

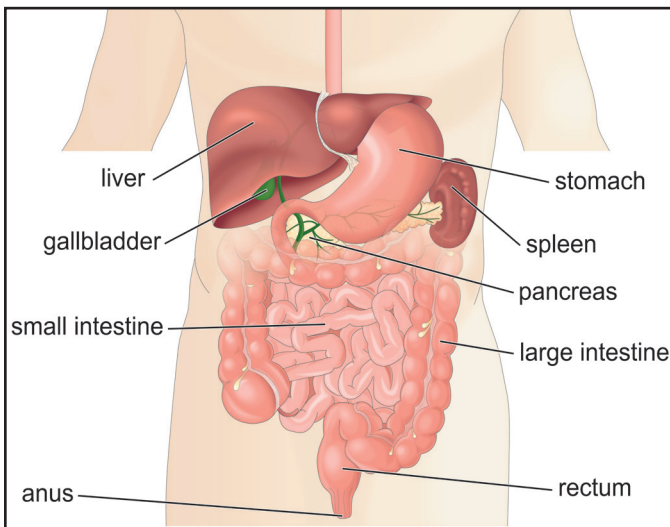
Considering Your Options for Colorectal Cancer Screening (Testing)

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 some type of colon polyps. Polyps are extra tissue growths inside your body. Most polyps are not cancer (benign). Larger polyps may be cancer (malignant) or turn into cancer.

Removing polyps is a way to prevent cancer from starting to grow.



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Colorectal cancer starts in the large intestine (colon) or rectum. Anyone can get colorectal cancer.

According to the American Cancer Society, regular screening can prevent colorectal cancer. A polyp can take 10 to 15 years to develop into cancer. Screening helps your health care provider find and remove polyps before they can turn into cancer.

Screening (Testing) Options

Screening looks for polyps or signs of cancer (such as blood in your stool) that you can't see. Dartmouth Health recommends 3 screenings:

- **colonoscopy:** This procedure is done once every 10 years at a clinic or hospital. The provider uses a tiny camera with a light to look in your colon for polyps or cancer.
- **FIT (iFOBT):** This stool test is done once every year at home. It checks for unusual blood in your stool sample. You mail the sample to the lab for testing.
- **sDNA-FIT (Cologuard®):** This stool test is done once every 3 years at home. It checks for unusual blood as well as DNA from cancer or polyps in your whole stool sample. You mail the sample to the lab for testing.

Screening starts at age 45 for people who are at average risk for colorectal cancer. The best screening is the one you do!

Why Screening is Important

A screening test is used to look for a disease if you don't have any symptoms. Regular colorectal cancer screening can help:

- prevent cancer by finding colon polyps or other signs of cancer (such as bleeding or change in your stools)
- find cancer at an early stage when it can be easier to treat.

Talk with your health provider if you think you are at an increased risk for colorectal cancer. Ask when to start getting screened, which screen is right for you and how often to get screened.

How to Help Lower Your Risk for Colorectal Cancer

There are some lifestyle changes you can make to lower your risk for colorectal cancer.



get regular exercise



eat lots of fruits and vegetables



stay a healthy weight



don't use tobacco




try to avoid alcohol



get regular checkups

Screening Options

Colonoscopy — every 10 years

- This procedure uses a camera to look at your colon and rectum for polyps that could be a sign of colorectal cancer. 
- The procedure is done in a clinic or hospital.
- A thin, flexible tube (a colonoscope) with a tiny camera on the end is passed into your colon through your rectum. (See the photo.) Your health care provider will watch the video on a computer screen to look at your entire colon.
- Your provider can take a small tissue sample (biopsy) if needed. The sample will be sent to the lab to be tested.
- Your provider can remove a polyp. It will be sent to the lab to be tested. Removing polyp(s) during a colonoscopy can prevent cancer.


Before the test

- You need to empty (cleanse) your colon. You will receive directions on how to do this.
- You need to arrange to have someone drive you home.
- You will be given a light sedation through an intravenous (IV) line to help you relax.


Other options

There are other screening options. Talk with your health care provider to learn more.

FIT (iFOBT) — every year

- This test looks for tiny amounts of blood in your stool that could be an early sign of colorectal cancer. 
- You use this test at home. After a bowel movement, use the sampling brush to scrape the surface of the stool to put in the sampling bottle. (See the photo.) You won't touch the stool.
- Use the provided materials and directions to mail the sample to the lab within 24 to 72 hours (1 to 3 days).
- If you have a positive test (hidden blood is found in your sample), you will need a colonoscopy. That procedure can find polyps or help your provider find the cause for the blood.

sDNA-FIT (Cologuard®) — every 3 years

- This test looks for unusual DNA and tiny amounts of blood in your stool that could be an early sign of colorectal cancer. 
- You use this test at home. Collect an entire stool sample during a bowel movement in the cup. (See the photo.) You won't touch the stool.
- Use the provided materials and directions to mail the sample to the lab within 24 hours.
- If you have a positive test (hidden blood is found in your sample), you will need a colonoscopy. That procedure can find polyps or help your provider find the cause for the blood.

