Colorectal cancer screening awareness discussion guide.

Some hard conversations are worth having.

Colorectal cancer affects younger adults too.[1]

Colorectal cancer is no longer just an older person's disease. While rates have declined in people over age 65, they are increasing in individuals younger than 50 years of age.[1] It is estimated that 10.5% of new colorectal cancer cases occur in persons younger than 50 years.[2]

When to start screening?

People ages 45-75 who have an average risk should consider routine colorectal cancer screenings at regular intervals.[†,3]

Treatable. Survivable.[3]

Colorectal cancer has a 90 percent five-year survival rate when detected at an early stage, before it has spread.[4]

Talk about the risk factors.

Ask your patients if they meet some of the more common risk factors for colorectal cancer:

- Family history of colorectal cancer or colorectal polyps.[3]
- Lifestyle factors such as smoking, excessive drinking, obesity, or sedentary lifestyle.[3]
- Other colon-related conditions such as ulcerative colitis and Crohn's disease.[3]

Early detection may lead to better outcomes.[5]

Screenings can detect the presence of colorectal polyps or cancer. A colonoscopy can remove colorectal polyps before they become cancerous.[6] Catching it early is important.

Many people put off screening but delaying screening can increase risk of CRC.[7] There's a concern that many new colorectal cancer cases won't be caught until later and less treatable stages.[7]

† For screening, people are considered to be at average risk if they do not have:
- A personal history of colorectal cancer or certain types of polyps
- A family history of colorectal cancer
- A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- A confirmed or suspected hereditary colorectal cancer syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC)
- A personal history of getting radiation to the abdomen (belly) or pelvic area to treat a prior cancer

They have screening options.

Explain that there are many screening options available, including in-person and at-home screenings, as well as invasive and noninvasive methods. Briefly explain a few of their options and how they work. A few examples:

Stool-based options.[2]

- **Fecal immunochemical test (FIT or iFBOT):** Tests for blood, presence of cancer. [2] Bowel movement is swabbed, placed on card, and sent to lab for analysis.[2]
- **Guaiac fecal occult blood test (FOBT):** Tests for blood, presence of cancer.[2] Bowel movement is swabbed, placed on card, and sent to lab for analysis.[2]
- **Stool DNA test:** Tests for abnormal DNA and blood in stool.[2] Bowel movement collected using kit apparatus, then sent back to lab for analysis.[2]

Direct visualization options.[2]

- **Colonoscopy:** A doctor uses a long tube with a light and camera to detect and remove colorectal polyps in the colon.[2]
- **Flexible Sigmoidoscopy:** Similar to colonoscopy, but doesn't view as much of the colon.[2] Colorectal polyps can be biopsied if found.[2]
- **Virtual Colonoscopy:** A doctor uses X-rays and computers to generate 2-D or 3-D images of the colon and rectum.[2]

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