In the United States, colorectal cancer (CRC) is the third most frequently diagnosed cancer and second leading cause of cancer death. Invasive colorectal cancer is a preventable disease, yet screening remains low in the U.S, especially among women. Full implementation of the screening guidelines can cut mortality rate from colorectal cancer in the United States by an estimated additional 50%.

- The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.  
  Grade: A recommendation.

- The USPSTF recommends against routine screening for colorectal cancer in adults 76 to 85 years of age. There may be considerations that support colorectal cancer screening in an individual patient.  
  Grade: C recommendation.

- The USPSTF recommends against screening for colorectal cancer in adults older than age 85 years.  
  Grade: D recommendation.

- The USPSTF concludes that the evidence is insufficient to assess the benefits and harms of computed tomographic colonography and fecal DNA testing as screening modalities for colorectal cancer.  
  Grade: I statement.

Below are some important points about gender differences in colon cancer.

- Studies have shown that men are more likely than women to be tested for colorectal cancer. Differences in colorectal cancer test use by gender have also been documented. Women use FOBT more often than men, but men have endoscopy more frequently than women. Women view bowel preparation and concerns about bodily exposure as major barriers. Many women prefer female endoscopists, and a substantial proportion are willing to wait to see a female endoscopist.

- Women develop colorectal cancer at an older age than men.

- Women are more likely to develop colon cancer higher up in the colon, with men developing it more frequently lower down and in the rectum—thus screening sigmoidoscopies are estimated to miss 44-65% of advanced colon cancers in women.

- Estrogen may have a protective effect against the development of colon cancer. In the WHI study there was a 44% reduction in the incidence of
colon cancer amongst women who used HRT. (However, HRT- users who did develop CRC had a greater proportion of advanced stage cancer.)

- Several studies have shown females to have an increased risk of complications of CRC requiring emergency surgery, such as perforation and bowel obstruction.
- The age-standardized mortality rate from colorectal cancer is consistently higher in men than women.
- A progressive risk of polyp or tumor formation is noted with aging. Because women have a greater number of pure right-sided polyps and tumor development, it appears that colonoscopy is needed to correctly diagnose an increasing prevalence of right-sided pathology in the elderly female.

References:


