

COLORECTAL CANCER PREVENTION, DETECTION, AND MANAGEMENT

Helping you provide better patient care



Colorectal cancer is the **third most commonly diagnosed cancer among women and men** in the United States, with 90% of cases occurring after age 50,¹ with a 4.5% (women) to 4.8% (men) chance of individuals, over their lifetime, developing colorectal cancer.²

Current guidelines emphasize routine screening beginning at age 45.³ According to the Centers for Disease Control and Prevention, screening is an important tool in earlier detection of colorectal and other cancer, "when cancers might respond better to treatment, thereby reducing deaths."⁴

The National Cancer Institute estimates more than 140,000 new cases of colorectal cancer will be diagnosed in 2018, while more than 50,000 people will die from the disease.⁵ In contrast, nearly twice the number of new breast cancer cases are estimated to be diagnosed, and 10,000 fewer deaths are anticipated compared to colorectal cancer.⁵ (See Table 1)

Colonoscopies are the screening standard for individuals at risk for colorectal cancer, performed once every 10 years.⁶

However, the invasiveness of a colonoscopy can result in patients refusing the procedure. One study found that reasons for individuals rejecting a colonoscopy included being uncomfortable with preparing for the test, as well as fearing that a colonoscopy would be painful. That same study found that 97% of patients refusing a colonoscopy accepted a non-invasive colorectal cancer screening option.⁷

Non-invasive testing also provides another benefit: cost savings. A recent cost analysis by the Centers for Disease Control and Prevention found that, on average, FOBT/FIT testing was almost four times less costly than colonoscopies, which could "significantly impact the timeliness of the initial screen offered as a much larger number of individuals can be screened quicker."⁸

Table 1: Breast v. Colorectal Cancer: By The Numbers

| | Estimated New Cases ⁵ | Estimated Deaths ⁵ | Annual Screening Rates ⁸ | 5-year Survival Rate ⁵ |
|-------------------|----------------------------------|-------------------------------|-------------------------------------|-----------------------------------|
| Breast | 266,120 | 40,920 | 72% | 89.7% |
| Colorectal | 140,250 | 50,630 | 59% | 64.5% |

Colorectal Cancer Prevention, Detection, and Management

LabCorp offers physicians colorectal cancer screening tools that are cost effective, easy to interpret, and provide high sensitivity and specificity.

| An Improved Fecal Occult Blood Test (iFOBT) | An FDA-approved blood-based test for colorectal cancer screening |
|--|--|
| <p>Test name: Occult Blood, Fecal, Immunoassay Test number: 182949</p> | <p>Test name: Epi ProColon®, Septin 9 Gene Methylation Detection Test number: 481160</p> |
| <p>Annual screening with iFOBT has been shown in peer-reviewed literature to detect a majority of prevalent CRC in an asymptomatic population at the time of testing, and is an acceptable option for CRC screening in average-risk adults who are 45 years and older.</p> <ul style="list-style-type: none">• No dietary or medicinal restrictions⁹• Lower GI specific¹⁰• Easy-to-use• Greater sensitivity and specificity than GT¹⁰• LabCorp iFOBT:<ul style="list-style-type: none">• Sensitivity: 98.8% / Specificity 99.6%¹¹• Improves patient participation in screening¹⁰• Specific to human globin¹⁰• Annual screening test³• DRE sample indication⁹ | <p>Epi proColon is a qualitative in vitro diagnostic method for the detection of methylated Septin 9 DNA in EDTA plasma derived from patient whole blood specimens. Methylation of the target DNA sequence in the promoter region of the SEPT9_v2 transcript has been associated with the occurrence of CRC. The test is indicated to screen adults of either sex, 50 years or older, defined as average risk for CRC, who have been offered and have a history of not completing CRC screening, and results should be used in combination with physician's assessment and individual risk factors in guiding patient management.</p> <ul style="list-style-type: none">• Reported with sensitivity of 68.2%, 73.3% and 72.2%, and specificity of 78.8%, 81.5% and 80.8% when compared to fecal immunochemical test (FIT).¹²• Option for a blood-based alternative to get a non-compliant patient tested. <p>Tests that are available and recommended in the USPSTF 2008 CRC screening guidelines should be offered and declined prior to offering the Epi proColon® test. Patients with a positive Epi proColon® test result should be referred for diagnostic colonoscopy.</p> |

References

1. American Cancer Society. Colorectal Cancer Facts & Figures 2014-2016. Atlanta, Ga: American Cancer Society; 2014.
2. American Cancer Society. Lifetime Risk of Developing or Dying From Cancer. Atlanta, Ga: American Cancer Society. Available at: <http://www.cancer.org/cancer/cancerbasics/lifetimeprobability-of-developing-or-dying-from-cancer>. Accessed April 13, 2016.
3. American Cancer Society. American Cancer Society Guideline for Colorectal Cancer Screening. <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html>. Accessed June 5, 2018.
4. White A, Thompson TD, White MC, et al. Cancer Screening Test Use — United States, 2015. *MMWR Morb Mortal Wkly Rep* 2017;66:201–206.
5. National Cancer Institute Surveillance, Epidemiology, and End Results Program. Cancer Stat Facts. <https://seer.cancer.gov/statfacts/>. Accessed June 22, 2018
6. Centers for Disease Control and Prevention (CDC). Cancer screening—United States, 2010. *MMWR* 2012;61(3):41–45.
7. Adler A, Geiger S, Keil A, Bias H, Schatz P, deVos T, et al. Improving compliance to colorectal cancer screening using blood and stool based tests in patients refusing screening colonoscopy in Germany. *BMC Gastroenterology*. 2014;14:183.
8. Subramanian S, Tangka FKL, Hoover S, Royalty J, DeGross A, Joseph D. Costs of colorectal cancer screening provision in CDC's Colorectal Cancer Control Program: Comparisons of colonoscopy and FOBT/FIT based screening. *Eval Program Plann*. June 2017;62:73-80.
9. Polymedco. FOBT-CHEK OC. February 2008. PN 51396-03.
10. Allison JE. The role of fecal occult blood testing in screening for colorectal cancer. *Practical Gastroenterol*. 2007 Jun; 31(6):20-32
11. Daily JM, Bay CP, Levy BT. Evaluation of fecal immunochemical tests for CRC screening. *J Prim Care Community Health*. 2013;4(4):245-250.
12. Epi proColon Instructions for Use [package insert]. Berlin, Germany: Epigenomics AG; 2014.

Contact Us

Please contact your local account representative for more information, or visit www.LabCorp.com.

Epi proColon® is a registered trademark of Epigenomics AG.



www.LabCorp.com