Considering Your Options for Colorectal Cancer Screening
Understanding Colorectal Cancer

Colorectal Cancer

Cancer is a disease in which cells in the body grow out of control. When cancer starts in the large intestine (colon) or rectum, it is called colorectal cancer. Colorectal cancer is the second leading cause of cancer death in the United States.

Most colorectal cancers develop in certain types of colon polyps. Polyps are extra tissue growths inside your body. About 4 in 10 men and 1 in 4 women develop polyps.

Most polyps are not cancerous (benign). Many times, polyps that are smaller than peas do not cause problems. Larger polyps may be cancer (malignant) or turn into cancer. Removing polyps is a way to prevent cancer from developing.

Screening

Screening is the process of looking for polyps or signs of cancer (cancerous polyps, abnormal tissue, abnormal DNA, blood in your stool that you cannot see).

Screening lowers your risk of dying. All your screening options can lower your risk of dying from colorectal cancer because this cancer can be:

- prevented if benign polyps are removed
- treated if it is found early and removed.

Which screening option is best for you is a personal decision.

Did You Know?

Your health care provider will recommend you start screening at age 50 if you have average risk for colorectal cancer. If you have a higher than average risk, talk with your health care provider about when to start screening. (See page 3.)

Cancer that starts in the colon or rectum is called colorectal cancer.
Your Risks for Developing Colorectal Cancer

Your Risks

One in 20 people who have average risk for colorectal cancer will develop this cancer in his or her lifetime.

Certain risks increase your chance of developing colorectal cancer. There are some risks you cannot control and others you can control.

Risks you cannot control:
- being age 50 or older. Colorectal cancers occur most often in people age 50 or older. Your risk increases as you age.

Risks you can control:
- being obese
- drinking 2 or more alcohol drinks each day
- eating processed meats (luncheon meats, bacon, hot dogs)
- eating more than 6 servings (18 ounces total) of red meat each week. One serving is 3 ounces or about the size of a deck of cards. Examples of red meat include ground beef and pork.
- using tobacco.

Screening Save Lives From Colorectal Cancer Deaths

If you have an average risk for colorectal cancer, your health care provider will recommend you start screening at age 50. You may choose to use one of the screening options on pages 4 and 5 to help check for signs of colorectal cancer.

Screening can reduce deaths from colorectal cancer by 30 percent.

Screening finds cancers early or helps prevent them. Making lifestyle changes (such as eating better and not using tobacco) can also help prevent cancers.

Your Risks and Screening Options

Talk with your health care provider about your risk level. Together, you both will decide which screening option is right for you. The most important decision is to get screened.

Which screen you decide on will be based on:
- your risk of developing colorectal cancer
- the benefits and risks of each option
- your values and preferences.

Important

You have a higher than average risk for colorectal cancer if you:
- are an African-American man or American Indian man
- have a close family member who had colon cancer, especially before age 60 (including grandparent, parent, brother, sister, aunt, uncle or child) or several family members who have had colon cancer at any age
- have colon polyps
- have inflammatory bowel disease (ulcerative colitis, Crohn’s disease)

If you have a higher than average risk for colorectal cancer, your health care provider will recommend you have a colonoscopy (see description on page 4).
Screening Options

Colonoscopy (Every 10 Years)

A colonoscopy is a procedure used to check for colon disease, including cancer. For people who have average risk, it is done every 10 years.

During this procedure, a thin, flexible tube (a colonoscope) with a tiny camera on the end is passed into your colon through your rectum. Your health care provider will watch the video on a computer screen to see the entire colon (rectum, sigmoid colon, descending colon, transverse colon and ascending colon).

You will be given a light sedation through an intravenous (IV) line to help you relax and reduce your pain.

If your health care provider finds abnormal tissue, he or she may take a small tissue sample (biopsy) through the colonoscope. A biopsy is not painful. The sample will be sent to the lab for testing.

If your health care provider finds any polyp, he or she may remove it (polypectomy) through the colonoscope. A polypectomy is not painful. The polyp will be sent to the lab for testing.

Some polyps are adenomas, which may turn into colon cancer. If you have an adenoma you will need colonoscopies for future screening.

The colonoscopy may not be a safe option if you:

- have bleeding problems after surgery or dental work
- are pregnant or may be pregnant.

iFOBT (Every Year)

An iFOBT is a test that looks for tiny amounts of blood in your stool that you cannot see. If blood is found in your stool, it may be an early sign of colorectal cancer. This test is also called a FIT.

