SCREENING

FIGHT COLORECTAL CANCER

Rissa Dodson
Stage III survivor

SCREENING

This mini magazine is designed to inform you about colorectal cancer (CRC) screening. In this publication, we provide an overview of screening methods and intervals; however, it is important to talk to your doctor about your specific screening needs.

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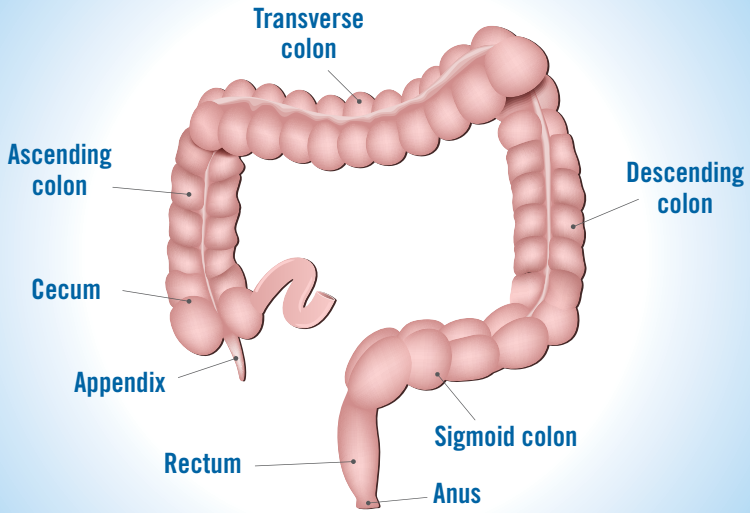
ABOUT FIGHT COLORECTAL CANCER

Fight Colorectal Cancer (Fight CRC) envisions victory over colon and rectal cancers. We raise our voice to empower and activate a community of patients, fighters, and champions to push for better policies and to support research, education, and awareness for all those touched by this disease.

MEDICAL DISCLAIMER

The information and services provided by Fight Colorectal Cancer are for general informational purposes only and are not intended to be substitutes for professional medical advice, diagnoses, or treatment. If you are ill, or suspect that you are ill, see a doctor immediately. In an emergency, call 911 or go to the nearest emergency room. Fight Colorectal Cancer never recommends or endorses any specific physicians, products, or treatments for any condition. This mini magazine does not serve as an advertisement or endorsement for any products or sponsors mentioned.



INTRODUCTION

WHAT IS COLORECTAL CANCER?

Colorectal cancer (CRC) is the term used to refer to both rectal and colon cancers. The colon (also known as the large intestine) is about five to six feet long, beginning at the cecum and ending with the anus. The rectum includes the last five to ten inches of the colon.

Colorectal cancer occurs when abnormal cells form tumors in normal colon or rectal tissues. It may not show any symptoms at first. As the tumor grows, it can disrupt your body's ability to digest food and remove waste.

Unlike most other cancers, colon and rectal cancers can be prevented. This can be done by finding and removing precancerous polyps (also called adenomas or adenomatous polyps) that can develop into cancer. In addition, the same screening methods used for prevention can also detect colorectal cancer early and when it's most curable.

NO. 2 CANCER KILLER

- Colorectal cancer is the second-leading cause of cancer deaths for men and women combined.

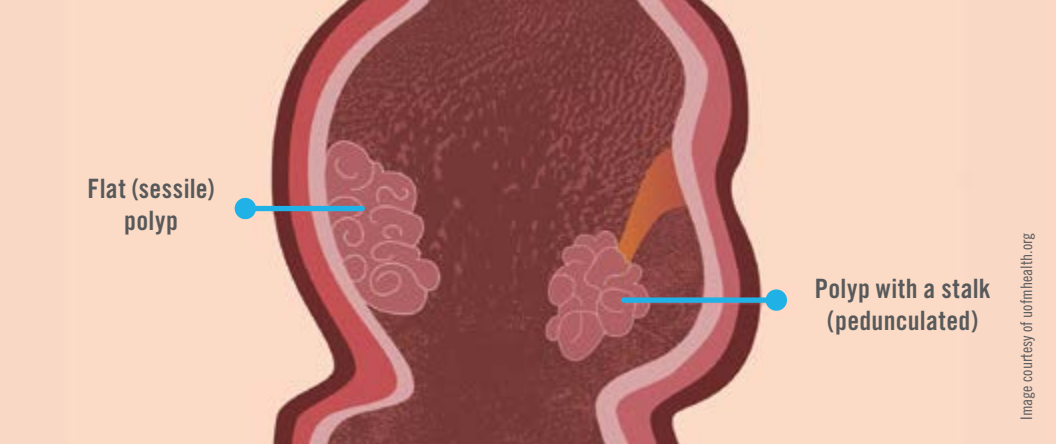


Image courtesy of uofmhealth.org

WHAT ARE POLYPS?

