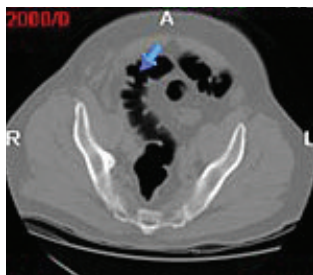
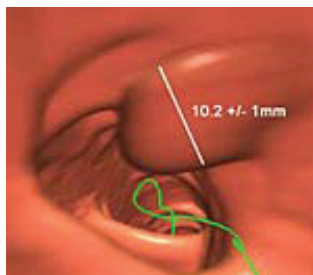


Quick Access to Virtual Colonoscopy



Virtual Colonoscopy for Colorectal Cancer Screening

64-Slice CT with 3D Imaging Software Provides Incredible Details

One of the most powerful weapons in preventing colorectal cancer (CRC) is regular colorectal cancer screening or testing. Regular CRC screening can, in many cases, prevent CRC altogether.

Screening is designed to look for polyps in the colon that have the potential to become cancerous, or to detect early-stage CRC when it is more likely to be cured. Virtual colonoscopy (VC) is a screening test for CRC that uses a CT scanner, specialized software and specially trained radiologists to look for polyps in the large intestine.

Clinical Significance of Colon Polyps

POLYP SIZE	LIKELIHOOD OF BEING CANCEROUS	LIKELIHOOD OF BECOMING CANCEROUS IN 10 YRS
< 5 mm	< 0.01%	1%
5-9 mm	< 1%	1-5%
10-15 mm	1-5%	5-10%

Source: Ferrucci JT. Colon cancer screening with virtual colonoscopy: Promise, polyps, politics. AJR 2001; 177: 975-988

Why Virtual Colonoscopy?

- Minimally-invasive procedure means no risk of perforating the colon
- No patient sedation therefore no recovery time required
- 3D images allow enhanced detection of polyps as small as 3mm
- Ability to view and detect abnormalities outside of the colon wall
- Computer software reconstructs three dimensional images, allowing physicians to “fly through” the colon checking for polyps
- 100% of the colon surface can be seen since computer reconstruction can thoroughly examine bowel folds and obstructions
- Traditional colonoscopy is not possible due to obstructions or twisting bowel
- Comparable to conventional colonoscopy for finding polyps larger than 10 millimeters.

American Cancer Society says “Yes” to Virtual Colonoscopy

CT Colonography, or “Virtual Colonoscopy” became part of the American Cancer Society’s (ACS) recommended CRC screening guidelines in early 2008.

Virtual Colonoscopy has joined optical colonoscopy, sigmoidoscopy, barium enema, and fecal occult blood testing as accepted options in the ACS guidelines for the early detection of CRC. Recent data suggests Virtual Colonoscopy is comparable to optical colonoscopy for detecting cancer and polyps when state-of-the-art techniques are applied, which

has led the ACS to include it in the screening protocol.

The new guidelines, Screening and Surveillance for the Early Detection of Colorectal Cancer and Adenomatous Polyps, 2008, were released jointly by the ACS, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology. <http://www.cancer.org>

CDC offers Virtual Colonoscopy for CRC screening in patients 50+ using our Toshiba Aquilion 64-slice CT Scanner and Viatronix 3D software.

For more information on Virtual Colonoscopy, please call us at 604 709 8522. To order a scan, please fax a referral to 604 709 6112. We will contact the patient within 24 hours to book an appointment. There are no waitlists at Canada Diagnostic Centres.

For more information, call
604 709-8522
www.CanadaDiagnostic.com

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Colorectal Cancer

Facts

- Colorectal cancer is the 2nd leading cause of cancer deaths in North America
- It is the #1 cause of cancer deaths among non-smokers
- Approximately 3,000 cases of colorectal cancer are diagnosed in BC each year
- Colorectal cancer is highly preventable with screening.

Risk Factors

- Average Risk: Age 50+
- Increased risk: Family History of colorectal cancer, Personal history of IBD such as Crohn's or ulcerative colitis
- Lifestyle factors such as smoking, obesity and a high-fat diet may also contribute to your overall risk of developing colorectal cancer.

Screening Recommendations

One of the most powerful weapons in preventing colorectal cancer is regular screening or testing. Screening is designed to look for polyps in the colon that have the potential to become cancerous, or to detect early stage colorectal cancer when it is more likely to be cured. Regular screening can, in many cases, prevent colorectal cancer altogether.

Beginning at age 50, both men and women at average risk for developing colorectal cancer should use one of the screening tests below that can find both polyps and cancers:

- Colonoscopy every 10 years
- CT colonography (virtual colonoscopy) every 5 years
- Flexible sigmoidoscopy every 5 years
- Double contrast barium enema every 5 years

Patients with an increased risk of developing colorectal cancer should talk to their doctors about screening options and schedules.

Virtual Colonoscopy vs. Traditional Colonoscopy

	Virtual Colonoscopy	Traditional Colonoscopy
Exam Time	10-20 minutes	30 minutes
Sedation	No Sedation required. Patient does not need to be accompanied	Sedation required. Patient must be accompanied by another person
Safety	Non-invasive, extremely low likelihood of perforation or bleeding	Possible risk of perforation, infection or hemorrhaging
Recovery	No recovery time, patient can resume normal activities immediately after exam	30-60 minutes to recover from sedation; patient cannot drive or return to work until the following day
Validity	Demonstrated to be as effective and traditional colonoscopy for polyps greater than 10mm	Current gold standard for colorectal cancer screening and detection
Preparation	Preparations are similar	Preparations are similar
Polyp Removal	Cannot remove polyps during procedure	Can remove polyps during procedure

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