



PACT Gastroenterology Center
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THE VALUE OF COLONOSCOPY

Who Should Be Screened?

33% of people diagnosed have a **family history** of colorectal cancer and are more likely to be diagnosed at an earlier age¹



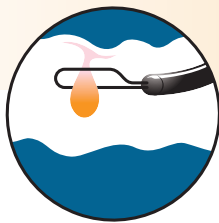
1 in 5 colorectal cancer cases are now in **people under age 55**¹

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

45^{2*}

**Depending on family history, screening may be recommended at age 40 or younger*

Colonoscopy: The Gold Standard



The only screening that detects and prevents cancer³

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.^{3,4,5}



The best test for finding precancerous polyps³

Prevents colon cancer by **removing polyps before they can turn into cancer**^{3,4,5}

How Often is Colonoscopy Recommended?

Colonoscopy is **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

10^{3,5,6}
YEARS

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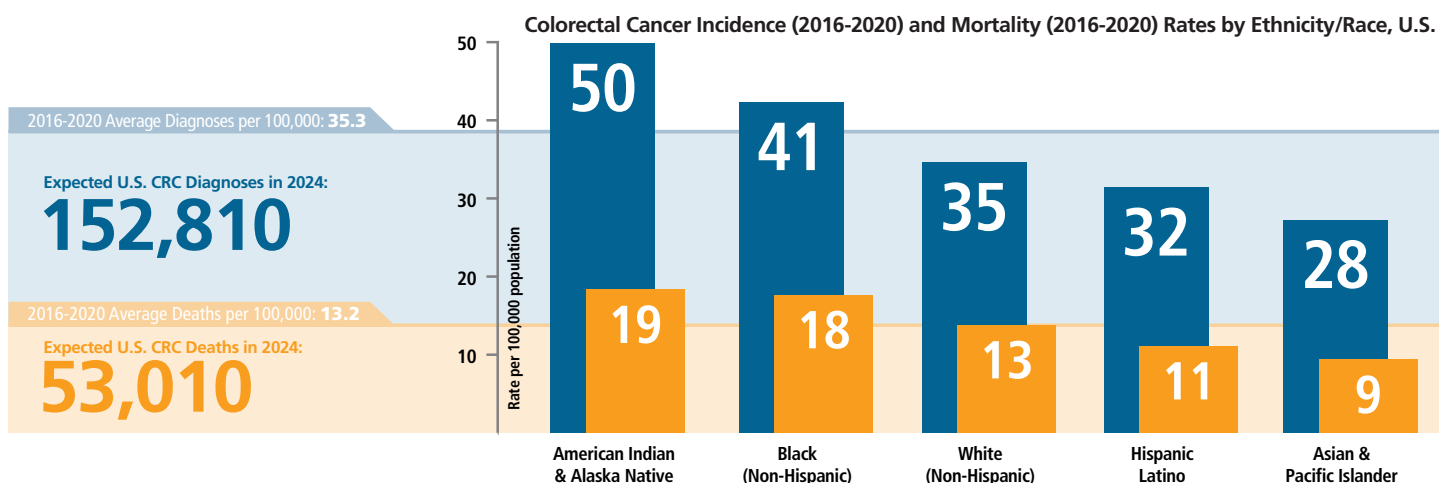


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COLORECTAL CANCER: AM I AT RISK?

Colorectal Cancer (CRC) Disparities in the U.S.¹



Did You Know?



Disparities are driven by socioeconomic status and differences in access to early detection and treatment^{2,3}



Screening is lowest among:⁵

- 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^{2,3,4}

When diagnosed at an early stage, survival rates are similar across all racial and ethnic groups⁶

What Should I Do?



Ask your primary care or GI physician about available CRC screening options^{7,8}



Schedule a colonoscopy or stool-based screening test at age 45⁹

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