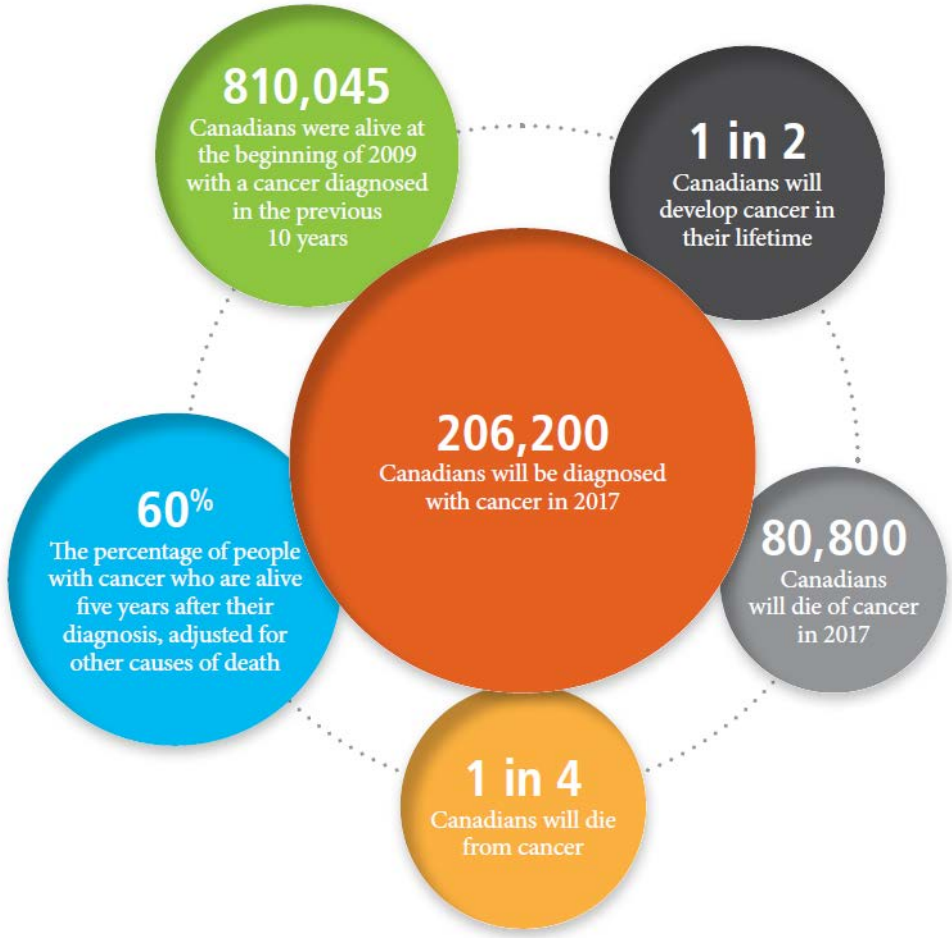
Introduction



Males
42,600
Deaths

Lung and bronchus	26.1%
Colorectal	12.0%
Prostate	9.6%
Pancreas	5.6%
Bladder	4.0%
Esophagus	3.9%
Leukemia	3.9%
Non-Hodgkin lymphoma	3.5%
Brain/CNS	3.2%
Stomach	2.9%
Kidney and renal pelvis	2.8%
Liver*	2.2%
Oral	2.0%
Multiple myeloma	1.9%
Melanoma	1.9%
Larynx	0.8%
Thyroid	0.2%
Hodgkin lymphoma	0.2%
Breast	0.1%
Testis	0.1%
All other cancers	12.9%

