

COLORECTAL CANCER AWARENESS MONTH

Early Detection and Screening





WHY GET SCREENED?

Screening can often find colorectal cancer early, when it's small, hasn't spread, and might be easier to treat. Regular screening can even prevent colorectal cancer. A polyp can take as many as 10 to 15 years to develop into cancer. With screening, doctors can find and remove polyps before they have the chance to turn into cancer.

WHO GET'S SCREENED?

EVERYONE! But the age at which you begin screening may depend on a few factors. See the graphic below to better understand when you should begin your screening.

Colorectal Prevention and earlier detection/diagnosis

SYMPTOMS		Change in Bowel Habits	Over 50 years old	
			High risk Look before you flush to check for signs of colorectal cancer. Do the FIT* test every year to check for blood in stools. Ask your doctor for advice on further screening.	With family history of colorectal cancer and/or: Inflammatory bowel disease Intestinal polyps
		Blood in Stool	At risk Look before you flush to check for signs of colorectal cancer. Do the FIT* test every year to check for blood in stools.	No family history of colorectal cancer No inflammatory bowel disease No intestinal polyps
	Under 50 years old			
		Unexplained Weight Loss	At risk Look before you flush to check for signs of colorectal cancer. Speak to your family doctor about when you should start screening	With family history of colorectal cancer and/or: Inflammatory bowel disease
		Persistent Abdominal Discomfort	Low risk Look before you flush to check for signs of colorectal cancer.	No family history of colorectal cancer No inflammatory bowel disease

*FIT (Fecal Immunochemical Test) is a stool test used to look for possible signs of colorectal cancer. This test is able to look for a specific type of blood in your stool which helps identify if you have any polyps (pre-cancerous growths) in your colon. Info retrieved from https://www.healthpartners.com/ucm/groups/public/@hpl/public/documents/documents/cnrb_038610.pdf on 1/13/2020.

WHAT DOES SCREENING LOOK LIKE?

There are a few different screening tests currently available. See the graphic below to see some quick facts about them.

Colorectal Cancer Screenings

How they look like

FOBT
every 3 years

FIT
Annually

Colonoscopy
every 10 years

Sigmoidoscopy
every 5 years

CT colonography*
Doctor's discretion

DCBE
Doctor's discretion



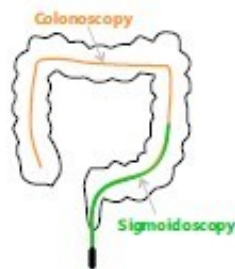
FOBT/FIT

Key facts

- Reduces death from colorectal cancer
- Safe, available, and easy to complete
- Done on your own at home
- Finds cancer early by finding blood in the stool

Things to consider

- May produce positive test results, even when no polyps or cancer are in the colon
- When the test is positive colonoscopy is required
- Person testing themselves comes into brief close contact with stool samples on a test kit and must mail it or take it to a doctor's office or lab.



Colonoscopy / Sigmoidoscopy[†]

Key facts

- Reduces death from colorectal cancer
- Can prevent cancer by removing polyps (or abnormal growths in the colon) during test
- Examines entire colon
- Finds most cancers or polyps that are present at the time of the test
- Done every 10 years if no polyps are found

Things to consider

- Stomach pain, gas or bloating is possible before, during or after test
- Must be performed at a hospital or clinic, usually with sedation or anesthesia, and some must go with the person to take him or her home after test.
- A clear liquid diet is required before test
- Must take medication that will cause loose bowel movements to clear out the colon prior to test
- Likely needs to take a day off work/activities
- Small risk of serious complications (e.g. bleeding or perforated colon)

[†]Fecal Immunochemical Test (FIT), 6 foot tube

^{††}Guaiac Fecal Occult Blood Test (FOBT), 2 foot tube

CT colonography

Key facts

- Reduces death from colorectal cancer
- An skilled radiologist interprets these images for best results

Things to consider

- * CT colonography may be an alternative for people who cannot have a standard colonoscopy due to the risk of anesthesia
- It may be more expensive than conventional colorectal test



DCBE (Double Contrast Barium Enema)

Things to consider

- Helps the colon and rectum stand out on x-rays
- A series of x-rays is then taken of the colon and rectum
- This test may not detect precancerous polyps than a colonoscopy, sigmoidoscopy, or CT colonography.



In loving Memory of Joan Kunicki—2013

“I was diagnosed with Stage IV Colon Cancer when I was 33. I still have a very hard time admitting to that fact. I have pretty much tried to block the “bad memories” out of my mind, but when I went on this web site and saw how many more Forget Me Not Stories there were than Stories of Hope, I felt compelled to share my story.

A few months before March of 2007, I started noticing some changes in my bowels. I was going more frequently, looser. Then I started noticing mucous. And what finally brought me to the doctor was a little bit of blood. Right away because of my age, the doctor said I feel confident it's colitis and even prescribed me medicine. Thank God he was a thorough doctor and sent me to a gastro specialist. Even she thought because of my age, it was colitis and prescribed even more medicine. She wanted to follow up with a colonoscopy just to be sure.

On March 19, 2007, I went to a local hospital to have the colonoscopy. I wasn't worried at all, thought it was colitis. When I woke up from the procedure — I'll never forget the look on the doctor's face — she said I'm 99 percent sure it's colon cancer. Within a few days, I went to the University of Penn and had a colon resection. The pathology report showed it was pretty far along. It had invaded the wall and all that medical jargon. Several of my lymph nodes came back positive and the CAT scan also showed several, small nodules on my lungs. I definitely was not prepared for all of that news.”

[Read the rest of Joan's story by clicking here.](#)