Clinical Practice Guidelines

FOR THE PREVENTION, EARLY DETECTION AND MANAGEMENT OF COLORECTAL CANCER

APPROVED BY

Australian Government
National Health and Medical Research Council
Clinical Practice Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer

APPROVED BY THE NHMRC ON 8 DECEMBER 2005
NHMRC approval

These guidelines were approved by the National Health and Medical Research Council at its 159th Session on 8 December 2005, under section 14A of the National Health and Medical Research Council Act 1992. Approval for the guidelines by the NHMRC is granted for a period not exceeding five years, at which date the approval expires. The NHMRC expects that all guidelines will be reviewed no less than once every five years. Readers should check with the Australian Cancer Network for any reviews or updates of these guidelines.

Disclaimer

This document is a general guide to appropriate practice, to be followed subject to the clinician’s judgment and the patient’s preference in each individual case.

The guidelines are designed to provide information to assist in decision-making. They are based on the best evidence available at time of compilation. The guidelines are not meant to be prescriptive.

Conflict of interest

The development of these clinical practice guidelines has been undertaken by a non-remunerated working party of the Australian Cancer Network, with further support from The Cancer Council Australia, the Clinical Oncological Society of Australia, and a grant-in-support from the Australian Government Department of Health and Aging to the National Cancer Control Initiative for editing and review services.

Some members have received sponsorship to attend scientific meetings, been supported in the conducting of clinical trials, or have been involved in an advisory capacity by pharmaceutical and biochemical companies.

Periodic updates

New information arising in areas considered to be of importance will be posted periodically on the ACN website (www.cancer.org.au/guidelines). This information will not yet have been approved by the NHMRC but will be included as appropriate in future editions of the document.

These guidelines can be downloaded from the Australian Cancer Network website at www.cancer.org.au/guidelines or from the National Health and Medical Research Council website: www.nhmrc.gov.au

Copies of this Guideline document can be ordered through the Australian Cancer Network on (02) 9036 3120 or email: acn@cancer.org.au

Suggested citation:

## CONTENTS

Foreword ...................................................................................................................... xi
Summary and Guidelines ..................................................................................................... xiii

### SECTION I  EARLY COLORECTAL CANCER

#### Chapter 1  Setting the scene ................................................................. 3
1.1 Colorectal Cancer in Australia ................................................................. 3
1.2 Aetiology and pathogenesis ...................................................................... 3
1.3 Treatment ..................................................................................................... 4
1.4 Case survival ............................................................................................... 4
1.5 Screening for colorectal (bowel) cancer .................................................... 4

#### Chapter 2  Primary prevention ............................................................... 8
2.1 Physical Activity ....................................................................................... 8
2.2 Obesity ..................................................................................................... 8
2.3 Alcohol ...................................................................................................... 9
2.4 Tobacco Smoking .................................................................................... 10
2.5 Energy Intake ........................................................................................... 10
2.6 Fat Intake .................................................................................................. 11
2.7 Major Food Groups .................................................................................. 12
2.7.1 Meat .................................................................................................. 12
2.7.2 Dietary fibre - general ....................................................................... 13
2.7.3 Vegetables and Fruit ......................................................................... 13
2.7.4 Cereals and bread ............................................................................. 14
2.7.5 Resistant starch ................................................................................. 15
2.7.6 Dairy foods ...................................................................................... 15
2.8 Micronutrients ........................................................................................ 15
2.8.1 Calcium and vitamin D .................................................................... 15
2.8.2 Folate ............................................................................................... 16
2.8.3 Phytonutrients ................................................................................ 16
2.9 Nutritional Supplemints ......................................................................... 17
2.9.1 Calcium ........................................................................................... 17
2.9.2 Folate .............................................................................................. 17
2.9.3 Selenium .......................................................................................... 17
2.9.4 Antioxidant/carotenoids .................................................................. 18
2.9.5 Phytonutrients ............................................................................... 18
2.9.6 Fibre supplements ........................................................................... 18
2.10 Other chemopreventive candidate agents ............................................. 19
2.10.1 Aspirin and nonsteroidal anti-inflammatory drugs ......................... 19
2.10.2 Hormone replacement therapy ....................................................... 20
2.10.3 Other agents ................................................................................... 21
2.11 Conclusions ..................................................................................................... 21

