

Septin9

THE LATEST IN THE DETECTION
OF COLORECTAL CANCER



A SIMPLE **BLOOD TEST**
WILL GIVE YOU AN ANSWER

Proud Supporter of

Colorectal Cancer
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WARNEX
MEDICAL LABORATORIES

SEPTIN9 DETECTION TEST

There is a range of methods available to your healthcare professional to verify your health related to colorectal cancer (CRC). This brochure describes the test for Septin9, a marker associated with an increased risk of CRC.¹

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 14 men is expected to develop CRC during his lifetime and 1 in 27 will die of it
- 1 in 15 women is expected to develop CRC during her lifetime and 1 in 31 will die of it

WHY IS EARLY SCREENING IMPORTANT?

- If detected early, the 5-year survival rate for CRC patients is 90%

WHAT IS THE SEPTIN9 TEST?

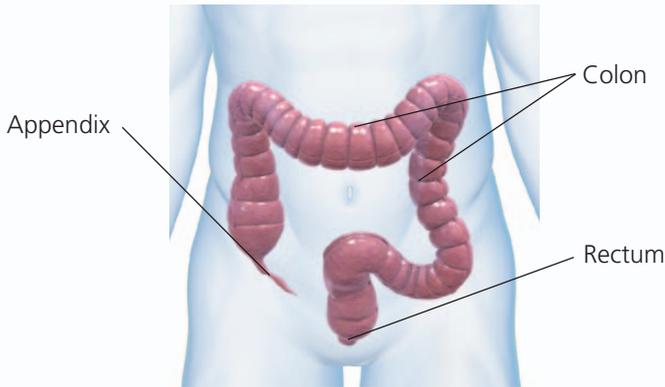
- The Septin9 test is a simple **blood test** that is highly accurate for the detection of methylated Septin9 DNA in the blood stream, which is associated with colorectal cancer.¹

Ask your doctor for a prescription for Septin9

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 tumours of the large intestine are called polyps. Malignant tumours of the large intestine are called cancers. Benign polyps can be easily removed during colonoscopy and are not life-threatening. If benign polyps are not removed from the large intestine, they can become malignant (cancerous) over time. Most of the cancers of the large intestine are believed to have developed from polyps.



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

Colorectal cancer usually grows slowly and in a predictable way.
It is curable when diagnosed at an early stage.

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 or feeling that the bowel does not empty completely, stools that are narrower than usual, general abdominal discomfort (frequent gas pains, bloating, fullness or cramps), 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.

WHY SHOULD I HAVE A COLORECTAL CANCER SCREENING TEST?

Colorectal cancer screening means checking for colorectal cancer as part of routine medical care when there are no symptoms present. Colorectal cancer responds best to treatment when it is found and treated as early as possible. Treatment is most effective before the disease spreads outside of the colon.

Average-risk individuals: The Canadian Cancer Society recommends that men and women age 50 and over have colorectal cancer testing at least every 2 years.

High-risk individuals: People who are at higher than average risk of developing CRC may need to be tested more often and at an earlier age than people with average risk. These individuals should discuss an individual plan of surveillance with their doctor.

ARE YOU AT A HIGHER RISK?

- Do you have a first-degree relative (parent, sibling or child) with CRC?
- Do you have a personal history of CRC?
- Do you have a history of benign polyps in the colon or rectum?
- Do you have inflammatory bowel disease?
- Do you have inherited conditions, such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (HNPCC)?

HOW IS COLORECTAL CANCER DIAGNOSED?

There are many approaches for screening CRC:

Digital Rectal Exam: An examination of the lower rectum for abnormalities.

Fecal Occult Blood Test (FOBT): A non-invasive test that detects hidden (occult) blood in the stool. Hidden blood in stool is often the first, and in many cases, the only warning sign that a person has colorectal disease, including CRC.

Fecal immunochemical test (FIT or iFOBT): A non-invasive test that detects the presence of haemoglobin, a protein found in the blood. 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.

Double contrast barium enema: A procedure in which x-rays of the colon and rectum are taken after a liquid containing barium is put into the rectum. Barium is a silver-white metallic compound that outlines the colon and rectum on an x-ray and helps show abnormalities. Air is also put into the rectum and colon to further enhance the x-ray. This test is used to screen for CRC and other bowel abnormalities. The abnormalities seen during your barium enema examination may be polyps or adenomas and can signal CRC.

Sigmoidoscopy: An invasive medical examination of the large intestine from the rectum to the last part of the colon performed with a lighted tube called a sigmoidoscope. There are two types of sigmoidoscopy, flexible sigmoidoscopy, which uses a flexible endoscope, and rigid sigmoidoscopy, which uses a rigid device. A sigmoidoscopy allows an examination of only the final two feet of the colon.

Colonoscopy: An endoscopic examination of the colon and the distal part of the small bowel with a CCD camera or a fibre optic camera on a flexible tube passed through the anus. It may provide a visual diagnosis (e.g. ulceration, polyps) and grants the opportunity for biopsy or removal of suspected lesions. A colonoscopy allows an examination of the entire colon (measuring up to six feet in length).

Virtual colonoscopy: A non-invasive procedure that uses 2D and 3D imagery reconstructed from computed tomography (CT) scans or from nuclear magnetic resonance (MR) scans. However, it is not a standard procedure and still under investigation regarding its diagnostic abilities. Furthermore, virtual colonoscopy does not allow for therapeutic manoeuvres such as polyp/tumour removal or biopsy nor visualization of lesions smaller than 5mm. If a growth or polyp is detected using virtual colonoscopy, a standard colonoscopy would still need to be performed.

WHAT IS SEPTIN9?

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.

WHAT IS THE SEPTIN9 TEST?

The Septin9 test can be performed as a first step in early screening of colorectal cancer. The test detects the presence of methylated Septin9 DNA in blood, which has been strongly correlated with an increased risk of colorectal cancer.¹ The test is very convenient, since it is performed on a **blood sample**. It does not require collecting or handling stool samples, and it is not as invasive or time-consuming as other tests.

WHY ASK FOR THE SEPTIN9 TEST?

- Simple and convenient blood test
- Less invasive than other tests
- Highly accurate

UNDERSTANDING YOUR RESULTS

The Septin9 detection test is meant to be used as part of routine medical care of average risk individuals, even when there are no symptoms present. It is not meant to be used as a substitute for colonoscopy, which is the standard of care for screening for CRC.

Septin9 is highly accurate for the detection of the methylated Septin9 DNA in blood. Septin9 has been shown to have a sensitivity of 70% and specificity of 90% for colorectal cancer.¹ However, it is important to know that if your test result is positive for methylated Septin9 DNA, you do not necessarily have CRC. A positive Septin9 test result does indicate that you should have additional testing to determine whether cancer is present or not. You should ask your physician about follow-up care.

NEGATIVE RESULT

If your Septin9 result is negative, there was no presence of the methylated Septin9 DNA in your blood. You have a very low risk of having colorectal cancer.

POSITIVE RESULT

If your Septin9 result is positive, methylated Septin9 DNA has been detected, which strongly correlates with an increased risk of CRC.¹ You should discuss additional testing with your physician, such as a colonoscopy.

¹Weiss, G., Rösch, T. (2010) European Oncology; 6(1):51-54.
Devos, T. et al. (2009) Clinical Chemistry; 55(7):1337-46.

Ask your doctor to prescribe the Warnex Septin9 test.

Septin9

Laboratory Analysis	Price
Septin9	\$445.00

Results in 10 working days following the receipt of your sample.

CONTACT Us



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