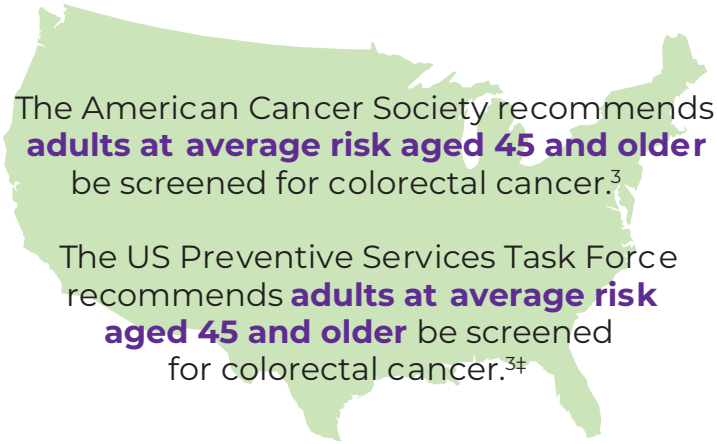
A Colonoscopy isn't the only option for Colorectal Cancer Screening

COLORECTAL CANCER SCREENING

WHEN CAUGHT IN EARLY STAGES* **90%** of patients survive **5 YEARS**[1,2†]



The American Cancer Society recommends **adults at average risk aged 45 and older** be screened for colorectal cancer.[3]

The US Preventive Services Task Force recommends **adults at average risk aged 45 and older** be screened for colorectal cancer.[3‡]

SCREENING IS THE PROCESS OF LOOKING FOR POLYPS OR SIGNS OF CANCER SUCH AS:

- 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

45[5]

SCREENING CAN LEAD *to a reduction in* **COLORECTAL CANCER DEATHS**

** 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).1*

Confluence HEALTH

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1 What is Colon Cancer

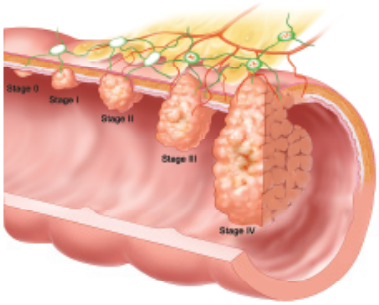
What is colon cancer?

- **The colon is the last few feet of your digestive system. The very bottom part is called the rectum so you may hear the term rectal cancer or colorectal cancer – you can think of all of these things as colon cancer.** Colon cancer happens when cells that are not normal grow in your colon. These cancers usually begin as polyps. Polyps are growths on the inside of the colon.

- **Polyps in the colon are common.** Polyps can grow over time. After years of growth, some will turn into cancer. Polyps can be found during screening. If they are found and removed, they do not become cancer.

Screening for colorectal cancer (CRC) on time matters[1]

How CRC develops[1]



- CRC typically starts as a polyp, or growth, on the wall of the colon or rectum. Some polyps may develop into cancer[1]
- Many people with early-stage CRC have no symptoms, but their cancer is detected through screening[1]
- When caught in early stages, CRC is more treatable in 90% of people[2,3]

Regular screening can help find CRC in early stages. That's why it's important to screen on time.[1]

*5-year survival.[3]

2 Causes of Colon Cancer

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.[1]

UNCONTROLLABLE RISK FACTORS

- <50 — Colorectal cancer is on the rise in people younger than 50[2]
- African American adults have the highest colorectal cancer incidence and mortality rates of all racial groups in the United States[1]
- Family history of colorectal cancer[1]*
- Past colon polyps or past colon or rectal cancer[1]*
- Inflammatory bowel disease (ulcerative colitis, Crohn's disease)[1]*
- Inherited syndromes, family cancer syndromes (eg, Lynch syndrome, familial adenomatous polyposis [FAP])[1]*

***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.[3]**

Exact Sciences, 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.

3 Screening for Colon Cancer

Colon Cancer is the 2nd leading cause of cancer death in the United States

for men and women combined but it is largely preventable through screening.

Why is screening important and who should be screened?

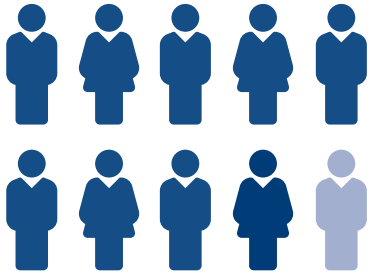
- Colon cancer occurs in almost **1 person out of 20** during their lifetime. It is more common as people get older. About **1 in 3** colon cancers result in death. It is the second leading cause of cancer death in the US. Each year, more than 50,000 people die of colon cancer. There are fewer colon cancers and fewer colon cancer deaths now than in the past. This is partly due to more people getting colon cancer screening. However, in patients under the age of 50, colon cancer rates are increasing.
- Colon cancer does not cause symptoms until the cancer has grown large. When colon cancer causes symptoms (visible blood in the stool, weight loss, stomach pain, thin stools, constipation), it's often too late for a cure.
- Screening tests can find cancers early, lowering your risk of dying from colon cancer.
- Men and women between 45 and 75 years should have colon cancer screening. People in very good health between ages 76 and 85 may also benefit from screening. Most insurance companies cover colon cancer screenings. If you are in need of financial assistance Confluence Health has a Charity Care program. You can request an application by calling Patient Financial Services at 509.**436.4020** or in person at any of our locations.

How can I lower my risk of getting colon cancer?

- Screening is the most important way to lower your risk. If you have a family history of colon cancer or large polyps, your doctor may want you to start screening for colon cancer earlier and undergo screening more often than other people.
- You may also decrease your risk by staying at a healthy weight, being physically active, not smoking, limiting alcohol and eating a diet high in fruits and vegetables.