Chapter 3 Population screening for Colorectal Cancer ........................................ 32
3.1 Concept of screening for Colorectal Cancer ................................................. 32
3.2 Age as a risk factor ..................................................................................... 33
3.2.1 Age to commence screening .................................................................. 33
3.3 Evidence for benefit from population screening ............................................ 34
3.3.1 Implementation of population screening for Colorectal Cancer in Australia .......................................................... 34
3.3.2 Barriers to population screening with FOBTs ....................................... 34
3.3.3 Potential psychological consequences of screening .............................. 35
3.4 Screening and case-finding scenarios ............................................................ 35
3.4.1 Population screening for Colorectal Cancer .......................................... 35
3.4.2 The asymptomatic individual aged 50 or over ...................................... 35
3.5 Screening tests for average risk subjects or general populations ............... 36
3.5.1 Faecal occult blood testing .................................................................... 36
3.5.2 Sigmoidoscopy ...................................................................................... 37
3.5.3 Colonoscopy and CT colonography ..................................................... 37
3.6 Correct usage of screening tools .................................................................. 38
3.6.1 FOBT - guaiac and immunochannel .................................................... 38
3.6.2 Performing flexible sigmoidoscopy ....................................................... 39
3.7 Current status of the Bowel Cancer Screening Pilot ..................................... 39

Chapter 4 Communication with the patient .......................................................... 46
4.1 The initial consultation .............................................................................. 46
4.2 Breaking bad news .................................................................................... 46
4.3 How much should the patient be told ....................................................... 46
4.4 Keeping the patient’s other doctors informed ........................................... 47
4.5 Second opinion ......................................................................................... 47
4.6 Coordination of care ............................................................................... 48
4.7 Clinical trials ............................................................................................. 48
4.8 Quality of life ............................................................................................ 48
4.9 Counselling and support ........................................................................... 49

Chapter 5 The patient with symptoms ................................................................. 54
5.1 The patient with rectal bleeding bowel, or abdominal symptoms ............... 54
5.1.1 Investigation ......................................................................................... 55
5.2 The patient with iron deficiency anaemia .................................................. 55

Chapter 6 Screening based on family history of Colorectal Cancer .................... 59
6.1 Cancer risk in relatives of patients with common Colorectal Cancer or adenoma ................................................................................. 59
6.2 Practical issues related to assessment and screening ................................... 59
6.3 Quantifying risk based on family history .................................................. 60
6.4 Surveillance recommendations .................................................................... 61

Chapter 7 High-risk familial Colorectal Cancer syndromes ................................ 68
7.1 Principles of management .......................................................................... 68
7.2 Multidisciplinary approach ........................................................................ 68
7.3 Colorectal Cancer family registries ............................................................ 69
7.4 Genetic testing ........................................................................................................... 69
7.5 Diagnosis and management of FAP .............................................................................. 70
7.6 Diagnosis and management of HNPCC ...................................................................... 73
7.7 Diagnosis of HNPCC ..................................................................................................... 73
   7.7.1 Diagnosis based on family history ........................................................................ 73
   7.7.2 Diagnosis based on tumour testing ...................................................................... 74
   7.7.3 Diagnosis by germline genetic testing ............................................................... 77
7.8 Screening and surgical management of HNPCC ......................................................... 77
7.9 Familial clusters of Colorectal Cancer .......................................................................... 78
7.10 Hyperplastic polyposis and MSI-variable cancers ....................................................... 79
7.11 Peutz-Jeghers syndrome and juvenile polyposis ....................................................... 80
7.12 Summary of recommendations .................................................................................. 80

Chapter 8 Diagnostic tests and preoperative assessment ..................................... 91
8.1 Methods of investigation ........................................................................................... 91
   8.1.1 Digital rectal examination .................................................................................. 91
   8.1.2 Sigmoidoscopy: rigid versus flexible .................................................................. 92
   8.1.3 Colonoscopy ....................................................................................................... 92
   8.1.4 Barium enema ................................................................................................... 93
   8.1.5 CT Colonography (virtual colonoscopy) ............................................................ 93
8.2 Preoperative staging .................................................................................................... 94
   8.2.1 Locoregional staging of colon cancer .................................................................. 94
   8.2.2 Locoregional staging of rectal cancer .................................................................. 94
   8.2.3 Staging for distant metastases ............................................................................ 96
   8.2.4 Other investigations ........................................................................................... 97
   8.2.5 Preoperative medical assessment ....................................................................... 97
   8.2.6 Preoperative stomal therapy consultation ......................................................... 97
8.3 Fluorodeoxyglucose-positron emission tomography (FDG-PET) ..................... 98

