

# Colorectal Cancer Screening

## Making a choice

Use this information to help you decide what kind of colorectal cancer screening is best for you. There is no single best screening test for everyone. The best screening test is the one that you prefer and that you will be able to do consistently, do now and repeat as your doctor recommends. Any of the recommended screening tests are good for reducing death from colorectal cancer.

### What do I need to know about colorectal cancer?

- ♦ Colorectal cancer is the 2nd leading cause of cancer death in the United States.
- ♦ In 2016, 135,000 persons in the United States were diagnosed with colorectal cancer, and 50,000 people died from it.
- ♦ In most cases, colorectal cancer develops without any symptoms.
- ♦ The risk of dying from colorectal cancer is lower in people who are screened than in those who are not screened.

### When should I consider colorectal cancer screening?

You should consider having routine colorectal cancer screening if:

- ♦ You are age 50 to 75 years and
  - » Have never had a personal history of colorectal cancer or polyps **or**
  - » Do not a close relative with colorectal cancer.
- ♦ You have an average risk for developing colorectal cancer. Your primary care clinician can help you determine your risk.

### How do I figure out my personal risk for colorectal cancer?

Your personal risk for developing colorectal cancer can be determined by using the Colorectal Cancer Risk Assessment Tool (CRCRAT) recommended by the National Cancer Institute.

You can visit your primary care clinician to use this tool or you can find it at [www.cancer.gov/colorectalcancerrisk/](http://www.cancer.gov/colorectalcancerrisk/).

The CRCRAT calculator will show your personal risk over the next 5 and 10 years and your lifetime compared to average risk for your current age. This tool presents several things you can do to reduce your risk, including having screening tests.

If your risk is higher than average, you will need a different approach to reduce your risk. Your clinician will talk with you about next steps.

### What tests are used to screen for colorectal cancer?

- ♦ **Stool-based tests** are tests that can be done at home. With stool-based tests, you collect a small sample of stool using a kit provided to you and then send it to a lab to look for blood or other signs of colorectal cancer. Several stool-based tests are available, including:
  - » FIT (fecal immunochemical test) is the most commonly used test and detects hidden blood in the stool.
  - » FIT-DNA Test (available under the brand name Cologuard®) is the newest stool-based test that is similar to FIT but also uses DNA testing to detect polyps and cancers.
- ♦ **Colonoscopy** is a test that involves direct visualization (or scoping). With colonoscopy, your doctor uses a lighted tube to look at the inside of your entire colon and rectum. A colonoscopy is done with sedation.

## What are the benefits of colorectal cancer screening?

- ♦ Colorectal polyps can be detected with screening tests and removed before they become cancerous.
- ♦ Screening can find cancers at earlier stages making cancer treatment more successful.
- ♦ The benefits of screening in adults aged 50 to 75 years greatly outweigh the possible harms.

## What are the risks of colorectal cancer screening?

- ♦ Stool-based tests (FIT, FIT-DNA) have no direct risks, but up to 10 percent will have positive results (blood found in stool). We recommend that patients with this result undergo colonoscopy to find the cause of the blood in the stool.

- ♦ Stool-based tests (FIT, FIT-DNA) may give negative results when there is cancer or a polyp present (called a false negative result). However, if a stool-based test were done every 1 to 3 years, the polyp or cancer would likely be found in future stool-based tests.
  - ♦ If you have ever had a positive stool-based test, you should have colonoscopy for screening.
  - ♦ Risks of colonoscopy and other direct visualization tests include:
    - » Side effects of the laxatives used for preparation of the test, such as loose and watery bowel movements
    - » Effects of sedation used during the procedure.
    - » General discomfort.
    - » A very small risk of bleeding and tears in the colon.
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## What else should I know about colorectal cancer screening?

The table below provides other important information about your options for colorectal cancer screening.