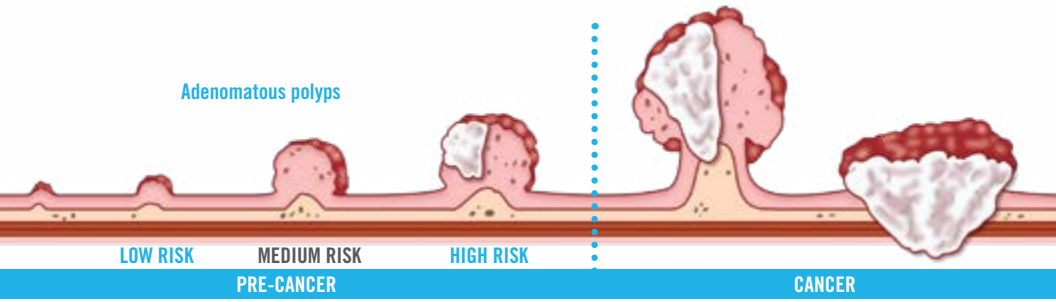
Colorectal cancers often take many years to grow, and most start off as a polyp.

A polyp is a group of cells that grow together on the inside of the colon or rectum. Some polyps grow on the end of a stalk and look similar to a mushroom (this is called a pedunculated polyp), and some polyps, known as sessile or flat polyps, grow without the narrow stalk.

Removing polyps can eliminate the chance they will turn into cancer. Not all polyps will become cancer, but it is important to remove them all to eliminate the possibility.

How do your polyps affect your family?

If you have advanced adenomas detected, it is important to tell your immediate family members (siblings, parents, children) because it may affect when and how they need to be screened.



"While preparing for my 4th colonoscopy since Fall 2016, due to flat polyps, my family and friends were feeling sorry for me. I kept saying, 'a colonoscopy is better than chemotherapy.' Today as I headed home with good news about the polyps not returning, I thought about what a great ad campaign my mantra would make to get people to schedule the 'dreaded' colonoscopy. My dad died at 62 of colon cancer so my siblings and I are diligent about being tested."

– Pat F., Advocate

WHY GET SCREENED?

If you have a colon (and you do!), talk to your doctor about colorectal cancer screening. It can save your life.

While over 90 percent of colon and rectal cancers are found in people over age 50, anyone at any age can get colorectal cancer. All adults—starting at age 45—should talk to their doctor about screening for polyps and cancer. Anyone experiencing signs and symptoms of colorectal cancer (at any age) should be screened. Screening should follow regular intervals through age 75, and people over that age that should talk to their doctor about whether screening is necessary. See pages 9 and 28 to read more about specific screening guidelines.

WHAT ARE THE SIGNS AND SYMPTOMS?

Even if you are younger than the recommended screening age, it's important to know the signs and symptoms of colorectal cancer because **people under age 45 get diagnosed with colorectal cancer too.**

Common symptoms may include:

- **A change in bowel habits.**
- **Blood (either bright red or very dark) in the stool.**

- **Diarrhea, constipation, or feeling that the bowel does not empty completely.**
- **Stools that are narrower than usual.**

- **Frequent gas pains, bloating, fullness, or cramps.**
- **Weight loss for no known reason.**
- **Feeling very tired and weak.**
- **Sometimes, there are NO symptoms!**

ARE YOU AT RISK FOR COLORECTAL CANCER?

Take this quiz to find out!

1 What is your age?

Younger than 45	0
Age 45 or older	1

2 Have you had a first-degree relative (parent, brother, sister, child) with colon or rectal cancer?

Yes	1
No	0

3 Do you have a history of polyps in your colon or rectum?

No	0
Yes	1
Not Sure	1

4 Do you have a history of inflammatory bowel disease?

Yes	1
No	0

5 Are you overweight?

Yes	1
No	0

6 Do you smoke or have you ever smoked?

Yes	1
No	0

7 Are you physically inactive?

Yes	1
No	0

8 Do you eat a diet high in red meats, processed meats, and fat?

Yes	1
No	0

9 Do you drink alcohol?

0-1 drinks per day	0
2+ drinks per day	1

10 Do you eat a diet low in fiber, grains, vegetables, and fruit?

Yes	1
No	0

11 Do you have Type 2 diabetes?

Yes	1
No	0

12 Have you ever been diagnosed with breast, ovarian, or uterine cancer?

Yes	1
No	0

13 Are you African American?

Yes	1
No	0

TOTAL POINTS _____

The higher your score, or the more times you answered "Yes" to the questions, the greater your risk for developing colorectal cancer. Regardless of your score, if you are 45 years or older, talk to your doctor about screening.