Chapter 9 Management of epithelial polyps ................................................................. 105
9.1 Natural history of adenomas ...................................................................................... 105
9.2 Polypectomy ................................................................................................................ 106
9.3 Malignant polyps ....................................................................................................... 106
9.4 Follow-up surveillance for adenomas ......................................................................... 107
   9.4.1 Adenoma follow up .......................................................................................... 107
   9.4.2 Other polyposis conditions ............................................................................... 109
9.5 Hyperplastic polyps and polyposis ............................................................................ 109

Chapter 10 Preparation for surgery .................................................................................... 117
10.1 Informed consent ....................................................................................................... 117
10.2 Preparation for stoma ............................................................................................... 117
10.3 Bowel preparation ...................................................................................................... 118
10.4 Cross matching and blood transfusion ..................................................................... 119
10.5 Thromboembolism prophylaxis ................................................................................ 120
10.6 Antibiotic prophylaxis ............................................................................................... 121
10.7 Body temperature ...................................................................................................... 121

Chapter 11 Elective surgery for colon cancer ................................................................. 126
11.1 Operative technique ................................................................................................. 126
11.2 High ligation ................................................................. 126
11.3 No-touch isolation technique ....................................... 126
11.4 Segmental versus extended resection .......................... 126
11.5 Sutured and stapled anastomosis ................................. 127
11.6 Omental wrapping of anastomosis ............................... 127
11.7 Synchronous colonic cancer ........................................ 127
11.8 Fixed tumours with contiguous organ attachment ....... 128
11.9 Synchronous resection of liver metastases .................. 129
11.10 Ovarian metastases ..................................................... 129
11.11 Laparoscopic surgery for colonic cancer .................... 129
11.12 Self-expanding metal stents for obstructing cancer ...... 130
11.13 Extended colonic resection ......................................... 130

Chapter 12  Elective surgery for rectal cancer ......................... 135
12.1 Who should perform elective cancer surgery? ............... 135
12.2 The role of local excision and transanal endoscopic excision of rectal cancer ......................................................... 135
12.3 The role of abdominoperineal versus sphincter-saving anterior resection .............................................................. 136
12.4 Total mesorectal excision .............................................. 138
12.5 The role of colonic pouches after elective anterior resection ...... 140
12.6 The role of high ligation, drains and rectal washouts ....... 142

Chapter 13  Emergency surgery ............................................. 151
13.1 Investigations for emergency presentations ................ 151
13.1.1 Erect chest x-ray .......................................................... 151
13.1.2 Abdominal x-ray ........................................................... 151
13.1.3 Contrast enema ............................................................ 151
13.1.4 Sigmoidoscopy ............................................................. 151
13.1.5 CT scan of the abdomen and pelvis ........................... 151
13.2 Timing of surgery ........................................................ 152
13.3 Preparation for surgery ............................................... 152
13.4 Surgery ................................................................. 152
13.4.1 Bowel obstruction ....................................................... 152
13.4.2 Perforated cancer ....................................................... 153
13.4.3 Colonic bleeding ....................................................... 153
13.4.4 Nonoperative relief of obstruction ......................... 153
13.5 Outcome ................................................................. 154
13.5.1 Morbidity and mortality ............................................. 154
13.5.2 Cancer-related survival ............................................. 154

Chapter 14  Staging and reporting .......................................... 159
14.1 Development of postsurgical staging ......................... 159
14.2 Selection of a clinicopathological staging system .......... 159
14.3 Clinical input ............................................................ 162
14.4 Translation between staging systems ......................... 164
14.5 Additional information on pathology ......................... 164
14.5.1 Microsatellite instability ............................................ 165
Chapter 15  Adjuvant therapy for colon cancer .......................................................... 172

15.1 The research evidence for systemic chemotherapy .......................................... 172

15.1.1 Early era of adjuvant trials ................................................................. 172
15.1.2 5-fluorouracil and levamisole .............................................................. 173
15.1.3 5-FU plus leucovorin ........................................................................ 173
15.1.4 Oral fluoropyrimidines ...................................................................... 175
15.1.5 Oxaliplatin ....................................................................................... 175

