

# COLORECTAL CANCER SCREENING CAN HELP SAVE LIVES<sup>1</sup>



If you're **45 or older** and at average risk of colorectal cancer, you should consider getting **screened for colorectal cancer**. Several types of tests can be used, and no matter which test you choose, the **most important thing is to get screened**.<sup>1,2\*</sup>

## COLORECTAL CANCER: THE BASICS

Most **colorectal cancers** begin as a **“polyp”** (abnormal growth) in the **colon** or **rectum**.<sup>3</sup>

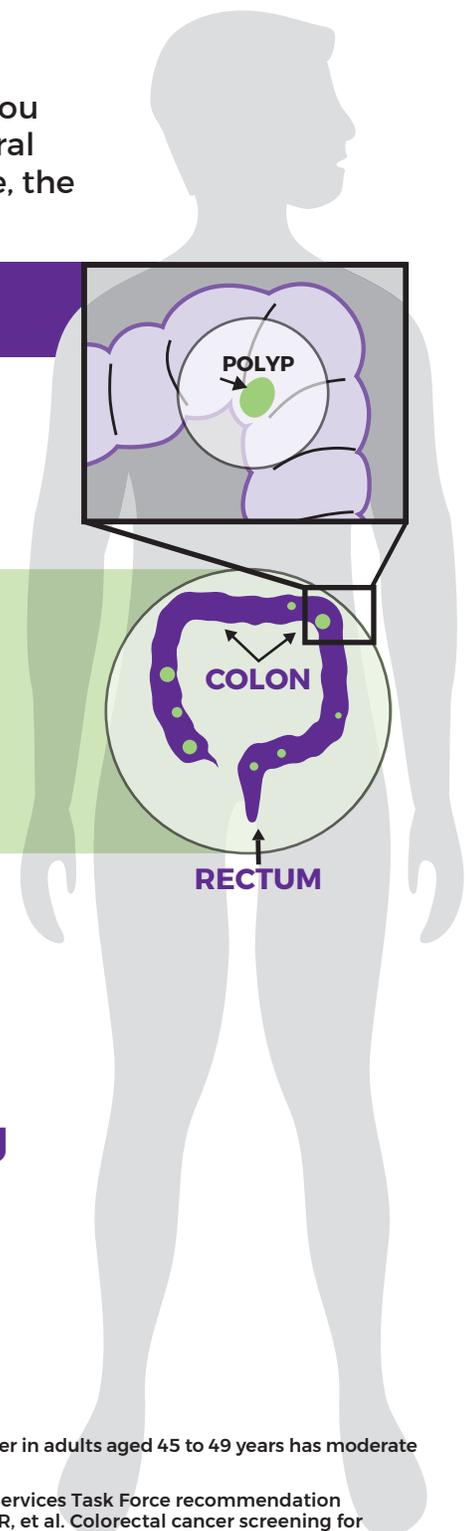
When **cancer** starts in the **colon** or the **rectum**, it is called **colorectal cancer**. These cancers can also be called **colon cancer** or **rectal cancer**, depending on where they begin.<sup>3</sup>

Some types of **polyps** can **change into cancer** over time, but not all polyps become cancer. Removing polyps is a way to **prevent cancer** from developing.<sup>3</sup>

**Colorectal cancer is the second-leading cause of death from cancer in the United States, yet it can be prevented when detected at an early stage.**<sup>4,5</sup>

\*The US Preventive Services Task Force concludes with moderate certainty that screening for colorectal cancer in adults aged 45 to 49 years has moderate net benefit (Grade B).<sup>1</sup>