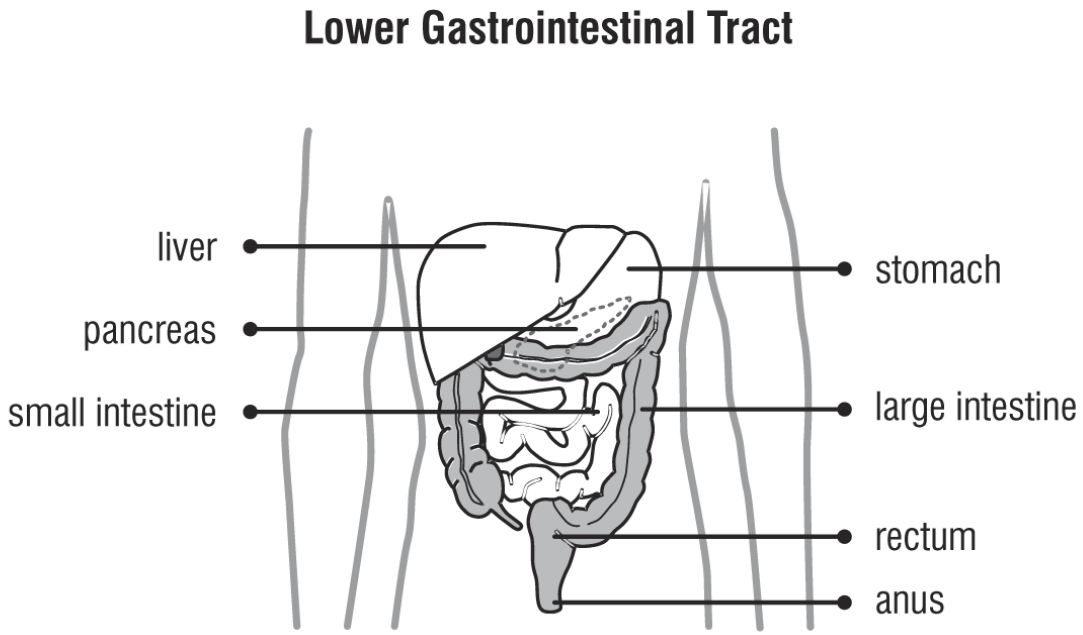
Females
38,200
Deaths

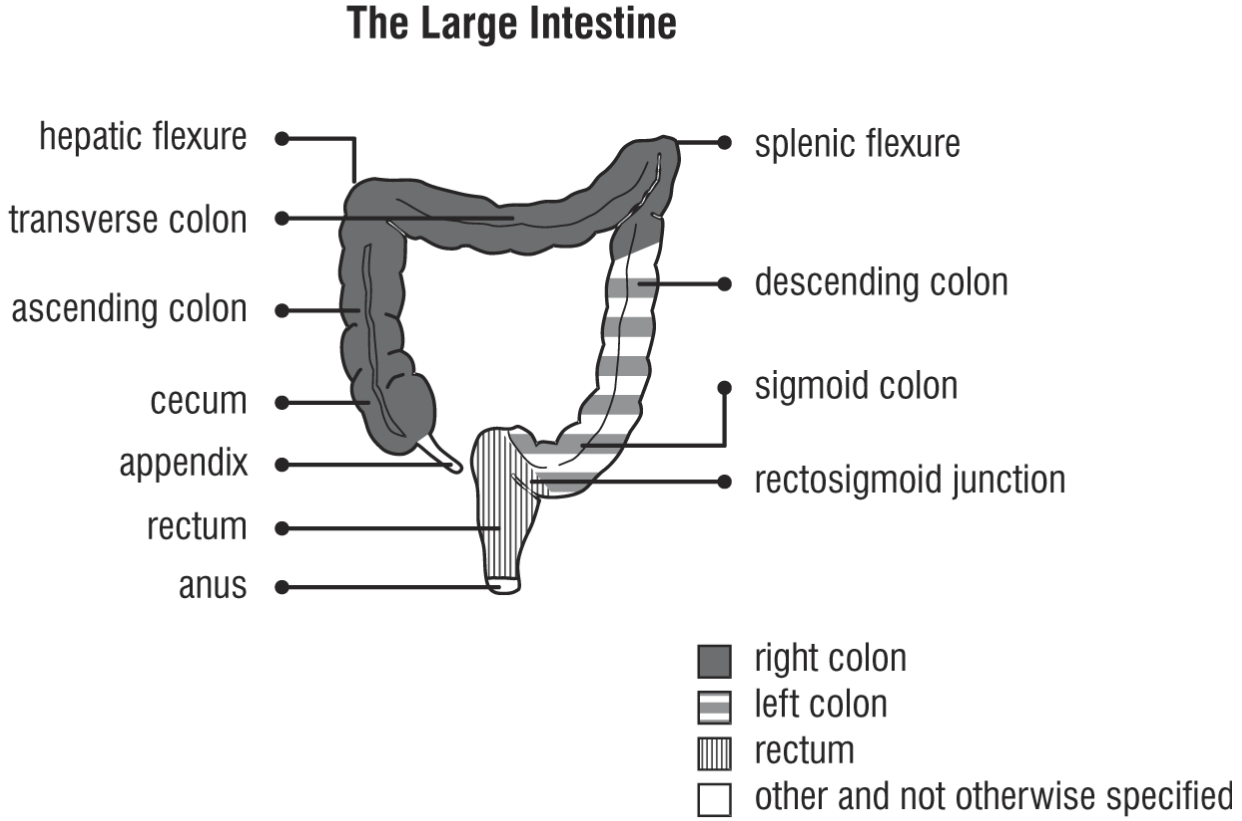
Lung and bronchus	26.2%
Breast	13.1%
Colorectal	11.3%
Pancreas	6.3%
Ovary	4.7%
Leukemia	3.3%
Non-Hodgkin lymphoma	3.1%
Uterus (body, NOS)	3.0%
Brain/CNS	2.7%
Stomach	2.1%
Bladder	1.8%
Kidney and renal pelvis	1.8%
Multiple myeloma	1.7%
Esophagus	1.3%
Melanoma	1.2%
Cervix	1.0%
Oral	1.0%
Liver*	0.7%
Thyroid	0.3%
Larynx	0.2%
Hodgkin lymphoma	0.2%
All other cancers	12.8%

