

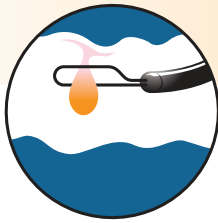


**PACT Gastroenterology Center**  
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# THE VALUE OF COLONOSCOPY

## Colonoscopy: The Gold Standard



**The only screening that detects and prevents cancer<sup>1</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>



**Reduces the incidence of cancer by**

**89%**<sup>2</sup>

**The best test for finding precancerous polyps<sup>3,4</sup>**

**Prevents colon cancer by removing polyps before they can turn into cancer<sup>1</sup>**

## When Should I Start Screening?

The American Cancer Society and the U.S. Preventative Services Task Force recommend average-risk people start screening at age

**45**<sup>5,6</sup>\*

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

## How Often is Colonoscopy Recommended?

Colonoscopy is **the only test recommended at 10-year intervals** if no polyps are found

*Your gastroenterologist will recommend the interval of repeat colonoscopy based on findings during colonoscopy and surveillance guidelines*

**10**<sup>1</sup>  
**YEARS**

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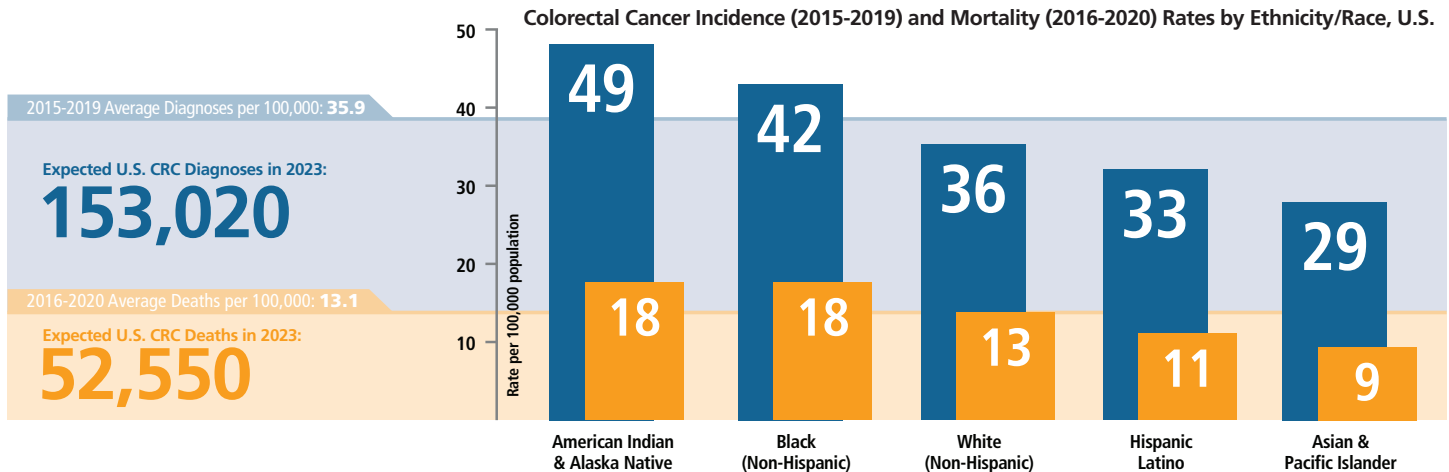


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# COLORECTAL CANCER: AM I AT RISK?

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



## Did You Know?



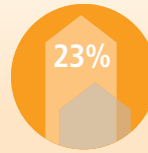
Disparities are driven by socioeconomic status and differences in access to early detection and treatment<sup>2</sup>



American Indians and Alaska Natives are the only groups for which CRC death rates are not declining<sup>2</sup>



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</sup>



CRC rates in Japanese men are 23% higher than in Non-Hispanic White men<sup>2</sup>

When diagnosed at an early stage, survival rates are similar across all racial and ethnic groups<sup>3</sup>

## What Should I Do?



Ask your primary care or GI physician about available CRC screening options<sup>4</sup>



Schedule a colonoscopy or stool-based screening test at age 45<sup>5</sup>

REFERENCES: 1. American Cancer Society. Cancer Statistics Center. Cancer Type: Colorectum. <https://cancerstatisticscenter.cancer.org/?ga=2.153983608.1198857683.1673968484-1910461587.1673968483#//cancer-site/Colorectum> 2. American Cancer Society. Colorectal Cancer Facts & Figures 2020-2022. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2020-2022.pdf> 3. Yanez B, McGinty HL, Bultrago D, Ramirez AG, Penedo FJ. Cancer Outcomes in Hispanics/Latinos in the United States: An Integrative Review and Conceptual Model of Determinants of Health. *J Lat Psychol.* 2016;4(2):114-129. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4943845> 4. 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> 5. Wolf AMD, Fontham ETH, Church TR, et al. Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society. *CA Cancer J Clin.* 2018;68:250-281. <https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21457#>. All links accessed February 3, 2023.