**References:** 1. Davidson KW, Barry MJ, Mangione CM, et al. Screening for colorectal cancer: US Preventive Services Task Force recommendation statement. *JAMA*. 2021;325(19):1965-1977. doi: 10.1001/jama.2021.6238 2. Wolf AMD, Fontham ETH, Church TR, et al. Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society. *CA Cancer J Clin*. 2018;68(4):250-281 3. Centers for Disease Control and Prevention (CDC). Colorectal cancer screening saves lives. CDC Publication #99-6948. Revised April 2017. Accessed May 12, 2021. [https://www.cdc.gov/cancer/colorectal/pdf/sfl\\_brochure.pdf](https://www.cdc.gov/cancer/colorectal/pdf/sfl_brochure.pdf) 4. Siegel RL, Miller KD, Fuchs HE, Jemal A. Cancer Statistics, 2021. *CA Cancer J Clin*. 2021;71(1):7-33. doi:10.3322/caac.21654 5. American Cancer Society. Colorectal Cancer Facts & Figures 2020-2022. Atlanta: American Cancer Society; 2020.



# COLORECTAL CANCER RISK FACTORS

Certain factors can increase your risk of developing colorectal cancer. There are some risk factors you can't control and others that you can control.<sup>1</sup>

## RISK FACTORS



Colorectal cancer is on the rise in people younger than 50<sup>2</sup>



African American adults have the highest colorectal cancer incidence and mortality rates of all racial groups in the United States<sup>1</sup>



Family history of colorectal cancer<sup>1\*</sup>



Past colon polyps or past colon or rectal cancer<sup>1\*</sup>



Inflammatory bowel disease (ulcerative colitis, Crohn's disease)<sup>1\*</sup>



Inherited syndromes, family cancer syndromes (eg, Lynch syndrome, familial adenomatous polyposis [FAP])<sup>1\*</sup>

**\*If you have any of these risk factors, you may be at higher risk for developing colorectal cancer and should ask your healthcare provider about colorectal cancer and screening options that may be available to you. If you do not have these risk factors, you may be at average risk and should ask your healthcare provider about possible screening options available to you.<sup>3</sup>**

## SCREENING CAN HELP LOWER YOUR RISK OF DEVELOPING COLORECTAL CANCER. HERE ARE SOME FACTORS YOU CAN CONTROL<sup>1</sup>:



Participate in regular colorectal cancer screenings



Keep a healthy diet that is high in vegetables and fruits



Remain at a healthy weight



Be physically active



Don't smoke

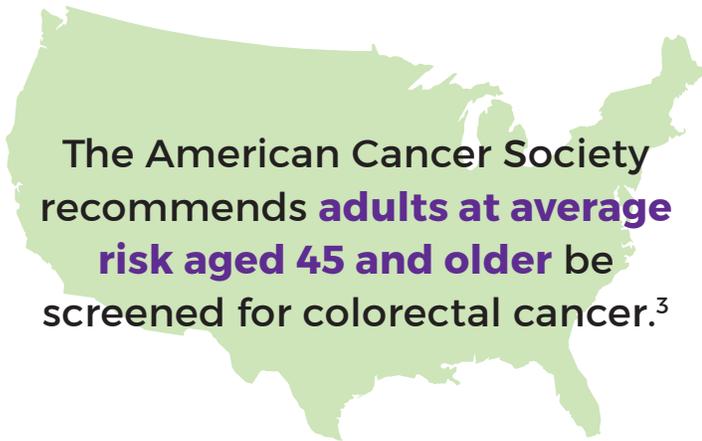


Limit alcohol

**References:** 1. American Cancer Society. Colorectal Cancer Facts & Figures 2020-2022. Atlanta: American Cancer Society; 2020. 2. Siegel RL, Miller KD, Goding Sauer A, et al. Colorectal cancer statistics, 2020. *CA Cancer J Clin.* 2020;70(3):145-164. doi:10.3322/caac.21601 3. Wolf AMD, et al. Colorectal Cancer Screening for Average-Risk Adults: 2018 Guideline Update From the American Cancer Society. *CA Cancer J Clin.* 2018;68(4):250-281.