15.2 Portal vein infusion .................................................................................... 175
15.3 Adjuvant therapy in Dukes B colon cancer ................................................. 176
15.4 Adjuvant treatment in elderly patients ......................................................... 177
15.5 Other trials ............................................................................................... 177

15.5.1 Protracted infusional 5-FU ............................................................... 177
15.5.2 Irinotecan ......................................................................................... 177
15.5.3 Intraperitoneal chemotherapy ............................................................ 177
15.5.4 Passive immunotherapy .................................................................... 178
15.5.5 Active specific immunotherapy ...................................................... 178
15.5.6 Alpha interferon .............................................................................. 178
15.5.7 Monoclonal antibody therapy ............................................................ 178
15.5.8 Raltitrexed ...................................................................................... 179

Chapter 16  Adjuvant therapy for rectal cancer ......................................................... 186

16.1 Radiotherapy ........................................................................................... 186
16.2 Chemotherapy .......................................................................................... 186
16.3 Benefits of adjuvant therapy ................................................................. 186

16.4 Can the results of international trials be applied in the Australian setting? .... 186

16.5 The role of combined chemotherapy and radiotherapy ......................... 186
16.6 The role of adjuvant radiotherapy without chemotherapy .................... 188
16.7 Preoperative radiotherapy without chemotherapy ................................ 188
16.8 Postoperative radiotherapy without chemotherapy ............................ 189
16.9 Preoperative versus postoperative radiotherapy ................................ 189
16.10 Role of chemotherapy without radiotherapy .................................... 190

16.11 Complications of adjuvant therapy and how they may be reduced .......... 191

16.11.1 Radiotherapy .............................................................................. 191
16.11.2 Chemotherapy ............................................................................ 192
16.11.3 Combined modality therapy ....................................................... 192

16.12 Costs of adjuvant therapy .................................................................. 192

16.13 Is adjuvant therapy necessary with optimal resectional surgery? ........ 192

16.14 Conclusions and future directions ...................................................... 193

Chapter 17  Follow up after curative resection for Colorectal Cancer .................... 199

17.1 Rationale for follow up ........................................................................ 199

17.1.1 Detection of second primary tumours ........................................... 199
17.1.2 Early detection of recurrence ......................................................... 199
17.1.3 Audit ............................................................................................. 200
17.1.4 Patient preference ......................................................................... 200

17.2 Which patients should be followed up? ................................................. 200
17.3 Who should perform the follow up? ...................................................... 200

17.3.1 Investigations ............................................................................... 201
17.4 Cost effectiveness of follow up ................................................................. 202
17.5 Suggested schedule .................................................................................. 202
17.6 Summary ................................................................................................... 203

Chapter 18 Psychosocial care ........................................................................ 207
18.1 Psychological treatments ......................................................................... 208

SECTION II ADVANCED COLORECTAL CANCER

Chapter 19 Recurrent and advanced Colorectal Cancer: general approach and local management ................................................................. 213
19.1 General approach .................................................................................... 213
19.2 Locally advanced rectal cancer deemed potentially operable .................. 213
19.3 Locally advanced rectal cancer deemed inoperable .................................. 214
19.4 Synchronous local and distant disease ...................................................... 215
19.5 Local recurrence ...................................................................................... 215
19.5.1 Assessment of the extent of local recurrence .................................... 215
19.5.2 Management of local recurrence ...................................................... 216

Chapter 20 The role of systemic chemotherapy in metastatic disease .......... 222
20.1 To treat or not to treat ............................................................................ 222
20.2 Timing of chemotherapy ......................................................................... 222
20.3 Selection of chemotherapy ....................................................................... 222
20.4 Chemotherapy options .......................................................................... 222
20.4.1 Intravenous 5-FU-based chemotherapy ............................................ 222
20.4.2 Oral 5-FU-based chemotherapy ....................................................... 223
20.4.3 Raltitrexed ....................................................................................... 224
20.4.4 Irinotecan and oxaliplatin ............................................................... 224
20.5 Second line and subsequent chemotherapy ............................................ 225
20.6 Duration of chemotherapy treatment ...................................................... 225
20.7 Other treatment options for patients with metastatic Colorectal Cancer ....................................................................................... 225
20.7.1 Bevacizumab ................................................................................... 225
20.7.2 Cetuximab ....................................................................................... 226
20.8 Quality of life .......................................................................................... 226