Canadian Cancer Statistics 2017

BC CANCER
Provincial Health Services Authority

Anatomy

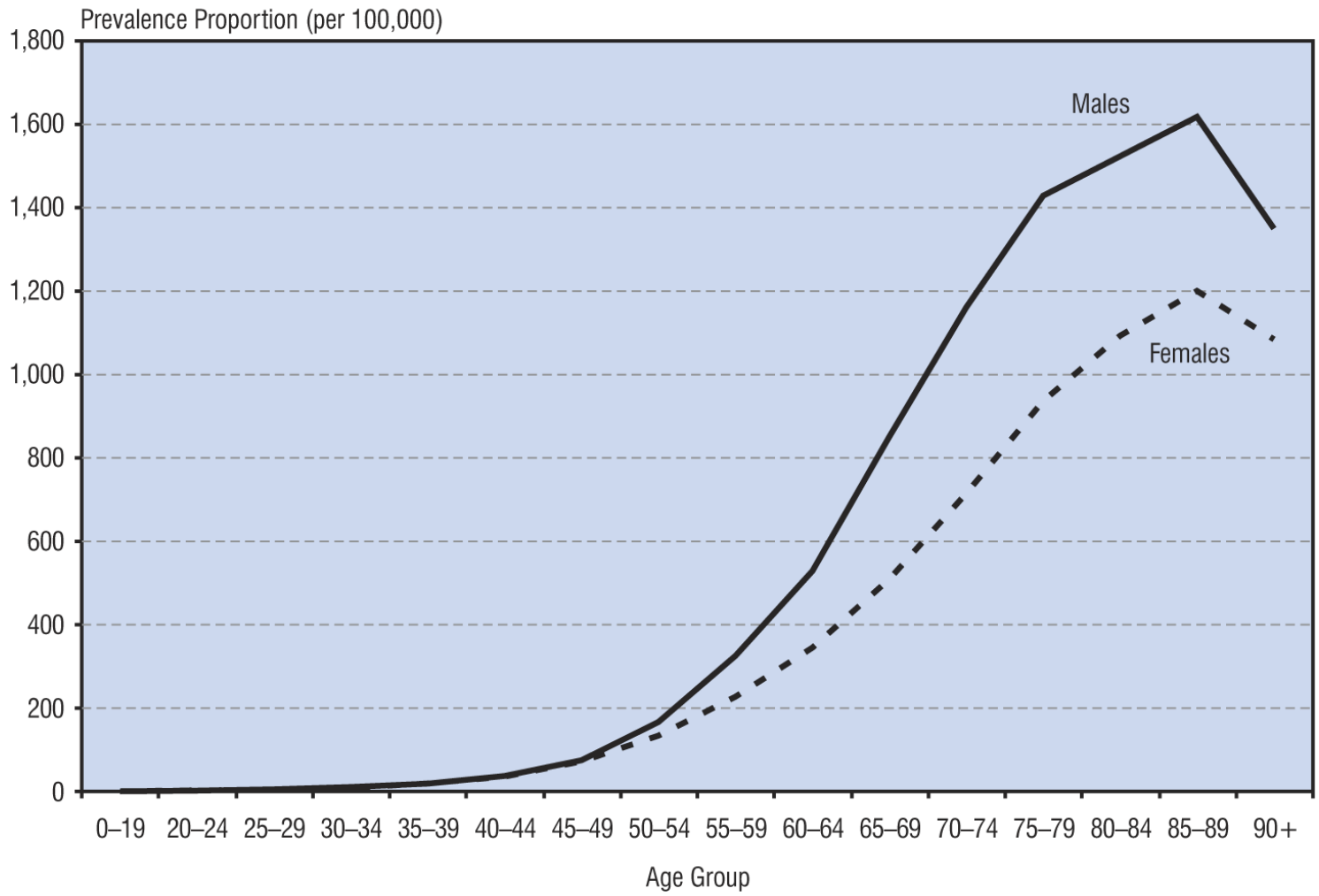