## COLORECTAL CANCER SCREENING

WHEN CAUGHT IN EARLY STAGES\* **90%** survive **5 YEARS**<sup>1,2†</sup>  
*of patients*



SCREENING IS THE PROCESS OF LOOKING FOR POLYPS OR SIGNS OF CANCER SUCH AS<sup>4</sup>:

- Cancerous polyps
- Abnormal tissue
- Abnormal DNA
- Blood in the stool that may not be visible

YOUR RISK OF COLORECTAL CANCER **increases** AFTER THE AGE OF



SCREENING CAN LEAD **to a reduction in** COLORECTAL CANCER **DEATHS**<sup>6</sup>

\*Based on people diagnosed with colorectal cancer in stage I, stage IIa, or stage IIb between 2010 and 2016.<sup>1</sup>

†**Localized:** There is no sign that the cancer has spread outside of the colon or rectum. This includes American Joint Committee on Cancer (AJCC) stage I, IIa, and IIb cancers. **Regional:** The cancer has spread outside the colon or rectum to nearby structures or lymph nodes. This includes stage IIc and stage III cancers in the AJCC system. **Distant:** The cancer has spread to distant parts of the body such as the liver, lungs, or distant lymph nodes. This includes stage IV cancers.<sup>2</sup>

**References:** **1.** Siegel RL, Miller KD, Fuchs HE, Jemal A. Cancer Statistics, 2021. *CA Cancer J Clin.* 2021;71(1):7-33. doi:10.3322/caac.21654 **2.** American Cancer Society. Survival Rates for Colorectal Cancer, by Stage. Accessed June 23, 2021. <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/survival-rates.html> **3.** Wolf AMD, et al. Colorectal Cancer Screening for Average-Risk Adults: 2018 Guideline Update From the American Cancer Society. *CA Cancer J Clin.* 2018;68(4):250-281. **4.** Centers for Disease Control and Prevention (CDC). Colorectal cancer screening saves lives. CDC Publication #99-6948. Revised April 2017. Accessed May 12, 2021. [https://www.cdc.gov/cancer/colorectal/pdf/sfl\\_brochure.pdf](https://www.cdc.gov/cancer/colorectal/pdf/sfl_brochure.pdf) **5.** Siegel RL, Miller KD, Goding Sauer A, et al. Colorectal cancer statistics, 2020. *CA Cancer J Clin.* 2020;70(3):145-164. doi:10.3322/caac.21601 **6.** Davidson KW, Barry MJ, Mangione CM, et al. Screening for colorectal cancer: US Preventive Services Task Force recommendation statement. *JAMA.* 2021;325(19):1965-1977. doi: 10.1001/jama.2021.6238

# MYTHS ABOUT COLORECTAL CANCER SCREENING<sup>1</sup>

**“Nobody in my family has a history of colorectal cancer, so I don’t need to be screened.”**

**FACT:**  
Most colorectal cancers are found in people without a family history of colorectal cancer. Those with a family history are at higher risk.

**“Colorectal cancer is not that common.”**

**FACT:**  
Colorectal cancer is the second-leading cause of cancer-related deaths in the United States.

**“Screening is too expensive.”**

**FACT:**  
Most screening tests are covered by insurance, including Medicare. There are also low-cost screening options.

**“If my stool looks normal, I should be fine.”**

**FACT:**  
You can have colorectal cancer or polyps even if your stool looks normal.

**“Having a colonoscopy is the only way to get screened.”**

**FACT:**  
There are several different screening tests available.

## CONSIDERATIONS WHEN CHOOSING A TEST: WHAT ARE YOUR CONCERNS?

**TALK TO YOUR HEALTHCARE PROVIDER ABOUT WHICH CONCERNS ARE MOST IMPORTANT TO YOU.**

I am concerned about the time testing will take.	I am concerned about the inconvenience.	I am concerned about the cost.	I am concerned about the side effects.	I am concerned about the accuracy.
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**Reference: 1.** American Cancer Society. Understanding colorectal cancer screening: colorectal cancer screening: which test is right for you? Published 2018. Accessed and downloaded June 17, 2019. <https://www.cancer.org/content/dam/cancer-org/cancer-control/en/booklets-flyers/colorectal-cancer-screening-which-test-is-right-for-you.pdf>

