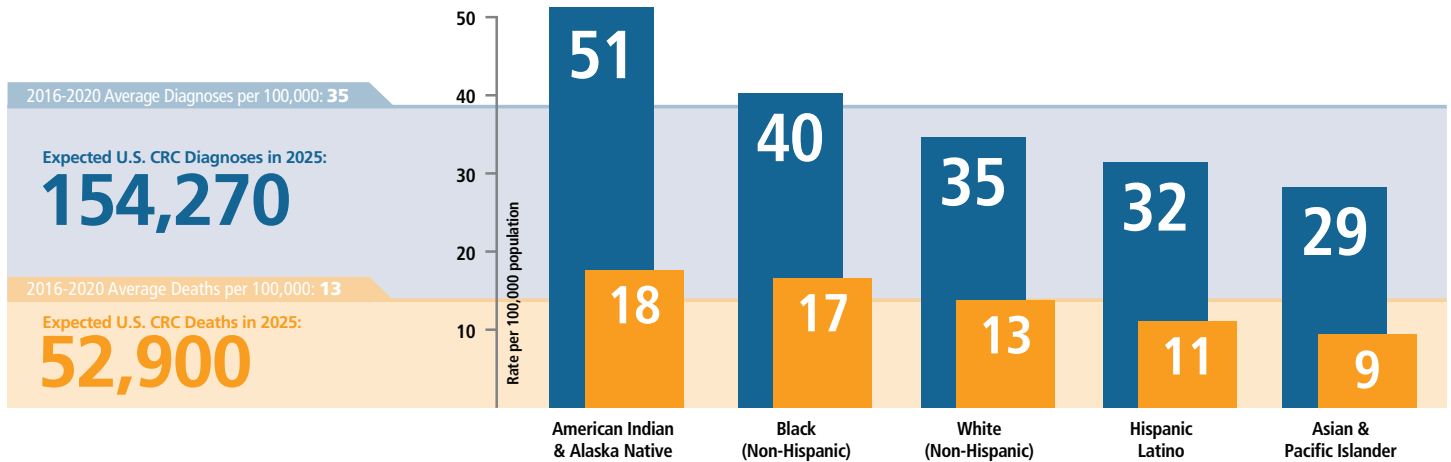


# COLORECTAL CANCER: AM I AT RISK?

## Colorectal Cancer (CRC) Disparities in the U.S.<sup>1</sup>

Colorectal Cancer Incidence (2017-2021) and Mortality (2018-2022) Rates by Ethnicity/Race, U.S.



## Did You Know?



Disparities are driven by socioeconomic status and differences in access to early detection and treatment<sup>2,3</sup>



Screening is lowest among:<sup>5</sup>

- Ages 45-49 years (20%)
- Asian Americans (50%)
- Individuals with less than a high school education (48%)
- The uninsured (21%)
- Recent immigrants (29%)



Blacks and Hispanics are less likely to get prompt follow up after abnormal screening results and more likely to be diagnosed with late stage cancer<sup>2,3,4</sup>

When diagnosed at an early stage, survival rates are similar across all racial and ethnic groups<sup>6</sup>

## What Should I Do?



Ask your primary care or GI physician about available CRC screening options<sup>7,8</sup>



Schedule a colonoscopy or stool-based screening test at age 45<sup>9</sup>

# THE VALUE OF COLONOSCOPY

## When Should I Be Screened for Colorectal Cancer?

The American Cancer Society recommends average-risk people start screening at age

**45**<sup>1\*</sup>

*\*Depending on family history, screening may be recommended at age 40 or younger<sup>1</sup>*

## Stool- and Blood-based Screening Options:

Stool- and blood-based screenings are **only appropriate for average risk patients ages 45 and older** who refuse or are unable to have colonoscopy. **Stool- and blood-based screenings are not for patients with high risk of colorectal cancer or conditions associated with high risk, such as personal history of polyps, IBD, and family history of certain cancers.**<sup>2,3</sup>

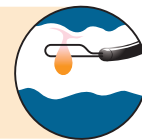
WHAT WAS MISSED?	COLOGUARD MISSED <sup>4</sup>	SHIELD MISSED <sup>5</sup>	FIT MISSED <sup>4</sup>
People with colon cancer	<b>1 in 13</b>	<b>1 in 6</b>	<b>1 in 4</b>
Polyps that could soon become cancer	<b>57%</b>	<b>87%</b>	<b>76%</b>

*Stool- and blood-based screenings do not prevent cancer, and a positive screening requires follow up colonoscopy if polyps or cancer are detected.*<sup>3,5,6</sup>

## Colonoscopy: The Gold Standard



The best screening for finding precancerous polyps and **the only test that detects and prevents cancer** by removing polyps before they can turn into cancer<sup>1,3,4</sup>



**The only test recommended for people with risk factors** such as personal history of polyps or cancer, family history of cancer, or inflammatory bowel disease<sup>1</sup>



**The only test recommended at 10-year intervals** for asymptomatic patients at average risk. Your gastroenterologist will recommend the interval of repeat colonoscopy based on findings during colonoscopy and surveillance guidelines.<sup>1</sup>