You will be given the test to use at home. When you have a bowel movement, you will use a sampling brush to collect a sample by scraping the surface of the stool. You will not need to touch the stool.

You will need to give the sample(s) to the lab for testing within 2 weeks. You can bring the sample(s) to the lab or mail it in. You should have the iFOBT test every year.

If the test is positive, you will need a colonoscopy.
Screening Options (continued)

FIT-DNA (Every 1 to 3 Years)

A FIT-DNA test is an iFOBT that also looks for abnormal DNA in your stool. If abnormal DNA is found in your stool, it may be an early sign of colorectal cancer. This test is also called a stool DNA test (sDNA). You may have this test done every 1 to 3 years.

You will be given the test to use at home. When you have a bowel movement, you will get a sample by collecting an entire stool. You will not need to touch the stool.

You will need to mail the sample to the lab for testing within 2 weeks.

If the test is positive, you will need a colonoscopy.

Other Options

There are other effective options besides colonoscopy or iFOBT but they are not done as often at Allina Health.

Flexible Sigmoidoscopy (Every 5 Years)

A flexible sigmoidoscopy is an exam used to check for colon disease, including cancer. This exam is done every 5 years.

During this exam, a thin, flexible tube (a sigmoidoscope) with a tiny camera on the end is passed into your colon through your rectum. It does not check the entire colon — only the lower colon. Your health care provider will watch the video on a computer screen to see the lower one-third of your colon (rectum, sigmoid colon and descending colon).

If the test is positive, you will need a colonoscopy.

Flexible Sigmoidoscopy (Every 5 Years) With the iFOBT (Every Year)

You may have a flexible sigmoidoscopy (see above) every 5 years and the iFOBT (see page 4) every year.

If the test is positive, you will need a colonoscopy.

Computerized Tomography (CT) Colonography (Every 5 Years)

A CT colonography is an exam that checks the lining of your colon for any polyps or signs of cancer. This exam is done every 5 years.

This exam is done by using X-ray and a computer to get an in-depth look at your colon. You will have a thin, flexible tube placed in your rectum to fill your colon with air.

If the test is positive, you will need a colonoscopy.
## Comparing Your Options

<table>
<thead>
<tr>
<th></th>
<th>Colonoscopy</th>
<th>iFOBT</th>
<th>FIT-DNA (every 1 to 3 years)</th>
</tr>
</thead>
</table>
| **Accuracy of screening** | ■ This screening option is the least likely to miss signs of cancer.  
■ Removing a polyp can prevent cancer. | ■ Five out of 100 people have a false-positive result.  
(This means the test is positive but a follow-up colonoscopy finds no problems.)  
■ Twelve in 100 tests may miss a cancer each year.  
■ A colonoscopy will be needed when there is an “abnormal” test. | ■ Thirteen out of 100 people have a false-positive result.  
(This means the test is positive but a follow-up colonoscopy finds no problems.)  
■ Eight in 100 tests may miss a cancer.  
■ A colonoscopy will be needed when there is an “abnormal” test.  
■ When done every year, there are more cancers found and more false-positives that need colonoscopies. |
| **Signs of cancer that are checked** | Cancers and polyps are seen through the scope. | The test checks for cancer or polyps that may be bleeding. | This test checks for cancers and polyps. |
| **Risks of screening** | ■ A bad (adverse) reaction to the sedative used during the exam is possible.  
■ Bleeding from the site where a tissue sample (biopsy) was taken or a polyp or other abnormal tissue was removed is possible. This affects 8 in 10,000 people.  
■ A tear in your colon or rectum wall (perforation) is possible. This affects 4 in 10,000 people. This risk increases with age. | ■ Risk of missing cancers or polyps.  
■ Risk of needing a colonoscopy if you get a positive test.  
■ Risk that insurance may not cover all of the cost of the colonoscopy.  
■ Risk of not finding cancer if you do not have the test every year. | ■ Risk of missing cancers or polyps.  
■ Risk of needing a colonoscopy if you get a positive test.  
■ Risk that insurance may not cover all of the cost of the colonoscopy.  
■ Risk of not finding cancer if you do not have the test every 1 to 3 years. |
## Comparing Your Options (continued)

