Last year over 9000 Canadians died from colorectal cancer

COLOGIC™

Simple Colorectal Cancer Risk Assessment

Key Facts - Colorectal Cancer and Your Health

- With over 23,000 cases diagnosed every year, colorectal cancer is the third most common cancer in Canadians; early detection usually leads to a complete recovery
- Regular testing for colorectal cancer is critical; a positive result should lead to a clinical decision to proceed with a colonoscopy
- Colonoscopies look inside of the colon to see if polyps exist and while not all polyps are cancerous, most colorectal cancer starts in polyps and are more likely to turn into cancer and are usually removed

Questions & Answers

Who should get tested for colorectal cancer?

Every person 50 years and older should be tested every two years. Higher risk patients should be monitored from an earlier age and more frequently. Colorectal cancer gives no symptoms until late in the disease. It is important to be screened even without symptoms; early detection usually leads to a complete recovery.

What are my choices for being tested for colorectal cancer?

Generally, there are two types of screening tests.

1. Fecal tests involve following careful instructions to collect and smear three fecal samples at home over a period of three days and mailing the samples to a central laboratory.
2. COLOGIC is a simple blood test that does not require any advanced preparation, only the collection of a small blood sample at a CML lab location.

How do I get tested?

Speak to your doctor about being tested and obtain a lab requisition form. Bring the form into a CML lab location to provide a small blood sample.

What happens if the COLOGIC result is positive?

A positive result should lead to a clinical decision for follow up. Patients with low GTA-446 serum levels detected with the COLOGIC test should be managed as high risk.

Is COLOGIC price covered by my medical plan?

Many insurance plans reimburse physician requisitioned laboratory tests.

COLOGIC

Simple Colorectal Cancer Risk Assessment

✓ Clinically Accurate

Study comparison shows COLOGIC with a sensitivity of 86% versus an average range of 35% - 61 % for FOBT/FIT.

✓ Patient Compliance

COLOGIC does not require any patient preparation; it is a simple blood test.

✓ Positive Results

A positive result should lead to a clinical decision for follw up as a high risk patient.

✓ Test Measurement

The test measures low serum GTA-446 anti-inflammatory fatty acid levels as a new risk factor for colorectal cancer.

✓ Early Detection

COLOGIC measures metabolites known to be associated with higher risk colorectal cancer. 87% of newly diagnosed colorectal cancer patients with stage 0-II and 85% of stage III/IV showed low GTA-446 levels.

Comparing Current Common Testing Modalities *,** Colorectal Cancer

	COLOGIC	FIT	FOBT
Sensitivity	86% (72 to 100%)	61% (30 to 88%)	35% (23 to 53%)
Specificity	90% (85 to 98%)	92% (65 to 98%)	87% (59 to 99%)

Definitions:

FOBT- fecal occult blood test
FIT- fecal immunochemical test
Sensitivity – Ability of the test to correctly identify subjects with disease
Specificity – Ability of the test to correctly identify subjects without disease

* Based on publications Ritchie et al. BMC Medicine 2010, 8:13; Ritchie et. al. BMC Gastroenterology, 2010, 10:140; Ritchie et al. Journal of Experimental & Clinical Cancer Research 2011, 30:59: Ritchie et al. International Journal of Cancer, 2012, doi: 10.1002/ijc.27673. Figures are averages across all included studies.

** As reported in the 2009 Canadian Agency for Drugs and Technologies in Health (CADTH) Health Technology Assessment of FIT and FOBT (http://www.cadth.ca/index.php/en/publication/928). Figures are averages across all included studies as presented in Appendix 3, Tables 1 and 2.