



Colorectal Cancer Screening

Colorectal cancer is the third most common cause of cancer and the third most common cause of cancer death for both men and women in the United States.ⁱ

In 2014 it is estimated thatⁱⁱ:

- 136,830 people in the US will be diagnosed with colorectal cancer, and
- 50,310 people in the US will die from the disease.

Only 39 percent of colorectal cancers are caught at an early stage when the five year survival rate is 90 percentⁱⁱⁱ.

- When it has spread regionally, the 5 year survival rate is lowered to 70 percent, and
- When it is spread to distant organs, the 5 year survival rate drops to only 12 percent.

Screening is the best way to catch colorectal cancer early and even prevent it altogether.

Risk Factors - Lifestyle and genetic factors contribute to an individual's risk of colon cancer^{iv}.

- Obesity, physical inactivity, alcohol, and a diet high in red meat increase risk.
- A recent Surgeon General's report shows smoking can cause colorectal cancer.^v
- A personal or family history of colorectal cancer and/or polyps, chronic inflammatory bowel disease (IBD), and some genetic conditions increase risk.
- Risk increases with age - about 90% of cases are diagnosed in people 50 and older.^{vi}

Colorectal Cancer Screening - Screening is the most effective way of detecting colorectal cancer early and preventing it altogether.

- Colorectal cancer screening can identify abnormal growths (polyps) in the colon or rectum, allowing them to be removed before turning into cancer. Cancers can also be found at an early stage when treatment often leads to a cure.
- More than 1 in 3 adults age 50 and older are not getting tested as recommended.^{vii}
- Many minority populations have low screening rates, especially Asian Americans, Hispanics, and American Indian/Alaska Native populations.

American Cancer Society Recommended Screenings

Average risk men and women age 50 and over should receive screening by one of the following methods:

- Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) every year
- Flexible Sigmoidoscopy – every 5 years
- Double Contrast Barium Enema – every 5 years
- Colonoscopy – every 10 years
- CT Colonography – every 5 years

*The United States Preventive Services Task Force (USPSTF) offers similar guidelines to those of ACS.

Benefits of Screening – Getting screened early can be lifesaving!

- Ninety percent of all individuals diagnosed with colorectal cancer, at an early or local stage, are still alive five years later.^{viii}
- Thousands of colorectal cancer deaths could be avoided each year if people were screened according to recommendations.^{ix}

Improving Access to Screening

- **Affordable Care Act (ACA)** - Under the ACA, most private insurance plans are required to cover colorectal cancer screening for adults aged 50 to 75 years, with no cost sharing to the patient. Included in this coverage is fecal occult blood testing, sigmoidoscopy, or colonoscopy including the removal of polyps.
- **CDC's Colorectal Cancer Control Program (CRCCP)** – The CRCCP focuses on outreach and education for all populations and screening services for uninsured or under-insured, low-income individuals aged 50 – 75. The goals of the CRCCP are to increase screening rates among men and women in the 25 states and 4 tribal organizations that receive CDC funding. To date, the program has provided 34,000 screenings, finding 4,884 cases of precancerous adenomatous polyps and 92 cancers.^x
- **80 percent by 2018** – ACS CAN and many other organizations across the nation are committed to eliminating colorectal cancer as a major public health problem and increasing screening rates across the nation to 80 percent among all adults age 50 and older by 2018. Through collaborative efforts among policymakers, health care providers and systems, community and business leaders, we can reach this challenging yet achievable goal.

What can you do?

- Protect and increase state funding for colorectal cancer screening education and outreach programs.
- Work with your state policymakers to identify and eliminate barriers to colorectal cancer screening, including cost barriers, to make screening more accessible
- Improve screening rates in your local community by working with health care providers, community health centers and health insurers to educate and improve access to colorectal screening service
- Join the 80 percent by 2018 movement! Learn more at: <http://ncrct.org/about/80-percent-by-2018/>

ⁱ American Cancer Society. "Cancer Facts and Figures 2014". Atlanta: American Cancer Society; 2014.

ⁱⁱ American Cancer Society. "Cancer Facts and Figures 2014". Atlanta: American Cancer Society; 2014.

ⁱⁱⁱ American Cancer Society. "Cancer Facts and Figures 2014". Atlanta: American Cancer Society; 2014.

^{iv} American Cancer Society. "Cancer Facts and Figures 2014". Atlanta: American Cancer Society; 2014.

^v US Department of Health and Human Services. "The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014" Rockville, MD.

^{vi} American Cancer Society. "Colorectal Cancer Facts and Figures 2011-2013". Atlanta: American Cancer Society; 2011.

^{vii} American Cancer Society calculations made using the National Health Interview Survey.

^{viii} American Cancer Society. "Cancer Facts and Figures 2014". Atlanta: American Cancer Society; 2014.

^{ix} Colditz G, Atwood K, Emmons K, et al, "For the risk Index Working Group, Harvard Center for Cancer Prevention. Harvard Report on Cancer Prevention Volume 4: Harvard Cancer Risk Index." Cancer Causes Control. 2000;22(6):477-488.