	Fecal Immunochemical Test (FIT)	Fecal Immunochemical Test (FIT)-DNA	Colonoscopy
<b>How often do I have this test?</b>	You do this test 1 time every year.	You do this test 1 time every 1 to 3 years.	Usually, you do this test 1 time every 10 years.
<b>What is usually involved with this test?</b>	<ul style="list-style-type: none"> <li>It is done at home.</li> <li>You take a sample of your stools and mail it to a lab.</li> </ul>	Same as FIT	<ul style="list-style-type: none"> <li>It is done in a clinic or hospital.</li> <li>You use laxatives to clean out your bowels.</li> <li>It takes 30 to 45 minutes, or slightly longer if polyps are removed.</li> <li>You are given drugs to relax. You may not remember the test at all.</li> </ul>
<b>What do I need to do to prepare for the test?</b>	No preparation required	No preparation required	<ul style="list-style-type: none"> <li>Complete bowel prep using cleansing laxative;</li> <li>Follow special dietary instructions beginning 1 week before the test.</li> <li>Arrange a driver to take you to and from the test.</li> <li>Take the day off work to have the test.</li> </ul>
<b>What discomfort will I have?</b>	None	None	<ul style="list-style-type: none"> <li>Preparation may be unpleasant.</li> <li>Sedation used during procedure may have side effects, such as nausea and drowsiness.</li> </ul>
<b>What if the result is abnormal (positive)?</b>	You will need to schedule a colonoscopy.	You will need to schedule a colonoscopy.	<ul style="list-style-type: none"> <li>Most polyps can be removed during the procedure.</li> <li>If polyps are found, we recommend your next colonoscopy be within 3 to 5 years.</li> </ul>
<b>What if the result is normal (negative)?</b>	<ul style="list-style-type: none"> <li>Repeat the test every year.</li> <li>FIT misses up to 12 out of 100 cancers but finds 88 out of 100.</li> </ul>	<ul style="list-style-type: none"> <li>FIT-DNA is done every 1 to 3 years.</li> <li>FIT-DNA misses up to 8 out of 100 cancers, but finds 92 out of 100.</li> </ul>	<ul style="list-style-type: none"> <li>Repeat the test every 10 years.</li> <li>Colonoscopy misses up to 4 out of 100 cancers, but finds 96 out of 100.</li> </ul>
<b>Complications per 1000 people screened at the recommended frequency above</b>	10 (1 percent)*	10 (1 percent)*	15 (1.5 percent)
<b>Estimated number of preventable deaths per 1000 people screened at the recommended frequency above</b>	22 (2.2 percent)	22 (2.2 percent)	24 (2.4 percent)

\* Complications due to those patients needing colonoscopy because of a positive test.

## What is important to you when deciding which colorectal screening test to have?

To help you in making your best decision, think about how much you agree with each of the statements in the left column. Then look to the right column to see which test is the best fit for you.

If you agree with this statement...	Your best choice for colonoscopy screening is...
<i>I don't want to drink the laxative and undergo frequent, watery bowel movements before the test.</i>	FIT or FIT-DNA
<i>I like the privacy and having no bowel preparation of a home-based test.</i>	FIT or FIT-DNA
<i>I don't want to do screening every year. I prefer every 10 years.</i>	Colonoscopy
<i>I want to have a test that thoroughly visualizes my entire colon.</i>	Colonoscopy
<i>I want to avoid having to do two tests (like have a colonoscopy if my FIT or FIT-DNA test is positive).</i>	Colonoscopy
<i>I am afraid of invasive tests and their risks.</i>	FIT or FIT-DNA
<i>I want a screening test that finds and removes a polyp before it becomes cancer.</i>	Colonoscopy
<i>I don't have time to go through the bowel prep and miss an entire day from work for the procedure.</i>	FIT or FIT-DNA

### Your decision

- I will have a stool-based test, FIT or FIT-DNA test **now**.
- I will have a colonoscopy **now**.
- I will make a decision later.
- I will decline any colorectal cancer screening test for now.
- I don't know.

If you need more information to make a decision, consider:

- ♦ Discussing the options further with your clinician.
- ♦ Reading more about your options.

**This decision aid is not intended to replace the advice of a clinician.**