BC CANCER
Provincial Health Services Authority

Canadian Cancer Statistics 2011

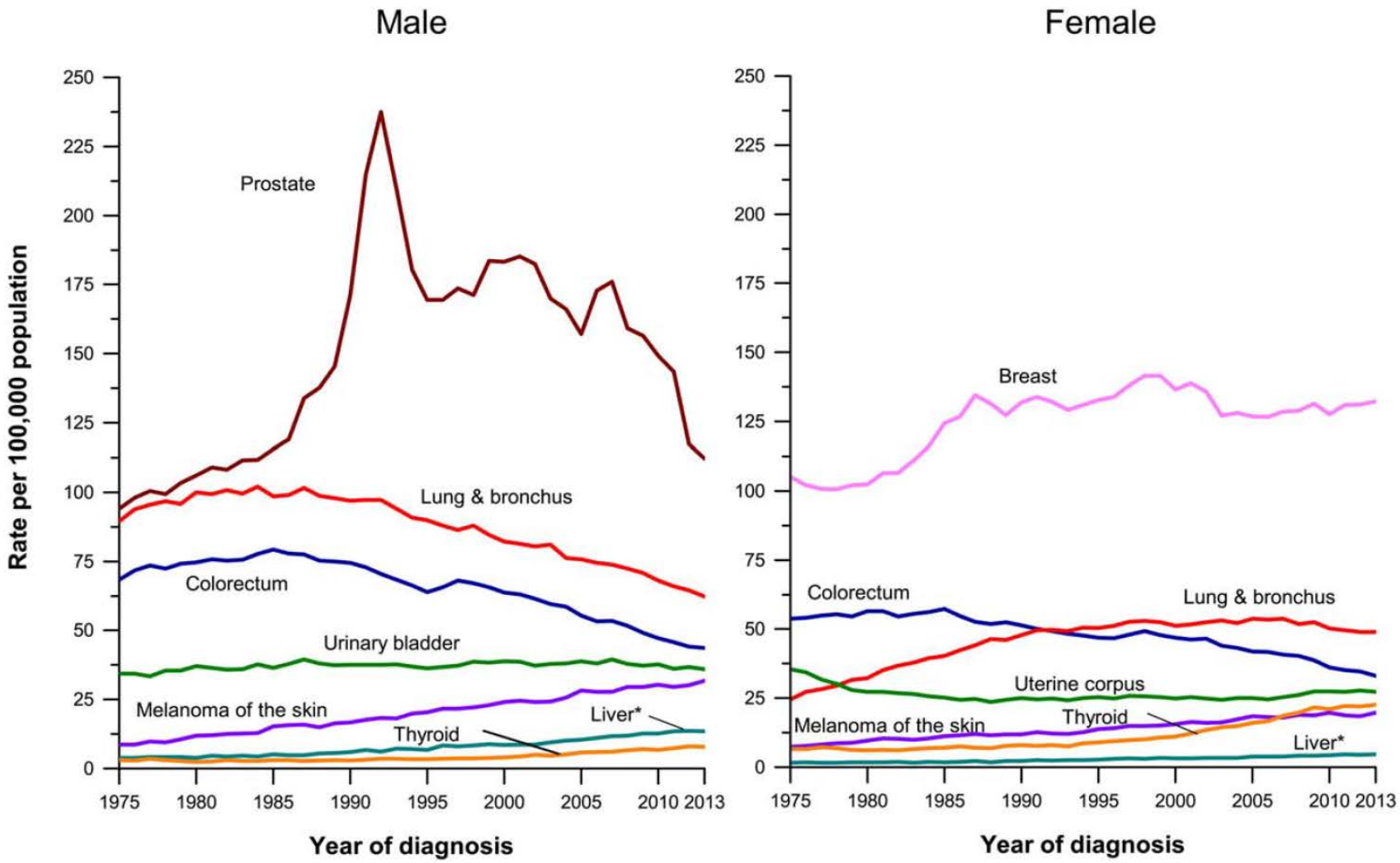
Who is at risk?



