FOUNDATION FOR INFORMED MEDICAL DECISION MAKING

Decision Aid Summary: Colon Cancer Screening: Deciding what's right for you

This program is for patients who-

- Are age 50-80
- Have an average risk for colon cancer
- Are considering initial or repeat screening
- Have greater than 5 years life expectancy

This program is NOT for patients who –

- Have an above-average risk for colon cancer including those who have or have had:
  - Colon cancer, ulcerative colitis, or Crohn's disease
  - A parent, brother, sister, or child with colon cancer
  - Genetic conditions that increase the risk of colon cancer
  - A previous screening that found potentially precancerous growths

Summary

Colon cancer is the 2nd leading cancer related cause of death in the US (50,000 deaths/year). Regular screening is recommended but people have a choice about whether or not to be screened and which screening test to use. 1-2 fewer people out of 100 will die from colon cancer if they get screened.

Key messages

- **6** out of **100** people are diagnosed with colon cancer during their lifetime.
- **3** out of **100** people will die from colon cancer if they ***never get screened.***
- **1-2** people will die from colon cancer ***even if they get screened***

Screening Options presented in the Decision Aid*

Screening Option	Schedule	Effectiveness	Results / Complications*
Colonoscopy	Every 10 yrs.	"most effective"	- Polyps found in 20 out of 100 patients *Bowel perforation (1 out of **1000**) *Bleeding post polyp removal requiring hospitalization (1 out of 100) *Death – 1 out of 25,000-50,000
Sigmoidoscopy + Stool cards	Every 5 yrs.	"most effective"	- 20 out of 100 have abnormal growths found and usually proceed to colonoscopy. - Identifies ~66 out of 100 patients with important polyps or cancer. * 1 out of 10,000 patients have bowel perforation.
Stool cards	Every yr.	"effective"	10 out of 100 have + test which likely results in being referred for colonoscopy
Barium Enema	Every 5 yrs.	"effective"	20 out of 100 will have abnormal test which likely results in being referred for colonoscopy
CT colography (virtual colonoscopy)	Every 5 yrs.	"more effective"	- 20 out of 100 tests identify abnormal polyps. - 4-5 out of 100 tests identify another abnormality in abdomen outside intestine. -1 out of 100 CTs identify a serious condition.

*No studies directly compare effectiveness of one screening strategy with another

References:

- National Cancer Institute: http://www.cancer.gov/cancertopics/pdq/screening/colorectal/patient
- Colon Cancer Screening – Deciding What's Right for You. Health Dialog, 2007.

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