Chapter 21 Management of liver and other distant metastases .......... 231
21.1 Liver metastases ........................................................................................ 231
21.1.1 Surgical resection .............................................................................. 232
21.1.2 Adjuvant chemotherapy following surgical resection ....................... 233
21.1.3 Imaging controlled destruction ....................................................... 233
21.2 Chemotherapy for patients with unresectable liver metastases .......... 233
21.2.1 Hepatic arterial infusion ................................................................... 233
21.2.2 Efficacy of hepatic arterial infusion ................................................ 234
21.2.3 Alternatives to hepatic arterial infusion .......................................... 235
21.2.4 Palliative chemotherapy ................................................................. 235
21.2.5 Palliative radiation therapy ............................................................. 235
21.2.6 Treatment of peritoneal carcinomatosis ....................................... 235

Chapter 22 Cost effectiveness ........................................................................ 244
22.1 Economic burden of Colorectal Cancer in Australia ............................... 244
22.2 Economic evaluation................................................................. 244
  22.2.1 Role of economic evidence in the development of guidelines... 245
22.3 Prevention.......................................................................................... 247
22.4 Population screening........................................................................... 249
22.5 Screening based on family history.................................................... 260
  22.5.1 Screening for above average/moderate risk persons................. 260
  22.5.2 Screening for high-risk persons.............................................. 260
22.6 Screening patients with symptoms................................................... 262
22.7 Diagnosis.......................................................................................... 264
22.8 Follow up.......................................................................................... 266
22.9 Treatments......................................................................................... 269
  22.9.1 Surgery.................................................................................... 269
  22.9.2 Chemotherapy........................................................................... 272
  22.9.3 Other....................................................................................... 280

Chapter 23 Socio-economic aspects in Colorectal Cancer.................... 290
  23.1 Socio-economics............................................................................. 290

APPENDICES

Appendix 1 Principals of Multidisciplinary care........................................ 293
Appendix 2 Guideline development process............................................. 295
Appendix 3 Literature review..................................................................... 299
Appendix 4 Committee membership and contributors to guidelines......... 315
  Principal committee........................................................................... 315
Appendix 5 Abbreviations and Glossary................................................... 325

Tables

  Table 3.1 Absolute risk of Colorectal Cancer......................................... 33
  Box 3.1 The first two recommendations of the Australian Health Technology Advisory Committee on Colorectal Cancer Screening... 34
  Box 3.2 Features of the Australian Bowel Cancer Screening Pilot Program 39
  Box 3.3 Screening Pathway used in the Australian Bowel Cancer Screening Pilot Program.................................................. 40
  Table 6.1 Familial clustering of the common forms of bowel cancer....... 61
  Table 7.1 Spigelman staging of duodenal polyposis................................ 72
  Table 7.2 Proposed program for surveillance and treatment of duodenal adenomatosis.... 72
  Table 7.3 Revised Bethesda Guidelines for testing colorectal tumours for microsatellite instability (MSI)........................................ 76
  Table 7.4 Official Hereditary Bowel Cancer Registers in Australia and New Zealand... 83
  Table 8.1 Endorectal ultrasound staging.............................................. 95
  Table 14.1 Clinicopathological staging systems................................. 160
  Table 14.2 Pathological TNM staging nomenclature.......................... 161
Table 14.3 Pathological TNM staging .................................................................161
Table 14.4 International Comprehensive Anatomical Terminology (ICAT) for Colorectal Cancer and matrix for staging system conversion ........................................................................................................166
Table 14.5 Reporting on Colorectal Cancer specimens ..........................................................164
Table 22.1 Burden of disease attributable Colorectal Cancer in Australia, 1996 ..............244
Table 22.2 NHMRC’s criteria: Assessing evidence using shadow prices ..................246
Table 22.3 Results of studies investigating the cost-effectiveness of COX-2 inhibitors and aspirin as chemoprevention agents .............................................................248
Table 22.4 Results of studies investigating effectiveness, costs and cost-effectiveness of population screening ........................................................................................................250
Table 22.5 Summary of findings from reviews of cost-effectiveness of screening ...........258
Table 22.6 Results of studies investigating costs and outcomes of screening strategies for patients with symptoms ...........................................................................................................263
Table 22.7 Results of studies investigating costs and consequences of various diagnostic procedures .......................................................................................................................265
Table 22.8 Results of studies investigating costs, effectiveness and cost-effectiveness of follow-up strategies ..........................................................................................................................267
Table 22.9 Results of studies investigating effectiveness, costs and cost-effectiveness of various surgical techniques and treatments ..................................................................................................270
Table 22.10 Results of studies investigating effectiveness, costs and cost-effectiveness of alternative chemotherapy regimes ..............................................................................................................273
Table 22.11 Summary of findings from reviews of cost-effectiveness of chemotherapy agents and regimes ..........................................................................................................................279

