COLORECTAL-CANCER SCREENING: EARLY DETECTION CAN LEAD TO PREVENTION

Almost 150,000 people in the U.S. will be diagnosed with colon cancer this year—and sadly, almost 50,000 will die from this disease. Studies suggest that regular screening for colorectal cancer, as recommended by the American Cancer Society (ACS), can reduce the risk of mortality from colorectal cancer by as much as 33 percent. [1, 2, 3, 4]

The following information can help you understand the importance of colon cancer screening, and your testing options.

Why is colorectal cancer screening important?

- Colon cancer is the third most common cancer among women and men.[5]
- When detected early, the five-year relative survival rate is 90 percent.[6] Patient compliance with yearly screening tests can increase the chance of early detection and treatment.

Medical experts advise that anyone at age 50 or older at average risk should, as one of their screening options, be screened annually with the fecal occult blood test (FOBT) or the newer fecal immunochemical test (FIT) for this disease. Speak to your doctor about screening if you believe you are at higher than average risk for colorectal cancer.[7, 8] These annual screening tests are designed to detect blood in the stool—an early indication that additional tests should be considered, including a colonoscopy. If you believe you are at higher than average risk for colorectal cancer, speak to your doctor about what may be right for you.

Am I at risk?

The following factors could elevate your risk for developing colorectal cancer:

- Age: Although the disease can occur at any age, generally colorectal cancer impacts people 50 years of age or older.
- Polyps: Polyps are growths on the inner wall of the colon or rectum. Most polyps are noncancerous, but experts believe that most colorectal cancers develop in certain polyps called adenomas. Finding and removing polyps can help prevent certain colorectal cancers.
- Personal or family history: If you've already had colorectal cancer, you are at an increased risk of developing it again. Also, research shows that some women with a history of ovarian, uterine, or breast cancer have a higher-than-average risk of developing colorectal cancer. Close relatives (parents, siblings, or children) of a person who has had colorectal cancer are more likely to develop this type of cancer themselves.

What you can do: Screening options

Your physician or healthcare provider may suggest one or more of the following colorectal cancer screening tests:[9]

Tests you take at home—then send to a lab for results:

- FOBT or FIT tests check for hidden blood in and around the stool. There are significant differences in the sensitivity and ease of use of these take-at home tests.

Tests you take at your doctor's office or hospital:

- **Sigmoidoscopy:** an examination of the rectum and lower colon using a lighted instrument called a sigmoidoscope. Sigmoidoscopy can find precancerous or cancerous growths in the rectum and lower colon.
- **Colonoscopy:** an examination of the entire colon using a lighted instrument called a colonoscope. Colonoscopy can find precancerous or cancer-

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ous growths throughout the colon, including the upper part of the colon, where they would be missed by sigmoidoscopy. A colonoscopy is also a diagnostic procedure usually performed if blood is found through FOBT testing in the stool.

What is an FIT test and why would I want one?

- The FIT tests are take-at-home colorectal cancer screening tests that patients return either to a lab or to their doctor's office for analysis. They are non-invasive and check for an early sign of colon cancer, blood in the stool. However, sample collection methods may differ depending on the test. Some, like the InSure® FIT™ test, are as simple as swishing toilet water with a long handled brush.
- The InSure FIT test, with its long-handled Blue Brush Method, is a fecal immunochemical test or FIT. FITs are one of the screening options recommended by the ACS. They are more convenient than the traditional guaiac-based FOBTs as they don't require you to follow a strict diet or stop taking medications before completing the test. Patients receive a test kit, which contains a testing card and two (2) water collection brushes. Once at home, patients take a water sample from two different stool samples, dab the water onto the testing card, and send it back to a lab, or to their doctor, for testing.
- In a study of patients who were at average risk, high risk or asymptomatic, InSure FIT, with a sensitivity of 87% for colorectal cancer, was found to be 33 percent more sensitive for colorectal cancer than a leading guaiac-based FOBT screening test.[10]
- In addition, take-at-home, multiple sample FOBT or FIT tests are recommended over FOBT or FIT tests administered during a digital rectal exam in the doctor's office as a screening method for colorectal cancer, according to ACS guidelines.[11]

Is the InSure FIT test effective in detecting colorectal cancer?

Yes. The InSure FIT test has an 87% sensitivity for detecting colorectal cancer.[12]

How can I obtain the InSure FIT test?

You can obtain an InSure FIT test from your physician.

Questions About the InSure® FIT™ Test? For more information visit ***www.doyouhavetheguts.com*** or call 800-531-3681. The InSure FIT Test Kit is available from healthcare professionals. To request the InSure FIT test, speak with your physician.

For Physicians interested in ordering test kits, contact Enterix Inc., manufacturer of the InSure® FIT™ screening test, at 800-531-3681.

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[10]Smith A, Young GP, Cole SR, et al. Comparison of a brush-sampling fecal immunochemical test for hemoglobin with a sensitive guaiac-based fecal occult blood test in detection of colorectal neoplasia. Cancer. 2006;107:2152-2159. The study was funded in part by Enterix Inc. (through Enterix Australia Pty. Ltd), the manufacturer of InSure FIT. Enterix is now owned by Quest Diagnostics Incorporated. However, neither Enterix nor Quest Diagnostics participated in the data analysis or influence the conclusions reached by the authors. One of the authors, GP Young, is a consultant for Enterix Australia Pty. Ltd.

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