

What you should know about colorectal cancer screening



 303.788.8888

 [SouthDenverGI.com](https://www.SouthDenverGI.com)

MYTH ✘

Colonoscopies are inconvenient and painful.

FACT ✔

A colonoscopy is an outpatient procedure lasting less than an hour.

During a colonoscopy, you will lie on your side or back while a gastroenterologist slowly advances a colonoscope along your large intestine to examine the lining. The lining will be examined a second time as the colonoscope is slowly withdrawn.

There is little or no pain associated with a colonoscopy. You may feel pressure, bloating or cramping. Serious complications are rare. Prior to the procedure, you will limit your diet to clear liquids the day before as well as consume a small volume of a special cleansing solution and sometimes oral laxatives.

MYTH ✘

Cologuard® is an effective colorectal cancer prevention tool for everyone.

FACT ✔

Cologuard® is approved for patients 50 and older who are at *average* risk for colon cancer.

Cologuard® is a stool DNA-based test. It detects molecular markers of altered DNA that are contained in cells shed by colorectal cancer, advanced polyps in the stool or blood in the stool (Hemoglobin).

Cologuard is ranked as a second-tier test by the U.S. Multi-Society Task Force on Colorectal Cancer, and is not intended to replace colonoscopy for average or high-risk patients. Following a positive Cologuard® test result, a colonoscopy should be performed.

A 2014 *New England Journal of Medicine* study found that Cologuard® missed more than 57 percent of larger polyps that may become cancerous, more than 30 percent of polyps that will become cancerous and more than 7 percent of actual colorectal cancers that are typically fatal if not found early.

MYTH ✘

Cologuard® is cheaper than a colonoscopy.

FACT ✔

Cologuard® costs approximately \$600 for privately insured and Medicare patients.

If the initial Cologuard® test is positive and a colonoscopy is then recommended, the additional test will result in a larger patient deductible and/or copay.

MYTH ✘

I'm too young to get colorectal cancer.

FACT ✔

There's no such thing as too young to be diagnosed with colorectal cancer.

Colorectal cancer is the third most common cancer in the U.S. All adults should have a baseline colorectal cancer screening at age 50. If there is a family history of the disease, you are African American or have a GI condition such as inflammatory bowel disease or Crohn's disease, screening is recommended prior to age 50.

Colorectal cancer has been on the rise in people younger than 50. Diagnosis is often delayed. If you are under 50 and have concerning symptoms such as rectal bleeding or a change in bowel habits, a colonoscopy should be considered.

MYTH ✘

I don't have any symptoms so I don't need to be screened for colorectal cancer.

FACT ✔

Colorectal cancer screening saves lives.

It is much better to prevent cancer than find cancer. Most colorectal cancers develop first as polyps, which are abnormal growths inside the colon or rectum that may later become cancerous if they are not removed. A colonoscopy can detect these polyps.

When diagnosed and treated at an early stage, the five-year survival rate for colorectal cancer is about 90 percent.



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Quality GI care should be measured through exceptional outcomes. Through the second quarter of 2018, SDG has reported a 48.6 percent colon adenoma (precancerous polyp) detection rate (ADR). The national ADR benchmark is 25 percent. According to the *New England Journal of Medicine*, for every 1 percent increase in colon polyp detection rate, there is a 3 percent decrease in a patient's odds of developing colorectal cancer over the next decade.