About the American Society for Gastrointestinal Endoscopy (ASGE)

Since its founding in 1941, the ASGE has been dedicated to advancing patient care and digestive health by promoting excellence and innovation in gastrointestinal (GI) endoscopy. ASGE physicians have highly specialized training in endoscopic procedures of the digestive tract, including upper GI endoscopy, flexible sigmoidoscopy, colonoscopy, endoscopic retrograde cholangiopancreatography (ERCP) and endoscopic ultrasound (EUS).

ASGE.org
ValueOfColonoscopy.org

Important Reminder:
This information is intended only to provide general guidance. It does not provide definitive medical advice. It is very important that you consult your doctor about your specific condition.

American Society for Gastrointestinal Endoscopy

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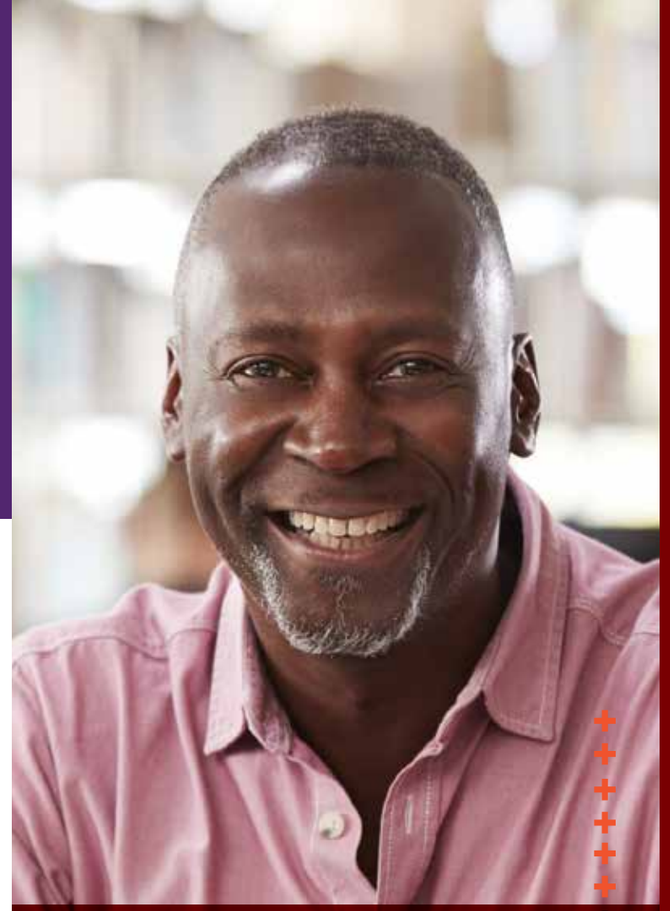


UNDERSTANDING COLORECTAL CANCER SCREENING

Colorectal Cancer Screening Saves Lives

More than 130,000 Americans are diagnosed with colorectal cancer every year — and nearly 50,000 of them die from the disease. Colorectal cancer is the second leading cause of cancer deaths in the U.S. after lung cancer. Despite being preventable, more than 30 percent of the adults in this country are not getting screened for colorectal cancer.

The good news is that colorectal cancer has a 90 percent survival rate when it is detected early enough. In fact, gastroenterologists can perform a colonoscopy to detect this disease in a person ***before*** they exhibit any symptoms as these highly-trained doctors are able to detect and remove colon polyps that can turn into colon cancer while they perform this procedure.

It is important for every patient to discuss getting screened for colorectal cancer with their primary care physician or gastroenterologist.

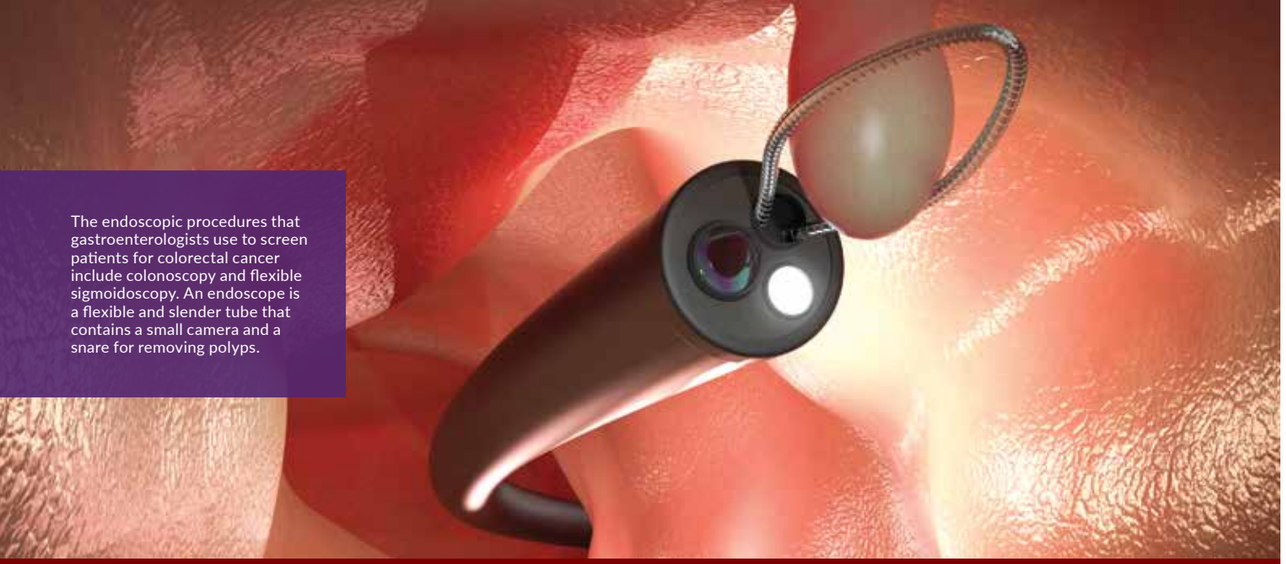
Colonoscopy is a procedure that gastroenterologists use to screen their patients for colon cancer. It's generally done on an outpatient basis that typically takes about 30 to 45 minutes to complete. The patient is normally given a mild sedative before and during the procedure.

