



Colonoscopy, Blood-Based, FIT, or Cologuard?

What is the right option for me?

The American Cancer Society (ACS) recommends that people at **average risk*** of colorectal cancer **start regular screening at age 45**. People at increased or high risk of colorectal cancer might need to start colorectal cancer screening before age 45. Screening for colorectal cancer can be achieved with a colonoscopy, an exam that visually looks at the colon and rectum, or with a sensitive test that looks for signs of cancer in a person's stool. The different screening modalities all have pros and cons.

SCREENING OPTIONS:

Only option to DETECT AND PREVENT colorectal cancer:

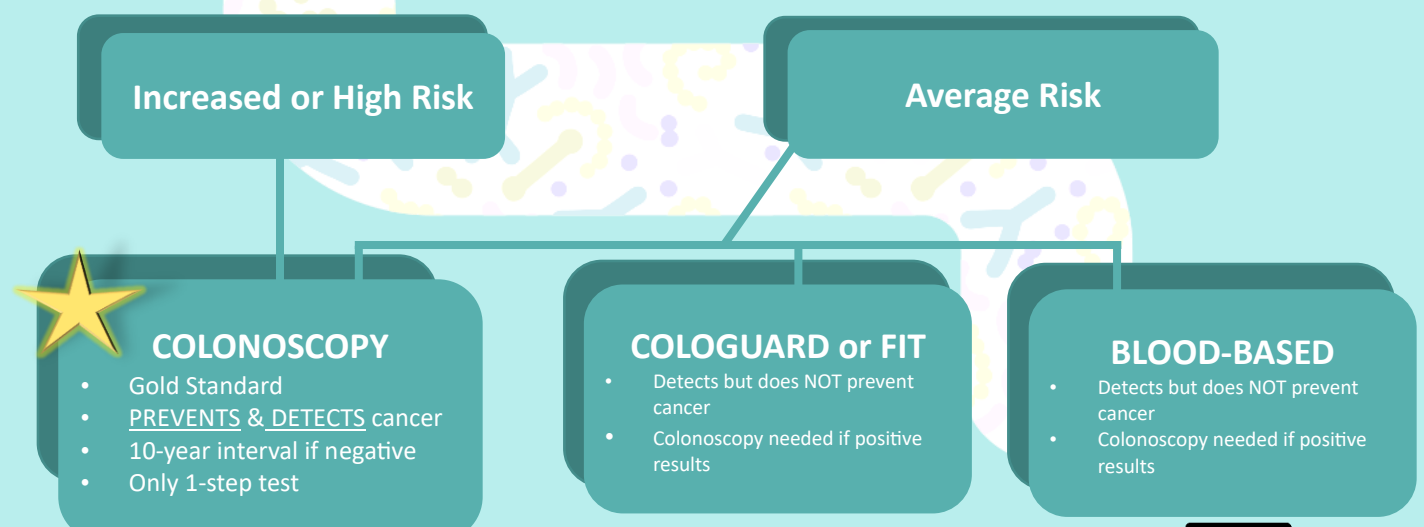
- **Colonoscopy** – This is considered the gold standard of colorectal screening. Recommended for average and higher risk patients.
 - o Pros: 95% accurate at detecting colorectal cancer. 1 step test, meaning polyp removal at time of exam; usually covered by insurance with no out-of-pocket.
 - o Cons: Prepping for exam, need to take a day off.

Non-preventative options to detect colorectal cancer. Colonoscopy required if test results are positive.

- **FIT (Fecal Immunochemical Test)** – First line test for average risk patients. 73.8% accurate at detecting colorectal cancer.
 - o Pros: Easy to do, no change to diet or medication regimen.
 - o Cons: Does not detect all cancers or polyps, has to be completed every year.
- **Cologuard** – Second line test for average risk patients.
 - o Pros: Can be completed at home.
 - o Cons: \$500 out of pocket expense not covered by all insurances. Up to 45% false positive. Not recommended by American College of Physicians. Has to be completed every 3 years. If positive, colonoscopy needs to be completed.
- **Blood Based** – Endorsed by ACS for those unwilling/unable to do colonoscopy or stool-based testing.
 - o Pros: Easy to do, no change to diet or medication regimen.
 - o Cons: Does not detect all cancers or polyps, has to be completed every 3 years.

Am I high risk of having colorectal cancer? If you answer yes to the following, you are at a higher risk of having colorectal cancer and should have the gold standard colonoscopy.

- Personal history of colorectal cancer or certain types of colon polyps
- Family history of colorectal cancer? Start at Age 40 or 10 years before age of diagnosis
- Personal history of Inflammatory Bowel Disease (Ulcerative Colitis or Crohn's disease)
- Symptoms such as persistent change in bowel habits or stool consistency, abdominal discomfort, rectal bleeding or blood in stool, unexplained weight loss, anemia, fatigue or weakness.
- A confirmed or suspected hereditary colorectal cancer syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colorectal cancer or HNPCC)
- A personal history of getting radiation to the abdomen (belly) or pelvic area to treat a prior cancer



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