

Screening for Colorectal Cancer just got easier



Your Advanced Screening Options:
FIT and Septin9



Colorectal Cancer Screening

There is a range of methods available to your healthcare professional to assess your health in relation to colorectal cancer (CRC). This brochure describes two advanced screening options: FIT and Septin9.

WHY ASSESS YOUR COLON'S HEALTH?

- Because you are 50 years old or over
- Because CRC is the 2nd most common cancer diagnosed in men and women
- Because CRC is the 2nd leading cause of cancer deaths in Canada

WHAT % OF MEN AND WOMEN WILL DEVELOP COLORECTAL CANCER?

- 1 in 13 men will develop CRC during his lifetime and 1 in 28 will die of it
- 1 in 16 women will develop CRC during her lifetime and 1 in 32 will die of it

WHY SHOULD I HAVE A CRC SCREENING TEST?

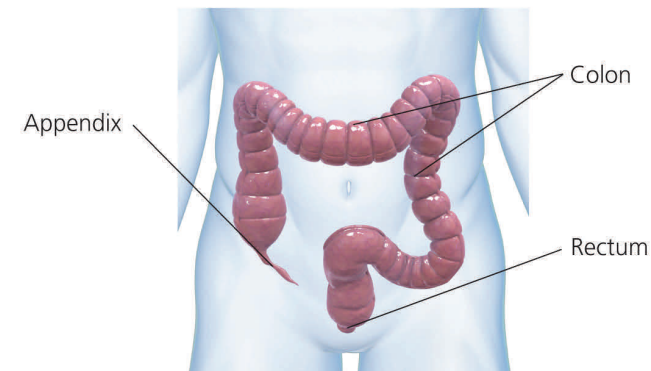
- CRC can be prevented and cured in 90% of cases when caught in its early stages
- The Canadian Cancer Society recommends that average-risk men and women age 50 and over have a CRC screening test at least every 2 years
- CRC screening is part of routine medical care, even when there are no symptoms present

Proud Supporter of:

Colorectal Cancer Association of Canada

What is Colorectal Cancer?

Colorectal cancer is a condition in which some cells in the colon or rectum, which make up the large intestine, grow abnormally. Tumours of the colon and rectum are growths arising from the inner wall of the large intestine. Benign (non-cancerous) tumours of the large intestine are called polyps. Polyps can be easily removed during a colonoscopy. If they are not removed, benign polyps can become cancerous over time.



CRC can invade and damage adjacent tissues and organs. Cancer cells can also break away and spread to other parts of the body (ex. liver, lungs) to form new tumours. This is called metastasis. Once metastasis has occurred in CRC, a complete cure of the cancer is difficult.

SYMPTOMS

Colorectal cancer may not cause any signs or symptoms in its early stages because the lower abdomen has lots of room for a tumour to grow and expand. Symptoms often appear once the tumour causes bleeding in the bowel. Possible symptoms may include: a change in bowel habits, blood in the stool, diarrhea, constipation, narrower stools, general abdominal discomfort, unexplained weight loss, feeling very tired and vomiting. Other health problems can cause some of the same symptoms. Testing is needed to make a diagnosis.

Two Screening Options

Colorectal cancer is preventable and curable when diagnosed at an early stage. That is why screening for CRC is so important. Gamma-Dynacare offers patients two screening options: FIT and Septin9. These tests are meant to be used as part of routine medical care of average risk individuals, even when there are no symptoms present. Both tests offer several benefits:

- Simple and convenient
- Require just one sample
- No fasting or other restrictions
- Highly accurate

	FIT	Septin9
Sample	Stool	Blood
Detects	Fecal occult blood	Methylated Septin9 DNA
Results*	3 days	10 days
Cost**	\$55.00	\$169.00

*Working days, following the receipt of your sample at our laboratory.

**Subject to change without notice.



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FIT

The fecal immunochemical test (FIT) is a non-invasive test that checks for hidden (occult) blood in the stool. Polyps or tumours in the colon have blood vessels on their surface that can release a small amount of blood into the stool. FIT helps identify benign polyps early before they become cancerous.

The FIT test uses advanced immunochemical technology to determine if there is gastrointestinal bleeding. It uses antibodies to detect the presence of hemoglobin, a protein found in blood. With this technology, the FIT has a much higher sensitivity than the traditional fecal occult blood test (FOBT), which is based on a chemical test using guaiac. The FIT has a sensitivity of 100% and a specificity of 99% for blood in the stool.

Unlike the traditional FOBT, the FIT has **no** dietary or medicinal restrictions. In addition, just **one** stool sample is required. Individuals can collect the sample with ease with no interruption to their daily routine. The collection kit comes with an easy-to-use collection device and a biodegradable collection paper.

SEPTIN9

The Septin9 test detects the presence of methylated Septin9 DNA in blood, which has been strongly correlated with an increased risk of colorectal cancer.¹

Septin9 is a protein produced by the SEPT9 gene. It acts as a tumour suppressor, which means it regulates cell growth and keeps cells from dividing too quickly or in an uncontrolled way. Alterations of the SEPT9 gene are associated with certain cancers. Methylation is a process in which a chemical group, called a methyl group, gets added to the DNA of the SEPT9 gene. When enough methyl groups are added to the DNA, the gene gets turned off and unable to control dividing cells, which may lead to cancer.

The Septin9 test is highly accurate for the detection of methylated Septin9 DNA in blood. Septin9 has been shown to have a sensitivity of 70% and specificity of 90% for colorectal cancer.¹ The test is very convenient, since it is performed on a blood sample, and does not require collecting or handling stool samples. It also has **no** dietary or medicinal restrictions.

UNDERSTANDING YOUR RESULTS

	FIT	Septin9
Negative Result	No blood was detected in the stool.	Methylated Septin9 DNA was not detected in your blood. You have a very low risk of having colorectal cancer.
Positive Result	Blood has been detected in the stool. The presence of blood in stool may indicate CRC or other conditions, such as large polyps, hemorrhoids, anal fissures, inflammatory bowel disease or stomach ulcers. You should discuss additional testing, such as a colonoscopy, with your physician.	Methylated Septin9 DNA has been detected, which correlates with an increased risk of CRC. ¹ You do not necessarily have CRC, however the test result indicates that you should have additional testing to determine whether cancer is present or not. You should discuss additional testing, such as a colonoscopy, with your physician.

¹Devos, T. et al. (2009) Clinical Chemistry; 55(7): 1337-46.