Early Detection vs. Late Detection

If colon cancer is caught in an early stage (stage 1 or 2) 9 out of 10 patients will be alive in 5 years.



If colon cancer is caught at a late stage (stage 4) only 1 out of 10 patients will be alive in 5 years.

4 Choices for Screening

What are my choices for screening?

There are several ways to screen for colon cancer. The latest research tells us that the two best choices now are colonoscopy every 10 years or FIT (fecal immunochemical testing) every year. The other options include Cologuard, CT colonography and flexible sigmoidoscopy. Confluence Health offers colonoscopy, FIT and Cologuard.

- **Colonoscopy** is a test that lets your doctor look inside your entire colon, using a thin tube with a light and camera on the end. Most cancers and polyps can be seen with this test. Polyps can be removed through the tube, so the polyps never have a chance to turn into cancer. If polyps are found, you may need a colonoscopy more often than every 10 years.

- **Fecal immunochemical testing (FIT) & Cologuard**
  FIT looks for blood that can't be seen and Cologuard looks for blood and DNA that is shed by polyps and cancer. Colon cancers and some polyps bleed small amounts and may shed cells with abnormal DNA. If you have a positive FIT or Cologuard test, then you will need to have a colonoscopy to see if the blood and/or cells were from a cancer or polyp. FIT will not find polyps that are not bleeding.

How are these tests done?

You must clean out your colon before a colonoscopy. This is done by drinking only clear liquids without solid food for one day before the test. Your doctor will also give you medicine the night before that will make you go to the bathroom often. A colonoscopy takes about 30 minutes. You will be given medicine to help you sleep during the procedure. This medicine may affect you for the rest of the day, so you should not drive or return to work that day. This means you will need to take time off work the day of the test and you will need someone to drive you home after the test. Most people do not have pain and often don't even remember having the test done. If no polyps are found, then most people need to repeat the test in 10 years.

For FIT and Cologuard you collect small samples of your stool with a plastic stick. This stick is placed in a small bottle and mailed back to the lab for testing. FIT needs to be done every year and Cologuard is done every 3 years if negative.

Which screening test is the best?

- We don't know yet for sure which test is best at preventing death from colon cancer. Studies comparing colonoscopy and FIT are being done now to answer this question. FIT, Cologuard and colonoscopy are all very good at finding colon cancers. Colonoscopy is better at finding polyps before they become cancer. Some experts believe that finding more polyps before they become cancer should make colonoscopy the best test for preventing death from colon cancer.
- The best screening test is one that you will do.
- Colon cancers can be missed by all of these tests. This is called a false negative result.

5 Comparing the advantages and disadvantages of colonoscopy and FIT:

Colonoscopy Advantages

- **Only done every 10 years if no polyps are found.**
- **Cost is covered by most insurance plans, including Medicare.** Check with your insurance company about coverage.
- **If polyps are removed they do not have a chance to become cancer.**

FIT & Cologuard Advantages

- **Does not require time off work, any preparation or sedation.**
- **You can do the test in the privacy of your own home and mail or take the kit to the lab.**
- **The cost of FIT and Cologuard are covered by most insurance plans, including Medicare and Medicaid. Some insurance companies do not cover Cologuard.** Check with your insurance company about coverage.

Colonoscopy Disadvantages

- **Requires sedation and time off work.**
- **You must clean out your colon the day prior by drinking clear liquids and taking medication.** This will cause loose stool and can be unpleasant. Risks include bleeding, making a tear in the colon and causing some other problem that leads to a stay in the hospital. These are all rare.

FIT & Cologuard Disadvantages

- **FIT must be done every year to be useful. Cologuard must be done every 3 years.**
- **About 75 out of 1000 patients will have a positive FIT and will then require a colonoscopy. Only 5% of these people will have cancer.** About 55% will have polyps and the other 40% will not have anything concerning but may worry while they wait for colonoscopy.
- **About 130 out of 1000 patients will have a positive Cologuard and will then require a colonoscopy.** 4% will have colorectal cancer, 51% will have a pre-cancerous polyp and 45% will have no cancer or precancer.
- **Some insurance companies will make you pay a co-pay for a colonoscopy after a positive FIT or Cologuard because it is then considered "diagnostic" and not just for screening.** Please check with your insurance company.

6 How can I decide which test is best for me?

How can I decide which test is best for me?

Talk with your Primary Care provider about which test is the best for you.

If you already know which test you want, please call your Primary Care office to schedule a colonoscopy or receive instructions on how to obtain your FIT or Cologuard kit. Please bring this page to your next primary care appointment. Your answers will help you and your provider discuss which screening test is right for you.

What is important to you?

Think about what is important to you in choosing a screening test. Answer the questions below to help you and your provider decide which test is right for you.*

How concerned are you about:	NOT CONCERNED				VERY CONCERNED
Having to collect samples of your stool?	○	○	○	○	○
Completing screening every year?	○	○	○	○	○
Completing a prep to empty the colon?	○	○	○	○	○
Having an invasive procedure?	○	○	○	○	○
Taking time off to complete screening?	○	○	○	○	○
Being sedated and needing someone to drive you home afer the screening?	○	○	○	○	○

*Test provided by **The American Cancer Society***

7 Additonal Resources

MYTHS ABOUT COLORECTAL CANCER SCREENING[1]

"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

References: [1]American Cancer Society. Understanding colorectal cancer screening: [illegible] which one is right for you? Published [illegible] accessed and downloaded [illegible] https://www.cancer.org/content/dam/cancer-org/cancer-control/en/booklets/[illegible]-right-for-you.pdf

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Other testing options are available to patients although not mentioned or promoted in this document. This PDA was prepared by:

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