BC CANCER
Provincial Health Services Authority

Canadian Cancer Statistics 2011

Screening Works!



Siegel et al., Cancer J Clin (2017)

Clinician Recommendation Table

Canadian Task Force on Preventive Health Care

Screening for Colorectal Cancer (CRC)

Who do these recommendations apply to?

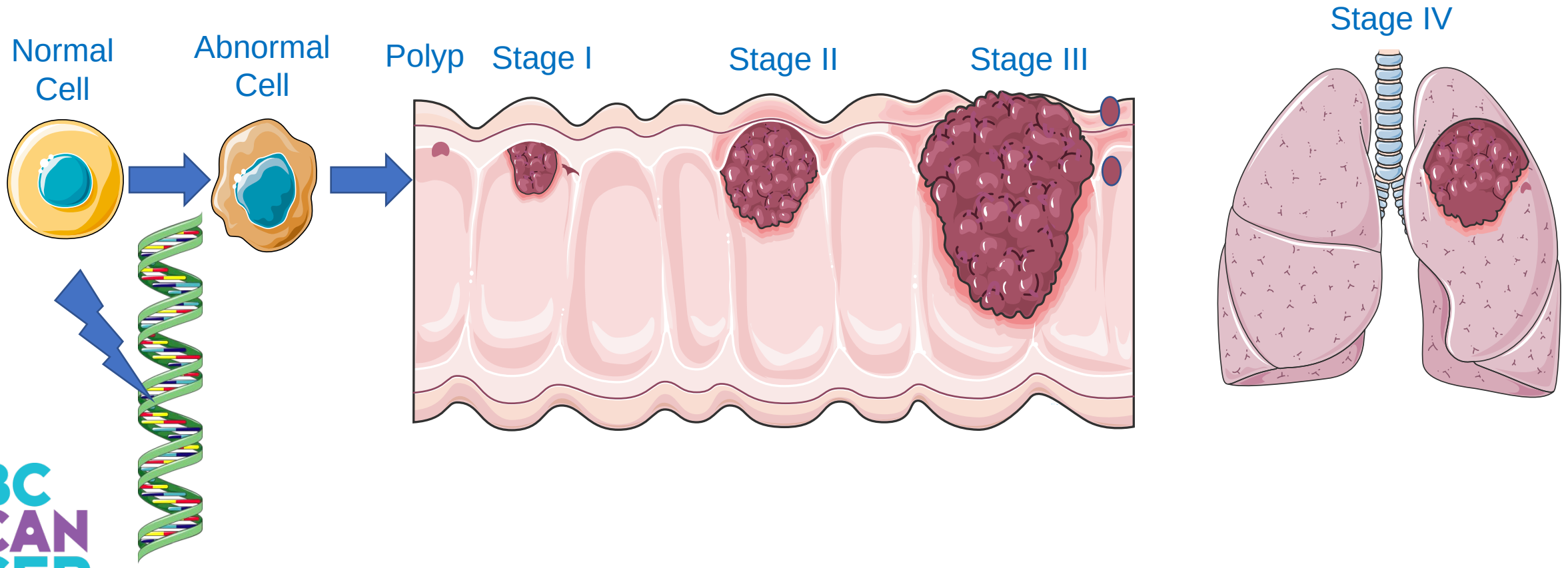
- These recommendations apply to **asymptomatic adults aged 50 and older who are not at high risk for colorectal cancer (CRC)**. Adults are at **high risk** if they have at least one of the following:
  - Previous CRC or adenomatous polyps (e.g., tubular or villous)
  - Inflammatory bowel disease (e.g., ulcerative colitis or Crohn's disease)
  - Signs or symptoms of CRC (e.g., blood in the stool)
  - History of CRC in one or more first-degree relatives
  - Adults with hereditary syndromes predisposing to CRC (e.g., familial adenomatous polyposis or Lynch syndrome)

