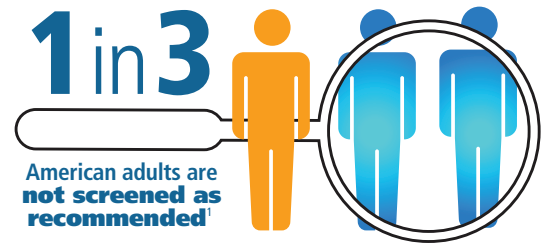
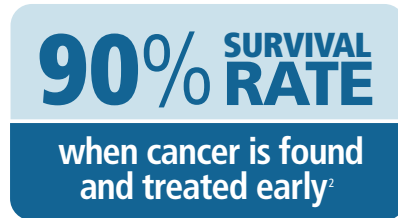
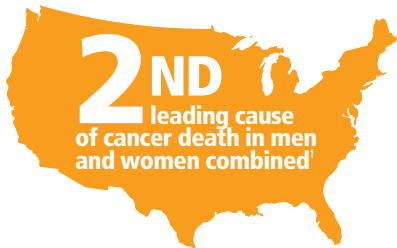


# COLORECTAL CANCER PREVENTION: GET SCREENED

## Colorectal cancer in the U.S.



## When should I start screening?

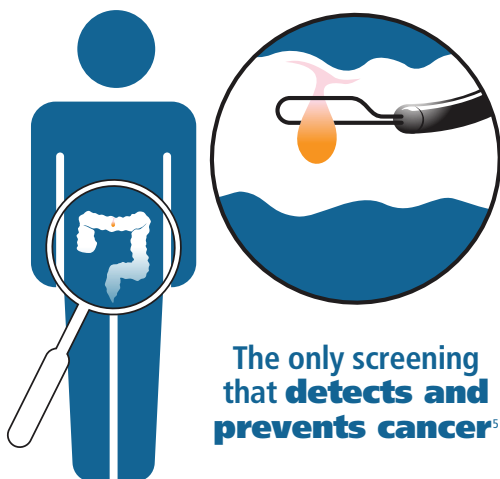
Most guidelines recommend average-risk individuals start screening at age

**50**<sup>3</sup>

African Americans and people with a family history of cancer or polyps should start screening earlier<sup>4,5</sup>

The American Cancer Society recommends average-risk individuals start screening at 45<sup>6</sup>

## Colonoscopy: The gold standard



The only test for those with **risk factors** such as personal history of polyps, cancer, or family history of cancer<sup>5</sup>



Reduces the incidence of cancer by

**89%**<sup>7</sup>

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# COLORECTAL CANCER SCREENING: COMPARING THE OPTIONS

## Which screening test is most effective?

1	<ul style="list-style-type: none"> <li>• Colonoscopy*</li> <li>• Fecal immunochemical test (FIT)</li> </ul>
2	<ul style="list-style-type: none"> <li>• CT Colonography</li> <li>• Cologuard®</li> <li>• Flexible sigmoidoscopy</li> </ul>
3	<ul style="list-style-type: none"> <li>• Capsule endoscopy</li> </ul>

In 2017, the U.S. Multi-Society Task Force on Colorectal Cancer (MSTF) ranked colonoscopy in the highest of three tiers for CRC screening options<sup>8</sup>

**\* MSTF recommends physicians offer colonoscopy first, annual FIT to patients who decline colonoscopy, then second-tier tests for patients who decline FIT<sup>8</sup>**



A 2014 New England Journal of Medicine study of 10,000 patients found screening colonoscopy to be more effective than FIT and Cologuard® for cancer and pre-cancerous polyp detection<sup>9</sup>

<p><b>COLOGUARD MISSED</b> <b>1 in 13</b> people with colon cancer<sup>9</sup></p>	<p><b>COLOGUARD ALSO MISSED:</b></p>	
	<p>More than 30% of polyps that will soon be cancer<sup>9</sup></p>	<p>Almost 60% of larger polyps that may become cancer<sup>9</sup></p>

**1 in 6** patients will have a positive Cologuard<sup>9</sup>

A follow-up colonoscopy is recommended for a positive Cologuard<sup>10</sup>

Follow-up colonoscopy will find almost half (45%) of positive Cologuards are false positives<sup>9</sup>

## Insurance coverage for screening

Medicare covers 100% of an initial screening test

Follow-up colonoscopy needed for a positive FIT or Cologuard

Patients may have deductible or copay for follow-up colonoscopy to FIT or Cologuard, as the colonoscopy is then considered diagnostic or therapeutic<sup>11</sup>

Cologuard is covered by many private insurers, but patients could pay approximately

\$ 600

if not covered<sup>8</sup>

**REFERENCES:** 8. Rex D, Boland C, Dominitz J et al. Colorectal Cancer Screening: Recommendations for Physicians and Patients from the U.S. Multi-Society Task Force on Colorectal Cancer. The American Journal of Gastroenterology 2017;112:1016-1030. <http://doi.org/10.1038/ajg.2017.174>. 9. Imperiale T, Ransohoff D, Itzkowitz S, et al. Multitarget Stool DNA Testing for Colorectal-Cancer Screening. New England Journal of Medicine, 2014;370:1287-1297. <https://www.nejm.org/doi/full/10.1056/nejmoa1311194>. 10. U.S. Food and Drug Administration. Summary of Safety and Effectiveness Data (SSED). [https://www.accessdata.fda.gov/cdrh\\_docs/pdf13/P130017b.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf13/P130017b.pdf). Accessed July 27, 2018. 11. American Cancer Society. Colorectal Cancer: Early Detection, Diagnosis, and Staging: Insurance Coverage for Colorectal Cancer Screening. <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/screening-coverage-laws.html>. Accessed July 27, 2018.