Understand Your Risk for Colorectal Cancer

Cancer refers to the uncontrolled division and growth of cells in the human body. The growth, or tumour, can be caused by mutations in a person's DNA. These mutations can also be passed down from parents to children.

Colorectal cancer is hereditary. Therefore, genetic screening is recommended¹ for people:

- with a family history of colorectal cancer;
- with a family history of breast, ovarian, and prostate cancers;
- having increased risk related to lifestyle: heavy drinkers, smokers, being overweight, having low physical activity.

From the Dtect Colon+ results, your doctor could recommend regular health monitoring if you received a positive screening result.

Benefits of Dtect Colon+

Validated Technology ----

> Dtect Colon+ is run on one of the most accurate genetic profiling platforms available. It screens for disease risks by analysing genetic variants across relevant genetic markers.

Comprehensive Results

The results are reported in a precise and concise format, allowing you to easily interpret the analysis. The Dtect Colon+ report highlights the risk factors, and helps doctors to prescribe more suitable and effective treatment.

Affordable Pricing ----

Dtect Colon+ provides you with a quality genetic analysis at an affordable price.

Limitations

Genetic screening can indicate whether an individual has a predisposition, or is at increased likelihood of having an inherited disease or disorder. However, it cannot indicate if the individual will show symptoms, how severe the symptoms will be, or whether the disease or disorder will progress over time.

A negative test result does not mean that an individual will not get the inherited disease or disorder because Dtect Colon + is designed to detect only highly significant genetic markers which have been documented during medical research. Environmental and lifest yle factors also play a role in the development of inherited diseases and disorders.

Other Products

Dtect Cardio & Metabolic	evaluates markers cardiovascular and meta
Dtect Child	detects inherited ge developmental disorders
Dtect Colon+	screens for risk of colo ACMG guidelines.
Dtect Derma	screens for traits or co skin youthfulness and pr
Dtect Fertility	screens for genetic cause
Dtect NPC+	screens for risk of nasop other head and neck can
Dtect Onco	screens for risk of 32 type
Dtect PGx	screens for risk of adverse drug responses.
Dtect Prostate+	screens for risk of prostate guidelines.
Dtect Wellness	screens for 46 traits or contents health and wellness.



Partner with: Malaysian Genomics Resource **Dtect***

MEDIFIRST Sdn Bhd (1429757-D)

UOA Corporate Tower, Level 2, Avenue 10, The Vertical 8, Jalan Kerinchi Bangsar South, 59200 Kuala Lumpur www.medifirst.com.my



@medifirst.id



associated with abolic diseases.

enetic illnesses or s in children.

prectal cancer, using

onditions that affect emature ageing.

s of infertility.

pharyngeal, and ncers (HNCs).

es of familial cancers.

se drug reactions and

e cancer, using ACMG

onditions that affect



Colon+

Genetic Screening for Colorectal Cancer

Your First Step Towards **Total Health and Vitality**



Manage Your Health With Dtect Colon+

Dtect Colon+ is a genetic screening test. This test screens your DNA for markers that are linked to inherited risk factors for colorectal cancer¹ (CRC). The markers serve as 'red flags' in your DNA and can indicate if you are predisposed to CRC.

DID YOU KNOW?

CRC is the third most commonly diagnosed cancer in males and the second in females, with 1.65 million new cases and almost 835,000 deaths in 2015 globally². The general population has an approximately 5% lifetime risk of developing CRC. Most CRC cases develop sporadically.



Mortality rates from CRC have declined progressively since the mid-1990s. This improvement is due to detection and removal of colonic polyps, detection of CRC at an earlier stage, and more effective prevention³ via lifestyle modifications among population with increased genetic risk.

Please email us at care@medifirst.com.my or consult your doctor for more information.

Colorectal Cancer Risk Factors

Colorectal cancer (CRC) is the overgrowth of the cells lining the inner walls of the colon and rectum. The cancerous transition of cells is caused by DNA damage that is accumulated over time, therefore it is diagnosed after the age of 40. The most important known risk factors⁴ for CRC are both inherited genetics and environmental (lifestyle factors which includes diet, habits, and physical activity).

Genetics presence of pre-existing DNA mutations ¹ in	Familial Adenomatous Poly tous polyposis coli (APC) g
	Lynch Syndrome (heredita defects in one of the DNA i
genes related to CRC	Non-Lynch Syndrome, whic
Lifestyle	Obesity ⁵⁻⁶
LifeStyle	

Smoking⁷⁻⁸

Your Dtect Colon+ test results can assist and support your doctor's medical diagnosis, and help with the management of genetic diseases across the family. Markers for disease risks are likely to be shared by first-degree relatives (siblings, children, parents). Your doctor could advise clinically asymptomatic relatives of patients to undergo screening. More importantly, your doctor could advise you on treatment decisions for colorectal cancer sooner, or you can be better prepared to make lifestyle and dietary changes to lower your health risks for colorectal cancer when possible.

¹References

Burt RW, DiSario JA, Cannon-Albright L. Genetics of colon cancer: impact of inheritance on colon cancer risk. Annu Rev Med 1995; 46:371.

Lynch HT, Smyrk TC, Watson P, et al. Genetics, natural history, tumor spectrum, and pathology of hereditary nonpolyposis colorectal cancer: an updated review. Gastroenterology 1993; 104:1535.