## TYPES OF VISUAL TESTS\*

- Visual tests allow your healthcare provider to look inside your colon and rectum
- Typically, the day before a visual test, you may need to prep your colon so that it is empty

### **COLONOSCOPY (How often: every 10 years)<sup>2</sup>**

- This test uses a tube with a tiny camera to look for cancer and remove polyps if present inside your colon and rectum. Sedation is usually needed, in which case you will need someone to drive you home<sup>1</sup>
- You may need to take 1 or 2 days off work<sup>1</sup>
- Most insurance plans, including Medicare, cover this screening test. Check with your insurance company about your coverage<sup>1</sup>

### **FLEXIBLE SIGMOIDOSCOPY (FS) (How often: every 5 years)<sup>2</sup>**

- This test uses a tube with a tiny camera to look for polyps and cancer in the lower part of your colon and rectum. The day of the test, you should empty your colon and rectum, which may cause diarrhea (watery stool)<sup>1</sup>
- Patients do not usually get medication during this test, and some may feel pressure and cramping<sup>1</sup>
- You may need to take a day or half day off work to prepare and to have the test done<sup>1</sup>
- If the test is positive, you will need a colonoscopy to find out whether there are polyps or cancer<sup>1</sup>
- Most insurance plans, including Medicare, cover this test. Check with your insurance company about your coverage<sup>1</sup>

## STOOL TESTS<sup>1\*</sup>

- You can do these tests at home by taking a stool sample and mailing it to a lab
- You do not have to prep (cleanse) your colon for these tests

### **MULTITARGET STOOL DNA (MT-sDNA) (How often: every 3 years)<sup>2</sup>**

- This test checks your stool for blood and abnormal DNA, which may be from polyps and/or cancer<sup>1</sup>
- You will have a bowel movement into the container provided in the kit. You will also collect a small sample of that stool and put it in a vial<sup>1</sup>
- The kit will come with instructions for how to mail your samples to the lab<sup>1</sup>
- You do not have to change your diet for this test<sup>1</sup>
- You do not need to take time off work<sup>1</sup>
- If the test is positive, you will need a colonoscopy to find out whether there are polyps or cancer. If the test is negative, you may be eligible for a rescreen using this method in 3 years<sup>1</sup>
- Some insurance plans, including Medicare, cover this test. Check with your insurance company about your coverage<sup>1</sup>

### **HIGH-SENSITIVITY GUAIAAC-BASED FECAL OCCULT BLOOD TEST (HSgFOBT) (How often: once a year)<sup>2</sup>**

- This test checks your stool for blood, which may be from polyps and/or cancer<sup>1</sup>
- You will place a small amount of stool on the card. Use 1 card per bowel movement for 3 separate bowel movements. The kit will come with instructions for how to mail your samples to the lab<sup>1</sup>
- You will need to avoid certain foods and medicines as directed by your healthcare provider for a few days before the test<sup>1</sup>
- You do not need to take time off work<sup>1</sup>
- If the test is positive, you will need a colonoscopy to find out whether there are polyps or cancer. If the test is negative, you may be eligible for a rescreen using this method in 1 year<sup>1</sup>
- Most insurance plans, including Medicare, cover this test. Check with your insurance company about your coverage<sup>1</sup>

\*Visual tests are intended for patients at average to high risk for colorectal cancer. Stool tests are intended for patients at average risk.<sup>2</sup>

Talk to your healthcare provider about which colorectal screening test may be right for you.

**References:** 1. American Cancer Society. Colorectal Cancer Facts & Figures 2020-2022. Atlanta: American Cancer Society; 2020. 2. Wolf AMD, et al. Colorectal Cancer Screening for Average-Risk Adults: 2018 Guideline Update From the American Cancer Society. *CA Cancer J Clin.* 2018;68(4):250-281.