

Colon Cancer Screenings | Facts for Patients

This document is designed for **use by clinicians** to assist them in answering common questions from patients regarding colon cancer screening.

QUESTIONS	ANSWERS
Who should be screened for colon cancer?	<ul style="list-style-type: none"> ▪ Men and women of average risk should start getting screened for colorectal cancer at age 50. It is important they do not delay screening. In fact, the American Cancer Society has recently lowered the recommended age to start colorectal cancer screening to age 45 (coverage may vary, see below). ▪ If you are at an increased or high risk of colorectal cancer, you might need to start colorectal cancer screening earlier and/or be screened more often.
Do I really need to get tested? I feel fine.	<ul style="list-style-type: none"> ▪ Colon cancer screening can prevent cancer or detect it early when it is very treatable (or even curable). ▪ Many patients do not have symptoms until the disease is more advanced. Therefore, it is so important to have regular screenings.
What are the symptoms of colon cancer?	<p>Colorectal cancer might not cause symptoms right away, but if it does, it may cause one or more of these symptoms:</p> <ul style="list-style-type: none"> ▪ 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 may make the stool look dark ▪ Cramping or abdominal (belly) pain ▪ Weakness and fatigue ▪ Unintended weight loss <p><i>Even with no symptoms, it is important to get screened on time.</i></p>
What are the testing options? <i>See Appendix A for the most common testing options and their pros and cons.</i>	<ul style="list-style-type: none"> ▪ If you are at high risk of colon cancer, we recommend a colonoscopy. ▪ If you are average risk, there are two main types of testing options: <ul style="list-style-type: none"> • Tests that find both colorectal polyps and cancer (usually done every 10 years) • Tests that mainly find cancer (usually done every 1-3 years, depending on the test type) <p><i>The best test is the one that gets done!</i></p>
How do I complete the take-home test?	<ul style="list-style-type: none"> ▪ The stool test can be taken home from the clinic. ▪ You will get a kit with instructions. ▪ It will explain how to take stool samples at home. ▪ It is then returned to the doctor's office or medical lab as directed for testing.

<p>What is the cost of colon cancer screening? Will my insurance cover it?</p> <p>See Appendix A.</p>	<ul style="list-style-type: none"> ▪ Most insurers provide some level of coverage for colon cancer screening. ▪ Before you get a screening colonoscopy, ask your insurance company how much (if anything) you should expect to pay for it. Find out if this amount could change based on what's found during the test. This can help you avoid surprise costs. ▪ If you do have large bills afterward, you may be able to appeal the insurance company's decision.
<p>What will the colonoscopy be like?</p>	<ul style="list-style-type: none"> ▪ The exam itself takes about 30 minutes. You will probably be given medicine to help you relax and sleep. Most people do not find these exams painful. Still, some people have more discomfort than others. ▪ You will need to plan on having someone go with you for this test so they can take you home afterwards. ▪ During the test, air is pumped into the cleaned-out colon to keep it open so that doctors can get the best pictures. The air pressure may cause some discomfort and cramping in your lower belly. You will feel better after the air leaves your colon.
<p>Is the colonoscopy safe?</p>	<ul style="list-style-type: none"> ▪ Colonoscopy is a safe procedure. <ul style="list-style-type: none"> • As with most medical tests, complications are possible. • Some complications can be serious – for instance, bleeding and puncture of the colon – but they are rare.
<p>How do I prepare for a colonoscopy?</p>	<ul style="list-style-type: none"> ▪ For the doctor to see your insides clearly and get good pictures, your colon needs to be as cleaned out as possible. ▪ Preparing for a colonoscopy makes you go to the bathroom a lot. ▪ You will take very strong laxatives and will need to stay close to a bathroom. ▪ They usually start working quickly and your stool will become liquid. ▪ If you can choose a day for your exam, pick one that will make it easy for you to be at home the day or evening before the test.
<p>I saw on the news that colon cancer is rising in young adults. Should I start screening earlier than 50?</p>	<ul style="list-style-type: none"> ▪ It's true that colon cancer is rising in young adults. This is why it is so important to begin screening on time at age 50. Due to the rising rates in young adults, the American Cancer Society has reduced their screening age to 45, but insurance coverage at this age may vary. ▪ If you were to have symptoms of colon cancer prior to screening age, a colonoscopy would be done. That is why it is so important to report any new symptoms. ▪ Researchers believe this increase may be linked to diet and exercise, so it is also important to eat healthy and be active.

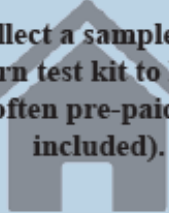
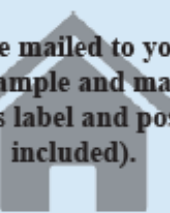




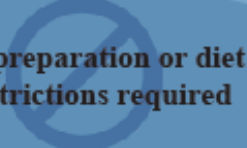

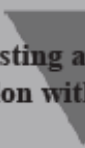

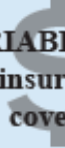
Source: <https://www.cancer.org/treatment/understanding-your-diagnosis/tests/faq-colonoscopy-and-sigmoidoscopy.html>

The North Dakota Colorectal Cancer Roundtable (NDCCRT), co-led by the American Cancer Society and the North Dakota Department of Health, is a statewide coalition of organizations dedicated to reducing the incidence of and mortality from colorectal cancer in our state through coordinated leadership and strategic planning. The ultimate goal of the state's Roundtable is to increase the use of proven colorectal cancer screening tests among the entire population for whom screening is appropriate. To learn more, contact shannon.bacon@cancer.org.



APPENDIX A

This visual tool, developed by partners of the ND CRC Roundtable, may be helpful in educating patients about the most common testing options. To receive this in a one-pager file, please email shannon.bacon@cancer.org

FIT	FIT-DNA: Cologuard	Colonoscopy
<p>Fecal Immunochemical Test: Stool is checked for blood (not seen by the naked eye) by taking a sample and mailing it in.</p>	<p>Stool is checked for cancer markers and blood (not seen by the naked eye) by taking a sample and mailing it in.</p>	<p>A lighted scope with a camera is used to look at the colon and rectum. This finds tissues and cells that are not normal.</p>
<p>You collect a sample at home and return test kit to lab or mail it back (often pre-paid postage is included).</p> 	<p>A test kit will be mailed to your home. You will collect a sample and mail the test kit back (address label and postage stamp included).</p> 	<p>Your provider will administer this test at the hospital in a procedure room. Medicines will be given to you to provide comfort.</p> 
<p>Completed every 1-year if normal *If test is not normal, you will need a colonoscopy</p> 	<p>Completed every 3-years if normal *If test is not normal, you will need a colonoscopy</p> 	<p>Completed every 10-years if normal *May include a biopsy or polyp removal if needed</p> 
<p>No preparation or diet restrictions required</p> 	<p>No preparation or diet restrictions required</p> 	<p>Requires fasting and a cleansing of the colon with a laxative</p> 
<p>LOW COST check with insurance (often covered)</p> 	<p>VARIABLE COST check with insurance (sometimes covered)</p> 	<p>HIGHER COST check with insurance (often covered if qualified)</p> 