<table>
<thead>
<tr>
<th>Prep (cleansing your colon)</th>
<th>Colonoscopy</th>
<th>iFOBT</th>
<th>FIT-DNA (every 1 to 3 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ Your health care provider will give you directions about what and when you can eat, drink and how to cleanse your colon. Follow these directions for 1 day before your exam.</td>
<td>None.</td>
<td>None.</td>
<td>None.</td>
</tr>
<tr>
<td>■ You will need to go to the bathroom often. Plan to stay home during this cleanse.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ The most common side effects are bloating, nausea (upset stomach), vomiting (throwing up), chills, abdominal (belly) pain, diarrhea (loose stools) and anus irritation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discomfort of screening</th>
<th>Colonoscopy</th>
<th>iFOBT</th>
<th>FIT-DNA (every 1 to 3 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ You may have short-term discomfort (cramping and gas-like pain).</td>
<td>None unless you need a colonoscopy (if your test is positive).</td>
<td>None unless you need a colonoscopy (if your test is positive).</td>
<td></td>
</tr>
<tr>
<td>■ You will be given a light sedation through an intravenous (IV) line to help you relax. You will need someone to drive you home after the procedure. You will not be able to drive or go to work for the rest of the day.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>How often and where you have the screening</th>
<th>Colonoscopy</th>
<th>iFOBT</th>
<th>FIT-DNA (every 1 to 3 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ Screening, in general, is every 10 years.</td>
<td>Screening is every year.</td>
<td>Screening is every year.</td>
<td></td>
</tr>
<tr>
<td>■ You will have the screen at a hospital or clinic.</td>
<td>You use the test at home.</td>
<td>You use the test at home.</td>
<td></td>
</tr>
</tbody>
</table>
## My Preferences

To help you compare the options, check the box to show how important each item is to you.

<table>
<thead>
<tr>
<th></th>
<th>Important part of my decision</th>
<th>Not an important part of my decision</th>
<th>I am not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>How important is it to have a test that can remove polyps as well as find them?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>How important is it to have a test that is done once every 10 years as opposed to every 1 year?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If I have a positive test and need a colonoscopy, how important is the cost of that test? Insurance may not cover a colonoscopy for a positive test the same as it would for a screening colonoscopy.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Which test is least like to miss a polyp?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If I want to have a flexible sigmoidoscopy, flex sig with the iFOBT or a computed tomography (CT) and it is not offered through Allina Health, am I willing to travel or pay for it myself?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do I mind having to do a colon prep? (Prep is needed for a colonoscopy, flexible sigmoidoscopy and a CT colonography.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>For screens other than colonoscopies: If my screen is positive, do I understand that I need a follow-up colonoscopy?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### My Decision at This Time

- ☐ Colonoscopy
- ☐ FIT-DNA (every 3 years)
- ☐ FIT-DNA (every year)
- ☐ CT colonography
- ☐ Flexible sigmoidoscopy
- ☐ Flexible sigmoidoscopy and iFOBT
- ☐ No screen
- ☐ Undecided
# Next Steps

## Questions for Your Health Care Provider

1. What is my risk level for colorectal cancer?

2. When should I consider starting colorectal cancer screenings?

3. Are all these screening options safe for me?

4. How rare or common are the risks for the screening I prefer?

5. How likely am I to benefit from the screening I prefer?

6. What location(s) offer the screening option I prefer?

7. Aside from screenings, what can I do to check for and prevent colorectal cancer?

8. When do I need to decide which screening option I will have?

9. What is the next step for me?

10. Other questions: ________________________________

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## Notes

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Next Steps

Questions for Your Insurance Provider

It is important for you to understand your health care benefits as you make your screening decision.

Call your insurance provider and find out exactly what is and is not covered under your plan, and how much you have to pay yourself. Look for the telephone number on your membership card.

Your health care provider’s recommendation for services does not guarantee coverage by your insurance provider. Free and low-cost screenings are available for people with little or no insurance. Call the American Cancer Society at 1-800-227-2345 for more information.

1. Which colorectal cancer screening options are covered?

2. Are there specific requirements or criteria that my screening or I must meet to receive coverage?

3. Which health care providers are in network?

4. How much will I need to pay for this screening?

5. If a polyp or abnormal tissue is found and a sample is taken during the screening, how much will I need to pay for the lab to test this sample?

6. If a polyp or abnormal tissue is found and I need a procedure, how much will I need to pay for that procedure?

7. Other questions and notes: ____________________________

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