives and false negatives do occur. In a clinical study of Cologuard®, 13% of people without cancer or pre-cancer tested positive. Any positive should be followed by a diagnostic colonoscopy.”

Dr. Ward stresses the advantages and the importance of a screening colonoscopy. Benefits include “high sensitivity for cancer and all classes of precancerous lesions, single session diagnosis and treatment, and longer intervals between examinations in subjects with normal colonoscopies.”

Ward continues, “The benefits of colon cancer screening include a reduction in the incidence of colon cancer. The United States has achieved the world's highest rates of colorectal cancer screening compliance at 60%. The US has the greatest reduction in colorectal cancer incidence and mortality. Incidence reductions in the United States are 3-4% per year and 30% overall on the first decade of the century.”

Discussions on utilization of Cologuard® and screening intervals should be made in consultation with a healthcare provider. Talk to your gastroenterologist about the options available and which screening program is appropriate for you.