REASONS NOT TO PUT OFF COLORECTAL CANCER SCREENING

"I feel healthy and only go to the doctor when I'm sick."

The presence of adenomas and early stages of colorectal cancer may not show any symptoms, and you may not feel sick at all.

"I don't want to do the prep."

See page 17 for tips about prep!

"I don't want a medical instrument inserted into my rectum."

There are non-invasive screening methods.

"I would rather not know/I am afraid of the results."

Not knowing whether or not you have colorectal cancer or polyps is a personal decision. Talk to your doctor about the risks of avoiding screening.

"I'm too busy."

Screening takes less time than chemotherapy and other cancer treatments.

"I don't have health insurance."

See page 26 to learn about low-cost payment options.

DON'T IGNORE IT.

Don't ignore that internal voice nudging you, the one subtly saying something's not quite right. Take Kevin Jonas, Sr.'s word for it. Kevin waited two years after his 50th birthday to get screened, even though he struggled with signs and symptoms of CRC. With a busy schedule that included managing a restaurant and a business, and spending family time with his famous sons (The Jonas Brothers), Kevin delayed seeing a doctor. When he finally went in, he scheduled a colonoscopy for screening, which ended up saving his life. He was diagnosed with stage II colorectal cancer. "I spent years chasing symptoms… stomach problems, heartburn, back pain, cramping during stress. I looked into cutting dairy, stopped drinking caffeine… but the symptoms persisted. I was a nervous wreck about getting my colonoscopy." Despite the challenges his diagnosis and subsequent surgeries brought, Kevin is grateful he caught his cancer at an early stage, when it's highly treatable and curable. "I don't know what it would have been had I not gone in when I did—maybe stage III or IV. It's amazing how many people have told me they've also put off their scopes and my story has caused them to go in. It's had quite an impact so far, and I'm hoping people hear my story and go get checked."

To read more about Kevin Jonas, Sr.'s story, read the Spring 2018 Beyond Blue at ***FightCRC.org***

About one-third of adults aged 50 or older—the age group at greatest risk of developing colorectal cancer—have not been screened as recommended.

"I don't know what it would have been had I not been screened when I did—maybe stage III or IV."

- Kevin Jonas, Sr.
Stage II survivor

Photo by Travis Howard

WHEN AND HOW TO GET SCREENED

WHEN SHOULD SCREENING BEGIN FOR AVERAGE-RISK ADULTS?

The American Cancer Society recommends that screening begin at age 45 for average-risk adults and continue through age 75. Adults age 76 and older should ask their doctor if screening is right for them. To learn more about screening guidelines and organizations that develop them, see page 28.

COLORECTAL CANCER RISK

Colorectal cancer doesn't discriminate, it impacts people of all races, genders, and ages. This is why screening guidelines pertain to everyone. While a majority of people are considered "average risk," others are considered "increased risk" or "high risk." Your risk category generally depends on your personal and family history.

RISK	WHO?	SCREENING TEST OPTIONS
Average Risk	• No family or personal history of CRC or adenomatous polyps • No personal history of inflammatory bowel disease • No diagnosis of genetic syndrome linked to CRC	• Stool-based Test • Visual Test *Adenomatous polyps are noncancerous growths, but they may eventually turn into colorectal cancer.
Increased Risk	• Family or personal history of CRC or adenomatous polyps • Personal history of inflammatory bowel disease • Family history of genetic syndrome linked to CRC • Previous radiation to abdomen/ pelvic area	• Visual Test *Learn more about screening guidelines for those with a family history of polyps or cancer on page 13.
High Risk	• Diagnosed with inflammatory bowel disease (IBD) • Known genetic link to CRC	• Visual Test

American Cancer Society. American Cancer Society Guideline for Colorectal Cancer Screening. 2018.

Inflammatory bowel diseases (IBDs) include ulcerative colitis and Crohn's disease. While having IBD puts a person into the "high-risk" category (a person with IBD may be six times more likely than others to get colorectal cancer), it only accounts for one to two percent of all colorectal cancer cases. If you are diagnosed with IBD, it is important to talk to your doctor about a screening timeline for your cancer prevention.

CHOOSING THE RIGHT TEST FOR YOU

It's incredibly important to note that ALL screening tests (other than a colonoscopy) that come back positive will lead to a follow-up colonoscopy to identify and examine any abnormalities or suspicious areas.

▶ *See the next page to learn more about screening options.*

ASK THE EXPERT:

Fola May, M.D., Ph.D.

Q: Why should a person with an increased or high risk of CRC get a colonoscopy?