This tool provides guidance for primary care practitioners on different screening tests, screening intervals, and recommended ages to start and stop screening.

Age	Screen?	Recommendation Strength	Test
<50	We suggest not screening		
50 - 59	Yes	Weak	FOBT (either gFOBT or FIT) every 2 years OR flexible sigmoidoscopy every 10 years
60 - 74	Yes	Strong	FOBT (either gFOBT or FIT) every 2 years OR flexible sigmoidoscopy every 10 years
75 +	No	Weak	If patient is interested in screening, discuss options and help them reach a decision based on their quality of life, values, and preferences.

- A **strong** recommendation means that most individuals will be best served by the recommended course of action.
- A **weak** recommendation means that many people would want the recommended course of action, but many would not. Primary care practitioners should discuss the potential harms and benefits of screening with their patients.

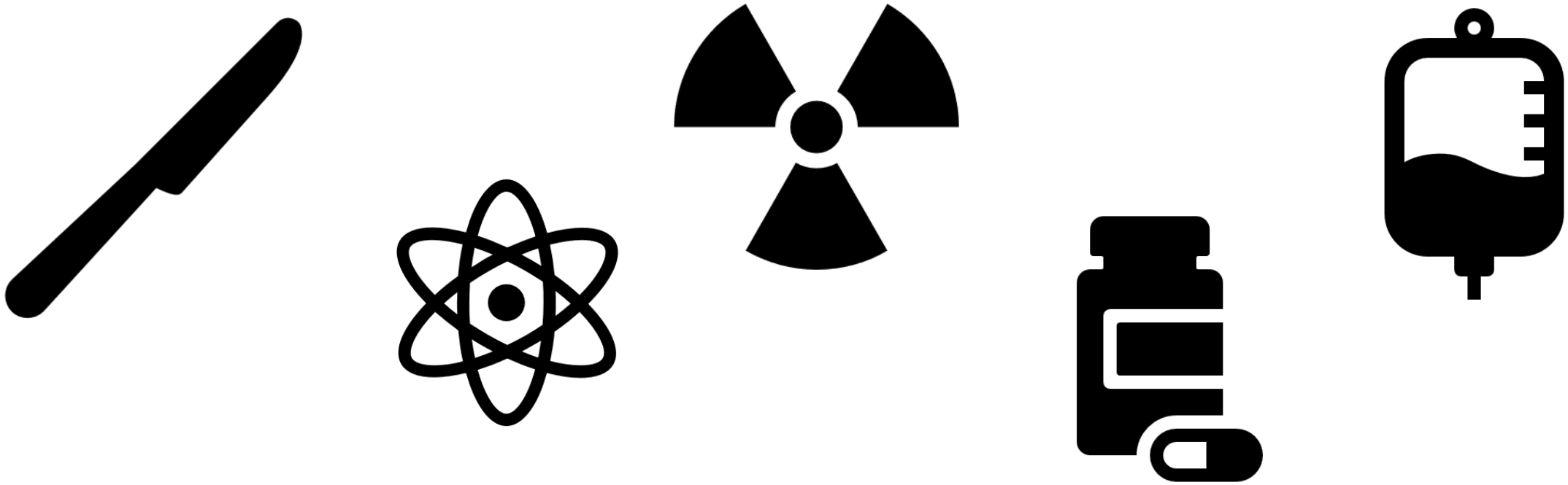
Natural History of Colon Cancer



BC CANCER
Provincial Health Services Authority

Servier Medical Art

Treatment



BC CANCER
Provincial Health Services Authority