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Comparing Your Options

	Colonoscopy	FIT (iFOBT) or sDNA-FIT (Cologuard®)
Possible risks	<p>Possible risks include:</p> <ul style="list-style-type: none"> ■ having a bad reaction to the sedative ■ bleeding from where a tissue sample was taken or a polyp was removed <ul style="list-style-type: none"> — This affects 8 in 10,000 people. ■ getting a tear (perforation) in your colon or rectum wall. <ul style="list-style-type: none"> — This affects 4 in 10,000 people. 	<p>Possible risks include:</p> <ul style="list-style-type: none"> ■ needing a colonoscopy if you get a positive test (hidden blood is found in your sample) <ul style="list-style-type: none"> — This affects about 8 in 100 people. ■ not finding polyps ■ not finding cancer if you do not have the FIT (iFOBT) or sDNA-FIT as scheduled.
How to prepare	<ul style="list-style-type: none"> ■ You will receive directions about when and how to empty (cleanse) your colon. Follow these directions carefully. ■ You will need to go to the bathroom often. Plan to stay near a bathroom during this time. ■ Plan to have someone drive you home from the procedure. You will have sedation and won't be able to drive. ■ The most common side effects are bloating, nausea (upset stomach), vomiting (throwing up), chills, abdominal (belly) pain, diarrhea (loose stools) and anus irritation. 	<ul style="list-style-type: none"> ■ Read the directions for the FIT (iFOBT) or sDNA-FIT tests. After collecting a sample, you will need to mail it within: <ul style="list-style-type: none"> — FIT (iFOBT): 1 to 3 days — sDNA-FIT: 24 hours. ■ Both the FIT (iFOBT) or sDNA-FIT kits have expiration dates. ■ Collect your sample as soon as you can after you receive the kit.
Discomfort	<ul style="list-style-type: none"> ■ You may have short-term discomfort (cramping and gas-like pain). ■ You will be given a light sedation through an intravenous (IV) line to help you relax. 	<ul style="list-style-type: none"> ■ You may be uncomfortable collecting a stool sample.
How long results will take	<ul style="list-style-type: none"> ■ You will know the results right after the procedure. ■ Biopsy results should be ready in 10 to 14 days. 	<ul style="list-style-type: none"> ■ You should know the results 1 to 2 weeks after you mail your sample. ■ If you need a colonoscopy for a positive FIT (iFOBT) or sDNA-FIT test, see the colonoscopy column to the left.
Cost	<ul style="list-style-type: none"> ■ Cost of a colonoscopy: \$\$\$. ■ Insurance coverage varies. See the Health Insurance section on page 4. 	<ul style="list-style-type: none"> ■ Cost of a FIT (iFOBT) test: \$. ■ Cost of a sDNA-FIT test: \$. ■ Insurance coverage varies. See the Health Insurance section on page 4.
Where and how often to get the screening	<ul style="list-style-type: none"> ■ The colonoscopy procedure is done at a hospital or clinic every 10 years. ■ Have the procedure every 10 years to age 75. 	<ul style="list-style-type: none"> ■ The FIT (iFOBT) test is done at home every year. ■ The sDNA-FIT test is done at home every 3 years. ■ Have either test to age 75.

Possible Concerns

Talk with your health care provider if you have any concerns.

- I am embarrassed to have a colonoscopy or talk with my family about it.
- I have concerns about the gender of the person giving the colonoscopy.
- I have concerns about handling and mailing a stool sample.
- I have concerns about the cost of the test.
- I don't have insurance.
- I don't have enough information to make a decision.
- I have other concerns:

Health Insurance

Most insurance companies cover the cost of colorectal cancer screenings.

Call your insurance provider to see how much your plan will pay.

Ask your insurance provider these questions:

- Do I have preventive or screening care benefits? Do they cover the cost of a colonoscopy, FIT (iFOBT) or sDNA-FIT? How much do I need to pay?
- If I have a colonoscopy and there are extra facility charges, will those be covered? If not, what will I have to pay?
- If I have a biopsy and lab charges from a colonoscopy, are they covered under my preventive benefits?
- If I have a positive FIT (iFOBT) or sDNA-FIT test and need a colonoscopy, will that be covered under my screening or preventive benefit? If not, how much will I have to pay?

Your Preferences

Check what matters most to you. This can help you decide which test to have.

Colonoscopy		FIT (iFOBT)		sDNA-FIT	
procedure is done at a clinic or hospital with a doctor	<input type="checkbox"/>	screening is done at home in private	<input type="checkbox"/>	screening is done at home in private	<input type="checkbox"/>
may miss work	<input type="checkbox"/>	will not miss work	<input type="checkbox"/>	will not miss work	<input type="checkbox"/>
empty (cleanse) your colon by following the directions you receive	<input type="checkbox"/>	scrape a stool sample	<input type="checkbox"/>	collect an entire stool sample	<input type="checkbox"/>
sedation needed (you can't drive home after the procedure)	<input type="checkbox"/>	no sedation	<input type="checkbox"/>	no sedation	<input type="checkbox"/>
checks for and removes polyps	<input type="checkbox"/>	checks for blood in stool	<input type="checkbox"/>	checks for blood in stool	<input type="checkbox"/>
done every 10 years	<input type="checkbox"/>	done every year	<input type="checkbox"/>	done every 3 years	<input type="checkbox"/>
cost of procedure (usually covered by insurance): \$\$\$	<input type="checkbox"/>	cost of test (usually covered by insurance): \$	<input type="checkbox"/>	cost of test (usually covered by insurance): \$\$	<input type="checkbox"/>

\$ = less than \$100 \$\$ = \$600 to \$1,000 \$\$\$ = more than \$1,000