

Who Should Be Screened for Colorectal Cancer?

Men and women ages
45* -75¹

*Private insurance plans are required to cover evidence-based services that have a rating of "A" or "B" in the recommendations of the United States Preventive Services Task Force. Remind patients to check with their insurance provider before being screened.

Patients age 76 and older should be referred to a gastroenterologist.

Colonoscopy: The Gold Standard

*The only screening that **detects and prevents cancer**²*

Recommended for
patients ages
45-75¹

The only test for those with risk factors such as **personal history** of polyps or colorectal cancer, or **family history** of certain cancers²

Stool-Based Screening:

An appropriate option for certain patients

Average-risk patients ages 45 and older who **refuse or are unable** to have colonoscopy^{3,4}

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 cancers⁵

A positive screening requires follow up colonoscopy, which may result in deductible or copay.⁴

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SOURCES 1. U.S. Preventive Services Task Force. Final Recommendation Statement, Colorectal Cancer: Screening. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>. Accessed June 17, 2021. 2. American Society for Gastrointestinal Endoscopy. Media backgrounder on Colorectal Cancer Screening. <https://www.asge.org/home/about-asge/newsroom/media-backgrounders-detail/colorectal-cancer-screening>. Accessed February 8, 2021. 3. <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma.cfm?id=P130017S029>. Accessed February 8, 2021. 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>. Accessed February 8, 2021. 5. U.S. Food and Drug Administration. Summary of Safety and Effectiveness Data (SSED). https://www.accessdata.fda.gov/cdrh_docs/pdf13/P130017b.pdf. Accessed February 8, 2021.

Help Prevent Colorectal Cancer

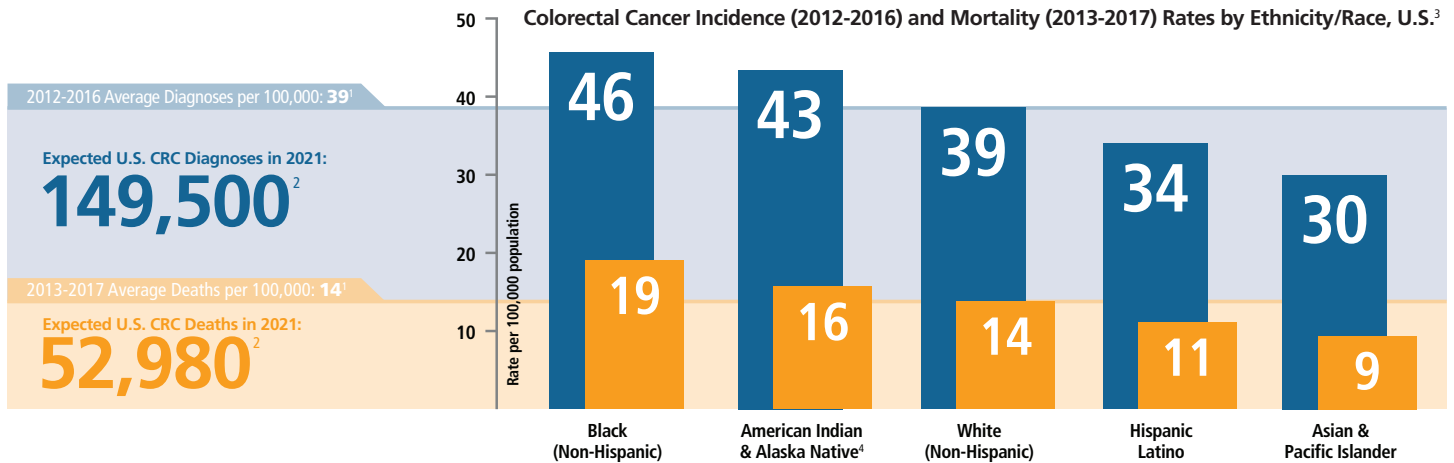
Discuss available screening options with your patients

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COLORECTAL CANCER: WHO IS AT RISK?

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



Did You Know?



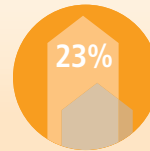
Disparities are driven by socioeconomic status and differences in access to early detection and treatment³



American Indians and Alaska Natives are the only groups for which CRC death rates are not declining³



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^{3,4}



CRC rates in Japanese men are 23% higher than in Non-Hispanic White men³

When diagnosed at an early stage, survival rates are similar across all racial and ethnic groups³

How Can I Help Reduce CRC Disparities?



Discuss CRC screenings as recommended by the Multi-Society Task Force on Colorectal Cancer⁵



Schedule CRC screenings for patients at age 45⁶



Schedule a colonoscopy for high-risk patients earlier when appropriate