



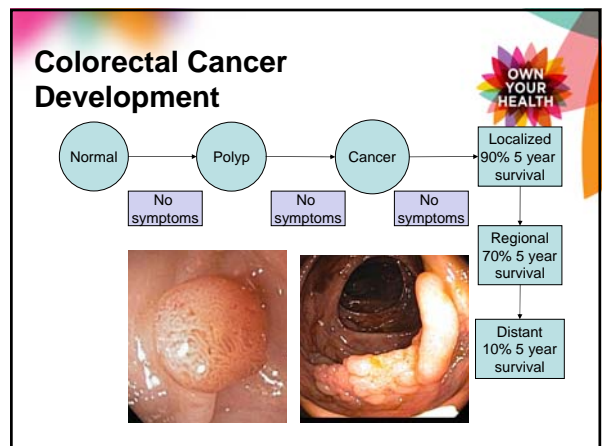
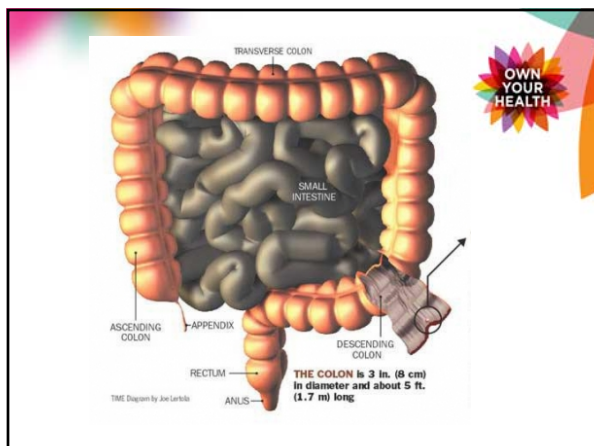
### Objectives

- Information about Colorectal Cancer
- Importance of screening
- Who should be screened
- Tests available for Screening
- State of Colorectal Cancer Screening in BC
- What you can do to help prevent Colorectal Cancer



### Colorectal Cancer Facts

- Colon and rectum are also known as the large bowel or large intestine
- Colorectal cancer is the 2<sup>nd</sup> leading cause of cancer in men and the 3<sup>rd</sup> leading cause of cancer in woman
- Colorectal cancer is the 2<sup>nd</sup> leading cause of cancer death
- 3 British Columbians are diagnosed with colorectal cancer every day

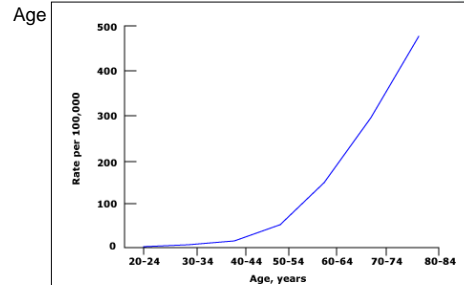



## Why Screen?



- Colorectal cancer is common
- Detect cancer at an early stage of disease
  - Decrease the need for chemotherapy after surgery
  - Decrease mortality from colorectal cancer
- Detect and remove pre-cancerous polyps called adenomas
  - Prevent the development of colorectal cancer

## Who to Screen?



## Who to Screen?



- Individuals 50-75 years of age
- Individuals with a first-degree relative (parent, sibling or child) colorectal cancer are at increased risk
  - Risk is higher if there is more than one first degree relative or the relative was diagnosed at a younger age
- Individuals with a personal history of colorectal cancer or an adenoma
- Individuals with longstanding ulcerative or Crohn's colitis are at higher risk

## How to Screen?



- Fecal occult blood testing (FOBT)
  - Guaiac FOBT
  - FIT
- Flexible sigmoidoscopy
- Colonoscopy
- CT Colonography

## Fecal occult blood tests



- Detect hidden blood in the stool
- Safe, easy test done at home
- If normal, repeat every 1-2 years
- If abnormal, colonoscopy is recommended
- Two types available:
- Guaiac-based (Hemoccult II)
  - Fecal Immunochemical Test (FIT)

## Guaiac FOBT



- Six specimens in total
- Requires dietary and medication restrictions
- Available for free from your family doctor

## Fecal Immunochemical Test (FIT)



- One or two samples
- No dietary or medication restrictions
- Available for jurisdictions participating in Colon Check pilot
- Available privately for \$30
- Easier to use and more accurate than guaiac FOBT in detecting cancer and adenomas

## Flexible Sigmoidoscopy



- Examines the rectum and lower colon for cancer and polyps
- If normal, repeated every 5-10 years
- If abnormal, colonoscopy recommended
- Enema or oral bowel preparation
- No sedation
- Low complication rate (<1/5000)
- Requires referral to a specialist

## Colonoscopy

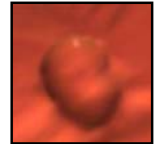


- Examines the entire colon
- Removal of adenomas
- Requires oral bowel preparation
- Sedation usually given
- Highest complication rate (1/250)
- Requires referral to a specialist
- If normal, repeat in 10 years

## CT Colonography



- Evaluates the entire colon using CT scan
- Requires oral bowel preparation
- Radiation exposure
- No sedation
- Low complication rate (<1/10,000)
- If normal, repeat in 5 years
- Colonoscopy recommended if abnormal



## Screening in BC



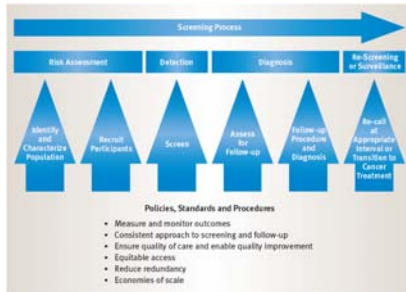
- Opportunistic screening in most areas
  - Motivated patient or physician
- Programmatic Screening
  - **BCCA's Colon Check**
  - Population-based screening program in Penticton, Powell River and Vancouver's downtown core
  - Participants 50-75 years are screening using a FIT
  - Anticipate expansion to all BC residents

## Opportunistic screening in BC



- For individuals without a family history of colorectal cancer, FOBT every year or flexible sigmoidoscopy every 5-10 years
- For individuals with a first degree relative with colorectal cancer, colonoscopy is recommended every 5 to 10 years
- Current BC guidelines for colorectal cancer screening are under review

## Programmatic Screening



## Summary of screening programs in Canada



Province	Start	Provincial program	Regional program, expanding province-wide	Provincial program launch anticipated over the next year	Pilot in small communities
Ontario	2007	♦			
Manitoba	2007	♦			
Alberta	2007	♦			
Nova Scotia	2009		♦		
Saskatchewan	2009		♦		
New Brunswick	2011			♦	
Quebec	2011			♦	
Newfoundland	2011			♦	
BC	2009				♦
PEI	2009				♦

## Colon Check Principles



- Equitable access
- Identify participants with a family history of CRC
- Participant navigation = Nurse Navigator
- Colonoscopy and pathology quality standards
- Follow participant from registration through each screening session or to 1<sup>st</sup> cancer treatment

## Colon Check Overview



- Ministry of Health funding in July 2008
- Screening began in January 2009 in Penticton; Powell River (Sept 2009) and Vancouver core (April 2010)
- 9,311 participants
- 8,348 FIT kits returned
- 699 abnormal FIT
- 1,088 colonoscopies completed
- 21 cancers diagnosed

## What you can do to prevent colorectal cancer...



- Modify risk factors for colorectal cancer:
  - Smoking
  - Alcohol
  - Obesity
  - Diet high in red meat and low in fiber, fruits and vegetables
- Talk to your doctor about colorectal cancer screening when you turn 50

Thank you

