

CRC Screening in Woman: C5 and ACOG

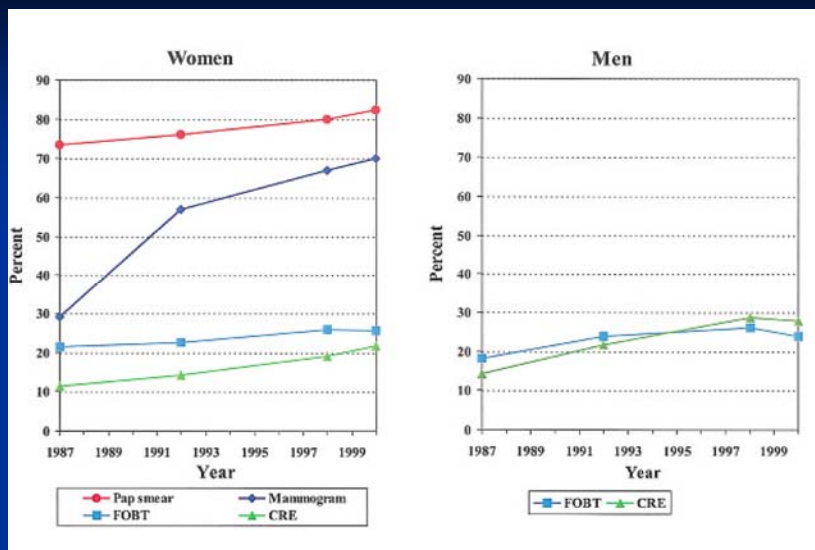
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Reaching Out to Women

- OB/GYNs provide primary care to most woman
- OB/GYNs are critical in recommending colorectal cancer screening to women.
- ACOG: American College of OB/GYN:
 - Main professional organization for OB/GYNs
- Women are the gatekeepers of healthcare in families.
- Women's screening rates for breast & cervical cancers are higher than for colorectal cancer.

Screening Utilization



Swan J, Breen N, Coates R, Rimer B, Lee N, Progress in Cancer Screening Practices in the United States Results from the 2000 National Health Interview Survey, *Cancer* 2003;97:1528-40.

Partnership with ACOG

- Announced formally at ACOG national meeting 5/08
- Joint effort:
 - ACOG
 - CDC and the Department of Health
 - Jay Monahan Center
 - GI societies: ASGE, ACG
 - EIF and NCCRA



ACOG Press Cont:

5/8/07



Are you
the picture
of health?

**"Colorectal cancer is
the 2nd leading cancer killer
among men and women.
But it doesn't have to be."**

*Kate Couric, Co-Founder
EIF's National Colorectal Cancer Research Alliance*

Colorectal cancer and precancerous polyps don't
always cause symptoms. So you can look healthy
and feel fine and not know there's a problem.

Screening helps find polyps so they can be
removed before they turn into colorectal cancer.
This is one cancer you can prevent! Screening
also can find colorectal cancer early, when
treatment often leads to a cure.

So, get your mammogram. Get your Pao test.
And, if you're 50 or older, get screened for
colorectal cancer. Make sure you really are
the picture of health!

Call: 1-800-CDC-INFO (1-800-232-4636)
www.cdc.gov/screenforlife



Colorectal cancer kills over
26,000 women each year in the US.

Colon Cancer: Preventable. Treatable. Beatable!

Colorectal cancer, often referred to as colon cancer, is the second leading cancer killer among men and women in the US. Yet it is largely preventable and curable with regular screening and early detection.

SCREENING: JUST DO IT

- Screening allows the detection of early colon cancer when it is highly curable, as well as the detection of growths, called polyps, which can turn into cancer. When a precancerous polyp is removed, colon cancer may be prevented altogether.
- Screening should begin at age 50 unless you have risk factors.* Discuss with your doctor which screening option is right for you.

Every Year	OR	Every 5 Years	OR	Every 10 Years
• Patient-collected fecal occult blood test (FOBT) or fecal immunochemical test (FIT) must be done as a take-home kit. A stool test done during a doctor's visit is not adequate for the detection of colon cancer.		• Flexible sigmoidoscopy (with or without annual FOBT or FIT) OR • Double-contrast barium enema		• Colonoscopy

*Women who have risk factors for colon cancer may need to be screened earlier and more often.

RISK FACTORS

- Colon cancer can occur at any age, but the risk is increased in individuals age 50 and older.
- Medical factors that increase the risk of colon cancer include:
 - Personal or family history of colon polyps or colon cancer;
 - Personal history of inflammatory bowel disease, such as chronic ulcerative colitis or Crohn's disease;
 - Family history of hereditary colon cancer syndromes.

SYMPTOMS

- Colon cancer often causes no symptoms.
- Symptoms can occur when the cancer is more advanced and may include rectal bleeding, persistent change in bowel habits, narrowing of the stool, cramping pain in the abdomen, fatigue, and unexplained weight loss. If you have any of these symptoms, see your doctor promptly for evaluation and diagnosis.

Talk to your doctor about colon cancer screening. It just may save your life.
For more information, visit www.acog.org



ACOG NY Chapter

- Launched Colorectal Cancer Task Force in 2008
- Focus on Female Cancers guide for OB-GYNs
- Will add a colorectal cancer section to this guide

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Possible Role Out

- Posters
- Chapter on Colorectal cancer
- Lectures
- Webinars
- ACOG News
- Others