A: "There are some medical conditions and genetic conditions that increase the chance that an individual will get colon or rectal cancer. Patients with inflammatory bowel disease (Crohn's disease or ulcerative colitis) have an increased chance of developing cancer in the colon and rectum. Patients with genetic or familial conditions like Lynch syndrome and familial polyposis syndromes are also more likely to develop colon and rectal polyps that can become cancer. Lastly, individuals with an immediate family member (mother, father, brother, sister) that has had colon or rectal cancer have increased chances of getting it. Anyone with one of these high-risk conditions should talk to their provider about screening before age 50, and should only be screened by colonoscopy because it offers direct visualization of the colon and rectum walls. Other tests like the fecal immunochemical test (FIT) or virtual colonoscopy (CT colonography) should be avoided in this group."

SCREENING OPTIONS

TEST CATEGORY	VISUAL TEST/CLINICAL ENDOSCOPIC PROCEDURE Allows doctors to see if there's any abnormalities inside of the colon			BLOOD TEST
TEST NAME	COLONOSCOPY	CT COLONOGRAPHY (VIRTUAL COLONOSCOPY)	FLEXIBLE SIGMOIDOSCOPY	SEPTIN 9 METHYLATED DNA TEST
DESCRIPTION	A doctor uses a colonoscope to view the entire colon and rectum, and remove any polyps. This screening method is considered the "gold standard" as it can identify polyps and remove them in the same procedure.	Air is pumped into the colon and a CT scan producing two and three-dimensional images of the colon and rectum allows the doctor to review for polyps or cancer, but he/she won't be able to see or remove polyps smaller than 5mm through this method. If abnormalities are found, your doctor will talk to you about the appropriate diagnostic procedure moving forward.	A doctor uses a sigmoidoscope to look at the sigmoid colon and the rectum, removing any visible polyps. Since less than half of the large intestine and all of the rectum can be seen with this method, it is often done in combination with the gFOBT or FIT test, which test for blood in the stool.	A blood test that can detect CRC. Approved only for patients over age 50 who avoid or are unable to undergo colonoscopy, FIT or gFOBT testing.
FREQUENCY	Every 10 years	Every 5 years	Every 5 years or in combination with FIT or gFOBT	Talk to health care provider
FINDS POLYPS	✓	✓	✓	✗
FINDS CANCER	✓	✓	✓	✗
REQUIRES PREP	✓	✓	✓	✗
REQUIRES STOOL SAMPLE	✗	✗	✗	✗
POLYPS REMOVED DURING TEST	✓	✗	✓	✗
ABNORMAL AREAS BIOPSIED	✓	✗	✓	✗
ENTIRE COLON VIEWED	✓	✓	✗	✗
DIETARY RESTRICTIONS	✓	✓	✓	✗
NOTES		*A non-invasive test*		*Can point health care provider to additional testing*

	STOOL-BASED TESTS/TAKE-HOME TESTS If your test result is positive, talk to your doctor about getting a diagnostic colonoscopy to figure out the cause of the bleeding			OTHER TEST
	FECAL OCCULT BLOOD TEST (gFOBT)	**FECAL IMMUNO-CHEMICAL TEST (FIT)**	**FIT-DNA**	**CAPSULE COLONOSCOPY**
	Detects blood that can't be seen by the naked eye occurring in or on bowel movements. Days before the test, avoid non-steroidal anti-inflammatory drugs (NSAIDs), like ibuprofen, certain red meats, and vitamin C. These can cause false-positive results. Test results of either "positive" or "negative" determine if bleeding is occurring; however, they don't indicate the cause.	Works like the gFOBT, but there are no drug or dietary restrictions. It may be better at detecting blood than the gFOBT.	Also known as Cologuard®, this stool DNA test looks for abnormal pieces of DNA in the stool, in addition to blood in the stool. A kit is provided and the stool sample is mailed to a lab that looks for abnormal DNA.	This test is approved for patients following an incomplete colonoscopy, or those who cannot receive a colonoscopy.
	Every year	Every year	Every 1-3 years	Capsule colonoscopy every 5 years (US Multi-Society Task Force)
	✗	✗	✗	✓
	✗	✗	✗	✓
	✗	✗	✗	✓
	✓	✓	✓	✗
	✗	✗	✗	✗
	✗	✗	✗	✗
	✗	✗	✗	✓
	✓	✗	✗	✓
	Can point health care provider to additional testing	*Can point health care provider to additional testing*	*Can point health care provider to additional testing*	*Generally not covered by insurance*

As of March 2019

IMPORTANCE OF FAMILY HISTORY

People with a family history of certain cancers or medical conditions (including colon polyps) may need to begin colonoscopy screening earlier and be tested more often. Talk to your family to find out if anyone has had polyps detected and removed during a colonoscopy. If you have been diagnosed with cancer, tell your family about it! Initiating a conversation about your rectum or colon can be uncomfortable, but if you have a family history of the disease, it could be a matter of life and death.

