| PATIENT RESOURCE |

COLORECTAL CANCER SCREENING GUIDE

NEBRASKA HEALTH NETWORK | METHODIST | Nebraska Medicine

WHAT IS COLORECTAL CANCER

Colorectal cancer starts in the colon or rectum and can also be referred to as colon or rectal cancer. It is the third most common cancer and the second most common cause of cancer-related death in the United States. About 5% of people will develop colorectal cancer in their lifetime.

Because colorectal cancer is so common, and the survival rate is high when caught early, screenings are extremely important and should start as early as age 45 if you are of average risk.

HOW DOES COLORECTAL CANCER START?

Most colorectal cancers start as a growth on the inner lining of the colon or rectum. These growths are called polyps. Some polyps can change into cancer over time, but not all polyps become cancer.

SIGNS AND SYMPTOMS

Colorectal cancer does not always show signs right away, but if it does, it may cause one or more of the following:

- A change in bowel habits, such as diarrhea, constipation or narrowing of the stool, that lasts for more than a few days
- A feeling that you need to have a bowel movement that is not relieved by having one
- Rectal bleeding with bright red blood
- Blood in the stool, which might make the stool look dark brown or black
- Cramping or abdominal pain
- Weakness and fatigue
- Unintended weight loss

RISK FACTORS

Risk factors increase the likelihood that you will get a disease; however, they do not guarantee that it will develop.

Factors You Can Control

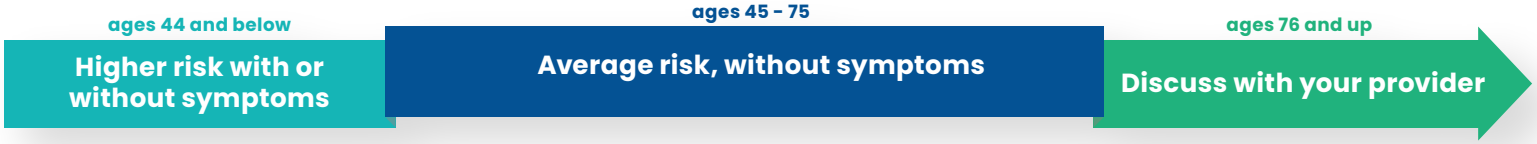
- Obesity
- Lack of physical activity
- Certain types of diets such as ones high in red meat or having low levels of Vitamin D
- Smoking
- Alcohol Use

Factors Outside of Your Control

- 45 Age, colorectal cancer is more common after the age of 45
- Personal history of polyps, colorectal cancer or inflammatory bowel disease
- Family history of colorectal cancer or adenomatous polyps (the type of polyps that develop into cancer)
- Racial and ethnic background: American Indian, Alaskan Native and African Americans have the highest rates of colorectal cancer
- Type 2 diabetes
- A confirmed or suspected hereditary colorectal cancer syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC)

WHEN TO START GETTING SCREENED

If you are of average risk, without symptoms, your provider may recommend a stool-based test starting at age 45. If you are in good health with a life expectancy of more than 10 years, you should continue regular colorectal cancer screenings through the age of 75. Patients over the age of 76 should discuss options with their provider. Individuals at increased risk might need to begin screenings before the age of 45.



SCREENING

There are several test options available for colorectal cancer screening. Two of the most common forms are stool-based tests and visual exams. **Regardless of which test you choose; the most important thing is to get screened.**

STOOL-BASED TESTS

These tests check the stool for signs of cancer. They are less invasive than visual exams but may need to be conducted more frequently. Stool-based tests can be done at home, but if the results are abnormal, you will still need a visual exam to see if you have cancer.

VISUAL EXAMS

Colonoscopies are the gold standard for finding and removing polyps. This is especially true if you have a personal history of polyps and/or colon cancer. In this exam, the provider looks at the entire length of the colon and rectum with a colonoscope, which is a flexible tube with a small camera on the end.

CHOOSING THE BEST SCREENING TEST FOR YOU

It is important to talk to your provider about when to start colorectal screening and which test is best for you. Please keep in mind that some screening tests are not appropriate for high risk individuals. You will also want to check with your insurance carrier for pricing and coverage options.

Test/Frequency	Screening Type	Benefits	Considerations
Colonoscopy Every 10 Years	Moderately invasive procedure	• Visual examination of the entire colon • Can remove polyps and take biopsies • Other diseases can be detected • Most comprehensive screening	• Full bowel prep • Small risk of tears, infection or bleeding
Flexible sigmoidoscopy Every 5 Years	Minimally invasive procedure	• Visual examination of the last part of the colon • Minimal bowel prep • Can remove small polyps and take biopsies • Fairly quick procedure	• Views only a small portion of the colon • Small risk of tears, infection or bleeding • **A colonoscopy is needed if the results are abnormal**
CT colonography Every 5 Years	Non-invasive procedure	• Visual examination of the entire colon • Sedation is usually not used • Safer for patients taking blood-thinning medications	• Full bowel prep needed • Can miss small polyps and polyps cannot be removed during the exam • Some false-positive results • **A colonoscopy is needed if the results are abnormal**
Fecal immunochemical test (FIT) Every 3 Years	Stool sample	• No bowel prep • Preformed at home • Looks for blood and DNA changes in the stool	• Can miss polyps • Can have false-positive results • **A colonoscopy is needed if the results are abnormal**
Fecal Occult Blood Test Every Year	Stool sample	• No bowel prep • Preformed at home • Looks for blood in the stool	• Nonbleeding polyps can be missed • Can have false-positive results • **A colonoscopy is needed if the results are abnormal**

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