



# Chronicle of Indiana Cancer Control

## Spotlight

### March—Colorectal Cancer Awareness

#### Season of Change

March brings the changing of the seasons and a reminder that screening recommendations for colorectal cancer (CRC) have changed.

In May 2021, the United States Preventive Services Task Force (USPSTF) released new screening recommendations for CRC, stating that adults ages 45 to 75 years be screened for CRC.

The primary change to the guideline was that average risk adults are now recommended to start screening at age 45 instead of age 50. Adults ages 76 to 85 years should talk to their doctor about whether they should be screened.

Screening is a proven tool to reduce the burden of CRC. Screening not only detects cancer early, but may also detect and remove pre-cancerous polyps, which are abnormal growths.<sup>1</sup>

1. <https://cancercontroltap.smhs.gwu.edu/news/colorectal-cancer-awareness-month-campaign#data-and-statistics>



#### Which Screening Test is Right for You?

There is no single “best test” for any person.

Each test has advantages and disadvantages. Talk to your doctor about the pros and cons of each test and how often to be tested.

Which test to use depends on your preferences, your medical condition and the likelihood that you will get the test.



Several screening tests can be used to find polyps or colorectal cancer. The USPSTF outlines the following colorectal cancer screening strategies. It is important to know that if your test result is positive or abnormal on some screening tests that a colonoscopy test will be needed to complete the screening process.

- Stool tests should be conducted once a year. These tests require a lab analysis of a stool sample, usually collected at home and then sent to a lab.
- Flexible sigmoidoscopy is a screening done every 5 years, or every 10 years when an annual stool test has been recorded. The doctor uses a short, thin, flexible, lighted tube to check for polyps or cancer in the lower third of the colon.
- Colonoscopy is similar to flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the **entire** colon. During the test, the doctor can find and remove most polyps and some cancers. Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening tests. Colonoscopy screening is recommended for every 10 years, more often if a person has an increased risk of colon cancer.
- Computed tomography colonography (CT), also called a virtual colonoscopy, uses X-rays and computers to produce images of the entire colon, which are displayed on a computer screen for the doctor to analyze. This screening is recommended for every 5 years.<sup>2</sup>

2. <https://www.cdc.gov/cancer/colorectal>

## Resources

### For Health Professionals

In partnership with CDC, Medscape Education developed two continuing education courses for primary care providers (PCPs) on colorectal cancer (CRC) screening. Course goals are to increase CRC screening and improve CRC screening quality:

- CRC Screening and Surveillance: Optimizing Quality: 1.0 CME/CNE credits Released March 24, 2021. Valid for credit through March 24, 2022.
- Screening for Colorectal Cancer: Recommended Best Practices: 0.5 CME/CNE credits Released March 15, 2021. Valid for credit through March 15, 2022.
- Find the trainings at: <https://www.cdc.gov/cancer/colorectal/continuing-education/>

### For Everyone—Screen for Life

Your risk of getting colorectal cancer increases as you get older.<sup>3</sup>

Other risk factors include having

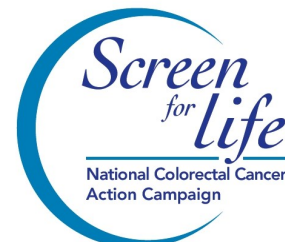
- Inflammatory bowel disease such as Crohn’s disease or ulcerative colitis
- A personal or family history of colorectal cancer or colorectal polyps
- A genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (Lynch syndrome)<sup>3</sup>

Lifestyle factors that may contribute to an increased risk of colorectal cancer include

- Lack of regular physical activity
- A diet low in fruit and vegetables
- A low-fiber and high-fat diet or a diet high in processed meats
- Overweight and obesity
- Alcohol consumption
- Tobacco use<sup>3</sup>

In 2020, the Indiana General Assembly passed a law requiring insurance companies to cover colonoscopies at age 45. Check with your insurer about coverage and any out-of-pocket expenses for a colonoscopy.

3. [https://www.cdc.gov/cancer/colorectal/basic\\_info/risk\\_factors.htm](https://www.cdc.gov/cancer/colorectal/basic_info/risk_factors.htm)



[cdc.gov/cancer/colorectal/sfl](https://cdc.gov/cancer/colorectal/sfl)

## Facts and Figures

TABLE 8. BURDEN OF INVASIVE COLORECTAL CANCER\*—INDIANA, 2013–2017

Note: Excludes in situ  
\*Age-adjusted to the US 2000 Standard Population. Source: Indiana State Cancer Registry

	Average number of cases per year (2013–2017)	Rate per 100,000 people (2013–2017)	Number of cases (2017)	Rate per 100,000 people (2017)
<b>Indiana Incidence</b>	3,223	42.6	3,228	41.6
<b>Indiana Deaths</b>	908	11.9	939	11.9

4. <https://indianacancer.org/publication/indiana-cancer-facts-and-figures-sixth-edition/>

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