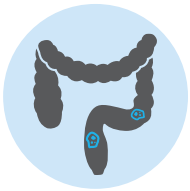
In addition to talking to your family, make sure your doctors know about your family health history.

FAMILY HISTORY GUIDELINES FROM THE MULTI-SOCIETY TASK FORCE

FAMILY HISTORY OF:	SCREENING RECOMMENDATIONS:
Lynch Syndrome	In families with a known Lynch syndrome gene mutation, it's recommended that family members who have tested positive, and those who have not been tested, start screening by colonoscopy in their early 20s, or 2 – 5 years younger than the youngest person in the family with a diagnosis (whichever is earlier). Testing should be done every 1 or 2 years.
Familial Adenomatous Polyposis (FAP)	Those who test positive for FAP should start being screened with colonoscopy in their teens.
CRC or advanced adenoma in TWO first-degree relatives diagnosed at ANY AGE **CRC or advanced adenoma in ONE first-degree relative YOUNGER than age 60**	Colonoscopy every 5 years beginning 10 years before the age at diagnosis of the youngest person diagnosed, or age 40 (whichever is earlier). For those with one first-degree relative with colorectal cancer in whom no significant abnormal growth appears by age 60, physicians can offer expanding the interval between colonoscopies.
CRC or advanced adenoma in ONE first-degree relative diagnosed AT OR OLDER than age 60	Begin screening at age 40 and use the same test recommendations and intervals that are used for average risk, see page 11.

In addition to talking to your family, make sure your doctors know about your family health history.

ALL ABOUT COLONOSCOPY



A colonoscopy is a procedure where a colonoscope (a thin, flexible tube) is inserted into the colon and guided all the way through to the cecum (where the colon begins and the small bowel ends). To get to the colon, the colonoscope is inserted through the rectum. The colonoscope has a digital camera and light attached to the end that allows doctors to see any abnormalities. This is why a colonoscopy is often referred to as a "direct visualization" test.

This procedure may sound scary—but it isn't. In fact, it can save your life.

Prior to the procedure, you will do a bowel preparation to clear out the colon. "Prep" is essentially a laxative, which means you'll spend a lot of time on the toilet. See page 17 for tips on prep. When you arrive to your doctor's office the day of your colonoscopy, you will likely be given a sedative to help you relax. While most people opt for the sedation, it is possible to have a colonoscopy without it. Talk to your doctor if you're interested in this.

During the colonoscopy, if any abnormal areas are seen, a doctor can take a biopsy immediately. If a polyp is seen, he/she can remove it. If a biopsy is taken, you will receive your results in a few days. Your doctor should go over your results with you once they arrive.

While colonoscopy is a safe procedure, there are some risks to consider. Some of these include: a bad reaction to the sedative; excess bleeding from the site where the biopsy or polyp was removed; and a perforation (tear) in the colon or rectum wall. All of these risks are very infrequent; however, you will go over these risks with your doctor and be asked to sign a consent to authorize the procedure. If you have any questions, don't hesitate to ask your doctor!

- **You will need a ride home.** Make sure a friend or family member can drive you home after your colonoscopy. If nobody is available, talk to your doctor about suggestions for how to get home. You will not be able to drive yourself.

When to call the doctor after a colonoscopy:

- **A temperature of 101° F or higher**
- **Severe abdominal pain or bloating**
- **Bleeding from your rectum that lasts more than 24 hours, or heavy bleeding**
- **Feeling very weak or nauseous**

COLONOSCOPY TIMELINE

ONE WEEK BEFORE	DAY BEFORE	DAY OF	DAY AFTER
Ask your health care provider any questions about the procedure. Make sure they know your current medications. Tell them if you take blood thinners or diabetes medications. You may need to adjust your medication prior to the colonoscopy.	The morning before your colonoscopy, prepare your medication (prep) exactly as instructed. Once prepared, you can put any liquid in the refrigerator and let it get cold.	If you took a split-dose prep, take the remaining half six hours prior to your exam. Your doctor will tell you what time to take this.	Avoid alcohol for 24 hours after your procedure.
Line up a ride. You're required to have someone to drive you home after your colonoscopy.	Don't eat! This day requires you to be on a liquid diet, free from any red, purple, or orange beverages.	Don't drink anything at least two hours prior to the procedure. *Double-check with your doctor about the time you should discontinue drinking.	Take it easy.
Kick some foods to the curb. About a week before your exam, begin a low-fiber diet—don't eat raw fruits or veggies, whole corn kernels, nuts, or seeds. This will help you empty your bowel during your prep.	Get everything together for tomorrow. Pack a list of the medications you take, any important medical information, your glasses, cell phone, and anything else you may need.	When you arrive at the office, you will check in, make payment (if applicable), and go through an intake that includes heart monitoring and blood pressure measurements.	Go back to your normal schedule 24 hours after procedure.
	In the evening, at the time specified by your doctor, begin your prep. Shortly after this, you'll find yourself in the bathroom a lot as your colon gets cleaned out.	After the exam, you will be monitored. It's normal to have cramps or feel slight discomfort after the procedure. You can eat again! Start slowly, with easy-to-digest foods since you haven't eaten for a day. Your doctor will tell you if there are any food items to restrict.	If you have any concerns after the procedure, follow up with your doctor.