Figures

Figure 14.1 Cancer of the colon and rectum — information for the pathologist ........163
Foreword

This document is a revision and update of the 1999 Guideline publication “Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer”.

It has been developed by the multidisciplinary ACN Colorectal Cancer Guidelines Revision Working Party, not only because it was timely, but because of numerous enquiries as to when a new edition would be released.

The 1999 Guidelines have been widely used as a reference and in several reviews which have demonstrated that concordance between guidelines and practice has been achieved, but that there is still a distance to travel before it is complete.

There have been significant changes in relation to practice in that multidisciplinary care is being widely incorporated into the management of malignancy, and the principles involved in its introduction are expected to be carefully followed. It is promoted and expected that in areas of doubt, physicians and surgeons will encourage their patients to be involved in randomised clinical trials.

Whereas in the past, intensive follow up after treatment was not promoted, it has now been shown that intensive follow up leads to earlier detection of recurrence and a Cochrane Review found such a programme to improve survival (17.1.2). The Guidelines encourage this change in practice towards optimal care.

There has been considerable discussion about Practice Recommendations and the Working Party made the decision to use them in the development of this document. Practice Recommendations were derived from overseas documentation (ref 2, page xiv). The NHMRC is developing its own grades for implementation by future guideline developers.

The Working Party submitted a draft document for public consultation and received 32 submissions from a variety of sources (Appendix 4). These were carefully reviewed by members of the Working Party. There were a number of phone discussions, two of which included non-working party members. It is agreed that the quality of submissions from the public review had led to refinement and increased clarity in some areas of the document.

The draft guidelines were on The Cancer Council Australia – Australian Cancer Network’s website: www.cancer.org.au/guidelines since the beginning of the consultation period. There were a large number of hits – including unique downloads, on this site.

Another exciting development is that CSSA (Colorectal Surgical Society of Australia) used the draft document as a core reference for its advanced trainees and Fellows and in examinations for advanced trainees of that organisation.

Professor Robert Thomas / Professor Michael Solomon
Joint Chairs, ACN Colorectal Cancer (CRC) Working Party
Executive Summary


- The Guidelines for the prevention, early detection and management of Colorectal Cancer (CRC) are evidence-based. They have been produced by a multidisciplinary team and are proposed as basic for sound decision making. They are guidelines not rules and carry no sense of prescription.

- The guidelines are intended to provide a resource for all medical practitioners and health workers who require sound information directed toward the management of patients with Colorectal Cancer. These guidelines are wide-ranging in scope and provide information which covers prevention and screening, diagnosis and psychosocial matters, as well as the clinical aspects of surgery, radiotherapy and chemotherapy. High quality surgery is proposed as a gold standard and the Guidelines address training to this end.

- Emphasis is placed on good history taking and early investigation of the patients with symptoms.

- Familial CRC is addressed and the genetic background and assessment discussed. A directory to the Hereditary Bowel Cancer Registers in Australia and New Zealand is included.

- A time frame for follow-up for the management of epithelial polyps is proposed.

- Advanced Colorectal Cancer should be managed by a multidisciplinary team and includes a number of difficult issues, including the selection of patients for treatment who have liver metastases.

- Whole patient consideration is the basis of each recommendation for management after consideration of all and optimal use of the available modalities. The careful recording of comprehensive and consistent data and outcomes and encouragement of participation in well designed clinical trials is necessary to provide future strategies in prevention and reduction of mortality from Colorectal Cancer.