Ponz de Leon M, Sassatelli R, Benatti P, Roncucci L. Identification of hereditary nonpolyposis colorectal cancer in the general population. The 6-year experience of a population-based registry. Cancer 1993; 71:3493.

Yurgelun MB, Kulke MH, Fuchs CS, et al. Cancer Susceptibility Gene Mutations in Individuals With Colorectal Cancer. J Clin Oncol 2017; 35:1086.

Win AK, Dowty JG, Cleary SP, et al. Risk of colorectal cancer for carriers of mutations in MUTYH, with and without a family history of cancer. Gastroenterology 2014; 146:1208.

Boursi B, Sella T, Liberman E, et al. The APC p.I1307K polymorphism is a significant risk factor for CRC in average risk Ashkenazi Jews. Eur J Cancer 2013; 49:3680.

Pearlman R, Frankel WL, Swanson B, et al. Prevalence and Spectrum of Germline Cancer Susceptibility Gene Mutations Among Patients With Early-Onset Colorectal Cancer. JAMA Oncol 2017; 3:464.

- 2 Global Burden of Disease Cancer Collaboration, Fitzmaurice C, Allen C, et al. Global, Regional, and National Cancer Incidence, Mortality, Years of Life Lost, Years Lived With Disability, and Disability-Adjusted Life-years for 32 Cancer Groups, 1990 to 2015: A Systematic Analysis for the Global Burden of Disease Study. JAMA Oncol 2017; 3:524.
- 3 Chan AT, Giovannucci EL. Primary prevention of colorectal cancer. Gastroenterology 2010; 138:2029.
- 4 Wei EK, Giovannucci E, Wu K, et al. Comparison of risk factors for colon and rectal cancer. Int J Cancer 2004; 108:433.
- 5 Karahalios A, English DR, Simpson JA. Weight change and risk of colorectal cancer: a systematic review and meta-analysis. Am J Epidemiol 2015; 181:832.
- 6 Lauby-Secretan B, Scoccianti C, Loomis D, et al. Body Fatness and Cancer--Viewpoint of the IARC Working Group. N Engl J Med 2016; 375:794.

yposis (FAP) caused by germline mutations in the adenomagene.

tary nonpolyposis colorectal cancer [HNPCC]) caused by mismatch repair (MMR) genes.

ich included mutations in high-penetrance genes.

Alcohol consumption⁹

Lack of physical activity¹⁶⁻¹⁸

Consumption of processed foods (e.g. red meats) & low-fibre diet ¹⁰⁻¹⁵

Radiation¹⁹⁻²⁰

- Botteri E, Iodice S, Bagnardi V, et al. Smoking and colorectal cancer: a meta-analysis. JAMA 2008; 300:2765. 111
- 8 Botteri E, lodice S, Raimondi S, et al. Cigarette smoking and adenomatous polyps: a meta-analysis. Gastroenterology 2008; 134:388. 112
- 9 Fedirko V, Tramacere I, Bagnardi V, et al. Alcohol drinking and colorectal cancer risk: an overall and dose-response meta-analysis of published studies. Ann Oncol 2011; 22:1958.
- 10 Chao A, Thun MJ, Connell CJ, et al. Meat consumption and risk of colorectal cancer. JAMA 2005; 293:172. 101
- 11 Norat T, Bingham S, Ferrari P, et al. Meat, fish, and colorectal cancer risk: the European Prospective Investigation into cancer and nutrition. J Natl Cancer Inst 2005; 97:906.
- 12 Willett WC, Stampfer MJ, Colditz GA, et al. Relation of meat, fat, and fiber intake to the risk of colon cancer in a prospective study among women. N Engl J Med 1990; 323:1664.
- 13 Cross AJ, Ferrucci LM, Risch A, et al. A large prospective study of meat consumption and colorectal cancer risk: an investigation of potential mechanisms underlying this association. Cancer Res 2010; 70:2406.
- 14 Chan DS, Lau R, Aune D, et al. Red and processed meat and colorectal cancer incidence: meta-analysis of prospective studies. PLoS One 2011; 6:e20456. 105
- 15 MacLennan R, Macrae F, Bain C, et al. Randomized trial of intake of fat, fiber, and beta carotene to prevent colorectal adenomas. J Natl Cancer Inst 1995; 87:1760. 106
- 16 Wolin KY, Yan Y, Colditz GA, Lee IM. Physical activity and colon cancer prevention: a meta-analysis. Br J Cancer 2009; 100:611.155
- 17 Boyle T, Keegel T, Bull F, et al. Physical activity and risks of proximal and distal colon cancers: a systematic review and meta-analysis. J Natl Cancer Inst 2012; 104:1548.
- 18 Kyu HH, Bachman VF, Alexander LT, et al. Physical activity and risk of breast cancer, colon cancer, diabetes, ischemic heart disease, and ischemic stroke events: systematic review and dose-response meta-analysis for the Global Burden of Disease Study 2013. BMJ 2016; 354:i3857.157
- 19 Nottage K, McFarlane J, Krasin MJ, et al. Secondary colorectal carcinoma after childhood cancer. J Clin Oncol 2012; 30:2552.
- 20 Baxter NN, Tepper JE, Durham SB, et al. Increased risk of rectal cancer after prostate radiation: a population-based study. Gastroenterology 2005; 128:819.