WHAT'S THE FUSS ABOUT "PREP"?

Prep—it's one of the most dreaded steps of a colonoscopy. But, it is critically important your gastroenterologist gets a good look inside of your colon. If you don't have a thorough prep, your colon may not be clear of stool, which means your doctor can't see the walls of the colon clearly. If this happens, you may need to repeat the procedure.

Your have several prep brands to choose from, and it can get confusing to know which one to use. Your doctor will recommend what he/she prefers. The volume of prep that you'll need to drink depends on the brand, and it ranges from 10oz. to 128oz. It's worth noting that lower-volume preps need to be supplemented with a similar volume of water as the larger-volume preps. Basically, you'll be drinking a lot if you use a liquid prep! There are pill formula options as well, which also require large volumes of water to work effectively.

The cost of each prep differs. Talk to your doctor and your insurance company to figure out which option works best for you and your budget.

TIPS FOR IMPROVING COLON PREP:

1. **Plan.** Make sure your schedule is clear.
2. **Ice cold and straws.** Refrigerate your medication before you drink it, and try drinking it from a straw. Many people think this improves the taste.
3. **Hydrate yourself.** Drink clear liquids often—water, coconut water, electrolyte drinks.
4. **Follow the plan.** Your prep will come with instructions from your doctor. Follow the directions exactly so you can ensure a clean colon for your exam.
5. **Stay close to the bathroom.** Trust us.
6. **Don't get bored.** Keep a good book, movie, and magazine on hand.
7. **Splurge.** Get a hold of plush, soft toilet paper! This will be good to avoid irritation.

"I like to buy really soft toilet paper before the test, it helps (along with some Vaseline®) to tame the savage beast. I also find a cool wash cloth can help as well."

- Maria Williams
advocates in memory of her friend Belle

"Keep all liquids, especially the 'prep solution,' ice cold. It helps keep taste buds from having a field day. Have a good book in the bathroom—you will be spending plenty of time there! BUT, the prep for colonoscopy is WAY easier than chemotherapy! I know because I have been there."

- Elaine Newcomb
Stage IV survivor

COLON PREP SHOPPING LIST

We recommend stocking up on these items before you prep for a colonoscopy!

Coffee
(but only drink it black)

Sports drinks (not orange, purple, or red), coconut water, ginger ale

Tea

Moist wipes
and soft toilet paper

Apple juice
or white grape juice

A good book, movies, or magazines

Popsicles

Gelatin
(not purple or red)

Broth

ALL ABOUT STOOL TESTS

LET'S GET ONE THING STRAIGHT—you don't need to touch your poop to do a stool test. Stool tests are clean and easy.

Stool tests are typically done at home. Each comes with a set of instructions that are important to follow. Here's a brief look at how each test is unique:

TEST TYPE	gFOBT	FIT	FIT-DNA
NUMBER OF STOOL SAMPLES NEEDED	3	1	1
TEST LOOKS FOR	Occult (hidden) blood	Occult (hidden) blood	Occult (hidden) blood and altered DNA in cells shed into the stool
DIETARY RESTRICTIONS	✓	✗	✗

Generally, to perform the tests, you collect a stool sample and take it back to your doctor's office or mail it to be processed. Don't get hung up on providing your doctor with a perfect, pretty poop. Most people don't look at poop regularly. Don't feel embarrassed. You're not alone. Your doctors have seen a lot of stool. What your poop looks like doesn't matter, what matters is that you get the screening done.

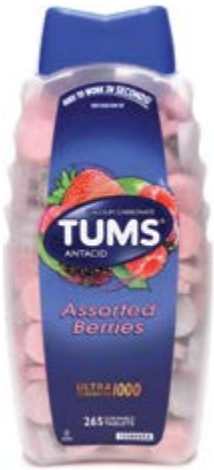
Get these tests from your health care provider. Do not buy over the counter or through an online forum.

For stool tests to work, you MUST do them regularly (annually or every three years, depending on the test). See page 11 to read up on the frequency of each test.

Here are some tips for take-home stool tests. Remember: tests are different—it is important to follow the included instructions.