The Right Test at the Right Time

There are several ways to get screened for colorectal cancer and colon polyps. Primary care physicians and gastroenterologists can help their patients determine which colorectal cancer screening option is appropriate for them, keeping in mind that the best method varies for everyone based on their unique history and risk factors.

National guidelines recommend that every man and woman should be screened for colorectal cancer as soon as they turn 45 years old — *even if they haven't exhibited or experienced any problems or symptoms.*

Patients who have a higher risk of developing colorectal cancer may need to be screened before they turn 45 and/or need more frequent screening. Those who are at higher risk include, but are not limited to, people who have a personal or family history of colorectal cancer, people who have had pre-cancerous polyps removed and people who have a long-standing history of inflammatory bowel disease (i.e., ulcerative colitis or Crohn's disease).



The endoscopic procedures that gastroenterologists use to screen patients for colorectal cancer include colonoscopy and flexible sigmoidoscopy. An endoscope is a flexible and slender tube that contains a small camera and a snare for removing polyps.

Colorectal Cancer Screening Tests

Today's colorectal cancer screening tests include colonoscopy, flexible sigmoidoscopy, CT or virtual colonoscopy, fecal immunochemical (FIT) and stool MT-sDNA (Cologuard). *It is important to note that a colonoscopy is still required if a stool test or CT scan flags any abnormalities.*

Colonoscopy
Colonoscopy is used to detect polyps, which are small growths that develop on the lining of the colon. Removing these polyps significantly reduces a patient's risk for developing colorectal cancer. During this procedure, the gastroenterologist passes a flexible and slender endoscope tube through the patient's rectum and into their colon. The gastroenterologist then examines the colon for polyps or any other abnormalities. If they detect any polyps, they remove them using a small device known as a snare that is passed through the endoscope. *Most colorectal cancer can be prevented by removing these polyps.*

Flexible Sigmoidoscopy
A flexible sigmoidoscopy is a test that gastroenterologists perform to examine a patient's rectum and sigmoid colon for signs of colorectal cancer, although this may not be suitable for finding precancerous polyps in other parts of the colon.

CT or Virtual Colonoscopy
CT or virtual colonoscopy uses specialized x-rays and software to create two- and three-dimensional images of the colon that are used to detect colorectal cancer and polyps.

FIT
A fecal immunochemical test (FIT) is used to detect blood that is hidden in a patient's stool, which can be an early sign of colorectal cancer. This is a convenient and widely-utilized test that people can conduct at home. These tests are normally conducted on an annual basis once a person meets the criteria for colon cancer screening.

MT-sDNA
Multi-target stool DNA (mt-sDNA) or "Cologuard" detects blood and identifies biomarkers in the stool that are associated with colorectal cancer and polyps. This is also a simple, non-invasive stool test that people can conduct at home.

1 ARE YOU AT AVERAGE-RISK?

People 45 or older:
- Without prior colorectal cancer or polyps
- Without any of the factors that define high-risk screening

TEST: Colonoscopy — EVERY 10 YRS

or

TEST: Fecal Immunohistochemistry (Stool FIT) — EVERY YEAR

or

TEST: Multi-Target Stool DNA (mt-sDNA) — EVERY 3 YRS

Colonoscopy negative result:
The test only needs to be repeated every 10 years.

FIT or mt-sDNA screening postive result:
A colonoscopy to find the suspected cancer and locate and remove cancerous polyps will be required.

2 DO YOU HAVE SYMPTOMS?

- Rectal bleeding
- Anemia
- Change in bowel habits
- Persistent abdominal pain
- Unintentional weight loss

TEST: Colonoscopy

3 DO YOU HAVE A PERSONAL HISTORY?

- Previously removed pre-cancerous colorectal polyps
- Previously had colorectal cancer

TEST: Colonoscopy

4 ARE YOU AT HIGH-RISK?

- Family history of colorectal cancer or precancerous polyps in a first degree relative diagnosed before age 60
- Multiple first-degree relatives with colorectal cancer or precancerous polyps
- Family history of inherited colorectal cancer syndrome
- Previous diagnosis of ulcerative colitis or Crohn's disease

TEST: Colonoscopy

How to find a Gastroenterologist

Patients who need to get screened for colorectal cancer can visit ASGE.org/FindADoctor to locate an ASGE member gastroenterologist in their community who has received specialized training in these procedures.