

# THE VALUE OF COLONOSCOPY

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## **Colonoscopy: The Gold Standard**





The only screening that detects and prevents cancer

The only test recommended for people with risk factors such as personal history of polyps or cancer, family history of cancer, or inflammatory bowel disease.



Reduces the incidence of cancer by

89%

The best test for finding precancerous polyps<sup>23</sup>

Prevents colon cancer by removing polyps before they can turn into cancer

### When Should I Start Screening?

The American Cancer Society and the U.S. Preventative Services Task Force recommend average-risk people start screening at age



\*Depending on family history, screening may be recommended at age 40 or younger

### **How Often is Colonoscopy Recommended?**

Colonoscopy is **the only test recommended at 10-year intervals** if no polyps are found

Your gastroenterologist will recommend the interval of repeat colonoscopy based on findings during colonoscopy and surveillance guidelines



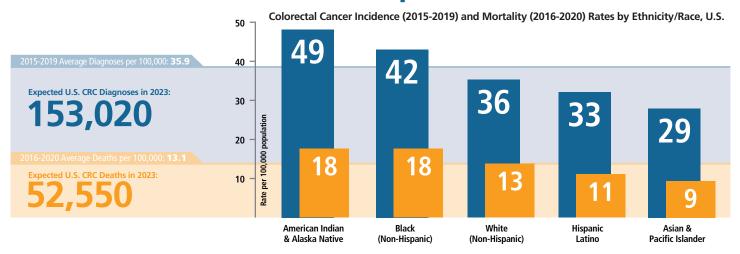
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## COLORECTAL CANCER: AM I AT RISK?

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### Colorectal Cancer (CRC) Disparities in the U.S.



#### **Did You Know?**



Disparities are driven by socioeconomic status and differences in access to early detection and treatment<sup>2</sup>



American Indians and Alaska Natives are the only groups for which CRC death rates are not declining<sup>2</sup>



Blacks and Hispanics are less likely to get prompt follow up after abnormal screening results and more likely to be diagnosed with late stage cancer<sup>2,3</sup>



CRC rates in Japanese men are 23% higher than in Non-Hispanic White men<sup>2</sup>

When diagnosed at an early stage, survival rates are similar across all racial and ethnic groups<sup>3</sup>

### What Should I Do?



Ask your primary care or GI physician about available CRC screening options<sup>4</sup>



Schedule a colonoscopy or stool-based screening test at age 45<sup>5</sup>