- Flush the toilet before a bowel movement.
- Place something in the toilet to catch the stool. Some good examples include an empty plastic food container or a plastic bowl. You can even stretch a piece of plastic wrap over the toilet.
- For a FIT that comes with a "kit" (a brush and a card), brush the surface of the stool for a few seconds. Then, swab the appropriate spot on the test card for several seconds with the bristles of the brush. You can then throw the brush away as directed by the instructions included with the kit. Keep the kit with you because your doctor may ask for multiple samples.

IMPORTANT! DON'T TAKE THESE BEFORE A STOOL TEST.



COMMON QUESTIONS ABOUT STOOL TESTS

Q: What if I can't poop?

A: If you are constipated during the testing period, tell your doctor. He/she will give you tips to "move things along." According to Dr. May, "you can still complete a FIT when you are having constipation."

Q: What if it's gross?

A: Collecting a stool sample can be a clean and easy thing to do. If you have concerns or questions, talk to your doctor. Remember: this can be a life-saving activity. It is only a few moments of discomfort, and it is worth it.

Q: Will I have to touch my stool?

A: No. But, do a thorough hand washing after you are done.

"In 2011 at age 45, my doctor stated that because I would not be having a colonoscopy until I reached age 50, I should do a FIT instead. I agreed and took the test home from the doctor's office. I can still kick myself, because I waited three weeks before I sent it off, in fact, a call from my doctor's office inquiring if I'd turned it in prompted me to do so.

I had made excuses by saying, 'the next time I go to the bathroom, I'll do the test.' The FIT kit had everything I needed to make it as clean and sterile as possible to collect stool. Once it was collected, all I did was place a small sample on the test area (using the stick provided) and sent it off in the prepaid package for the laboratory to review."

– Wenora Johnson
Stage III survivor

PREVENTIVE VS. DIAGNOSTIC

IT'S IMPORTANT TO KNOW THE DIFFERENCE BETWEEN preventive and diagnostic screening.

Preventive screening is for patients within the screening age who are considered average risk. (See page 9.) For this group, you have many options when it comes to getting your screening test done. If you go for a routine screening and there is no need for a biopsy or polyp removal, this is called a preventive screening.

If you are in the office for a preventive screening and polyps are found, or a biopsy is needed, the test changes from preventive to diagnostic. This could have implications for cost. Talk to your insurance company and your doctor about what this means for your colonoscopy and payment.

Diagnostic screening occurs when a patient is experiencing signs and symptoms of colorectal cancer. This can apply to anyone at any age.

"It is really important for patients to know if they are getting screened for prevention or for a diagnostic reason. This distinction can impact the type of screening someone receives as well as cost associated with the screening."

– Sharyn Worrall, MPH

Senior Manager of Education and Research, Fight Colorectal Cancer

HOW TO FIND A GASTROENTEROLOGIST (GI)

A GASTROENTEROLOGIST IS A DOCTOR WHO HAS received dedicated training in managing diseases of the gastrointestinal tract and the liver. Gastroenterology is the study of the esophagus, stomach, small intestine, colon and rectum, pancreas, gallbladder, bile ducts, and liver.

These doctors often diagnose and treat patients with conditions such as colon polyps and cancer, hepatitis, gastroesophageal reflux (heartburn), peptic ulcer disease, colitis, gallbladder and biliary tract disease, nutritional problems, irritable bowel syndrome (IBS), and pancreatitis.

To find a GI, visit the American College of Gastroenterology website: ***https://patients.gi.org***

When you're selecting a GI to perform your colonoscopy, the Multi-Society Task Force and others recommend you ask the following questions to ensure you get a thorough exam:

- What is your adenoma detection rate? (should be ≥25% overall or ≥30% for male patients and ≥20% for female patients)
- What is your cecal intubation rate? (this rate measures the completeness of a colonoscopy and should be ≥95% for screening colonoscopies and ≥90% overall)
- Do you use split-dosing of bowel preparations? (effective bowel preparation requires that at least half of the preparation is ingested on the day of the colonoscopy)

LIFESTYLE AND DIET FOR PREVENTION

WHILE SCREENING IS THE MOST IMPORTANT WAY to prevent colorectal cancer, there are also lifestyle changes that can reduce your risk for polyps and colorectal cancer.

- GET screened

- STOP smoking. If you aren't a smoker, don't start!

- REDUCE the amount of meat you eat

- EAT a healthy, well-balanced diet full of fruits, vegetables, and whole grains

- DON'T overdo it with alcohol

- EXERCISE regularly. It is recommended to get 2 hours and 30 minutes of moderate physical activity OR 1 hour and 15 minutes per week of vigorous activity, in addition to incorporating strength training 2x per week.

LOOKING FOR LOW-COST PAYMENT OPTIONS?

NOT HAVING INSURANCE IS ONE REASON PEOPLE MAY skip their screening. Luckily, there are a few ways to go about finding a free or low-cost colonoscopy.

- If you're over age 50, check the Center for Disease Control and Prevention's Colorectal Cancer Control Program (CRCCP) to see if you're eligible for free screening
- Visit Colonoscopy Assist to see if they have any options that work for you. ***https://colonoscopyassist.com/***
- Call your local health department to ask if there is a state-funded program
- Ask your primary care physician if they know of a gastroenterologist who provides services to underinsured or uninsured
- During CRC awareness month in March, many GIs offer reduced-cost or free colonoscopies
- Search online to see if there are any federally-qualified health centers offering low-cost colorectal cancer screening options

WHAT IF THERE'S A POSITIVE RESULT?

Not all positive tests mean you have polyps or cancer.

If you had a positive stool test, CT colonography, or blood test, the next step is a colonoscopy to evaluate the positive result. This will be considered a diagnostic colonoscopy.

If you have a colonoscopy and polyps are detected, your doctor will remove them and likely send them away for a biopsy.

WE ARE HERE FOR YOU.

If the biopsy is positive for colorectal cancer, you will need to schedule recommended follow-ups and talk to your health care provider about who to include on your cancer treatment team.

If cancer is found, you can rest assured there are resources to help you with a variety of things including making treatment decisions, understanding terminology, working through anxiety and fear, and more.

There are even resources for your caregivers and loved ones. It is always a good idea to seek a second opinion at any time. For more information and a step-by-step guide for a late-stage colorectal cancer diagnosis, download our ***Your Guide in the Fight.***

FightCRC.org/Guide

If cancer is found, tell your family members what kind of cancer you have. This may affect when and how they need to be screened.

WHO MAKES THE GUIDELINES?

There are a handful of organizations that publish CRC screening guidelines. These include:

1. **U.S. Multi-Society Task Force on Colorectal Cancer**
   American Gastroenterological Association (AGA), American Society for Gastrointestinal Endoscopy (ASGE), and American College of Gastroenterology (ACG)
   Screening recommended at age 45 (for African Americans) or 50–75. People who have never been screened should talk to their doctors about screening up to age 85, depending on their overall health.

2. **American Cancer Society (ACS)**
   The ACS recommends that adults aged 45 years old undergo regular screening through the age of 75. They recommend CRC screening decisions be individualized for people age 76-85 based on patient preferences, life expectancy, health status, and prior screening history.

3. **United States Preventive Services Task Force (USPSTF)**
   The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. The decision to screen for colorectal cancer in adults aged 76-85 years should be an individual one, considering the patient's overall health and prior screening history.

continued ▶

4. **National Comprehensive Cancer Network (NCCN)**
   CRC screening is recommended in adults ages 50–75 years. The decision to screen between ages 76–85 should be individualized, and include a discussion of the risks and benefits based on comorbidity status and estimated life expectancy.

Who's involved in making the guidelines?

Screening guidelines are developed by a group of experts from a variety of medical fields using the most up-to-date and relevant data. This includes oncologists, gastroenterologists, epidemiologists, public health professionals, biostatisticians, and others.

Why are the screening guidelines different?

Screening guidelines vary slightly because each organization follows different models and methods of decision making. All of these organizations support talking to your doctor at any age about colorectal cancer screening. They all recognize there are multiple ways of getting screened.

Links to guidelines:

Multi-Society Task Force: *https://gi.org*
ACS: *https://www.cancer.org*
USPSTF: *https://www.uspreventiveservicestaskforce.org*
NCCN: *https://www.nccn.org*

"Cancer screening guidelines for both the average-risk population and those who are at increased and high risk are essential. For survivors of colorectal cancer, one of the biggest reasons for a recurrence is not following screening guidelines after being diagnosed. In addition, knowing the screening recommendations can save your family members' lives—those who may be at increased risk. This is also true of those at high risk because of genetic and familial syndromes. With more exposure about screening guidelines, we are seeing vast improvement of screening rates among people in their later 50s and older. We are getting closer to goals such as '80% in Every Community,' but we have a lot of work to do with people in their early 50s. The new ACS guidelines give an opportunity to start screening, or at a minimum the discussion about screening, with patients at age 45. There are great options and the science is growing to help us better pinpoint who should be screened with even more precise screening modalities."

- Andrea (Andi) Dwyer, Director of Health Promotion, Fight Colorectal Cancer

FOR MORE INFORMATION & SUPPORT

Fight Colorectal Cancer is a trusted, nonprofit advocacy organization dedicated to empowering patients to be their own health advocates. For more resources, or to get involved, visit ***FightCRC.org***

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RESOURCES

To download or request print materials, go to ***FightCRC.org/Resources***

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