



Is Colon Screening Right for You?

Colon cancer is one of the most commonly diagnosed forms of cancer, affecting one in six people in British Columbia.

Women and men ages 50-74 should be screened regularly for colon cancer.

Colon cancer **screening saves lives** in two important ways:

- Screening can prevent colon cancer by finding and removing polyps before they turn into cancer. Polyps are small growths that can develop in the colon or rectum, often with no symptoms in early stages of growth.
- Screening can find cancers early before they have a chance to spread. Early detection means more treatment options and better outcomes.

Screening is only recommended for people who are not experiencing symptoms of colon cancer.

Symptoms can include blood in your stool, abdominal pain, change in bowel habits, or weight loss. If you are experiencing these symptoms, talk to your doctor about a referral for diagnostic testing to determine the cause of these symptoms.

Colon Screening Program

Your primary care provider registers you with the Colon Screening Program when he/she provides you with a lab requisition form to pick up your fecal immunochemical test (FIT) or refers you for colonoscopy.

Being registered with the program means that the program will mail you your FIT results and keep track of your

screening progress to ensure quality and safety. The Colon Screening Program will also mail you a reminder when it is time to test again.

Who should screen for colon cancer?

Women and Men, Ages 50-74

Screen every two years with the fecal immunochemical test (FIT).

Women and Men, Ages 50-74

With a significant family history or personal history of adenoma(s)

Colonoscopy is recommended every **five years** for people with at least one of the following:

- One first degree relative (mother, father, sister, brother, daughter or son) with colon cancer diagnosed under the age of 60; or,
- Two or more first degree relatives with colon cancer diagnosed at any age; or,
- A personal history of adenomas.

If you have a personal history of colon cancer, ulcerative colitis or Crohn's disease:

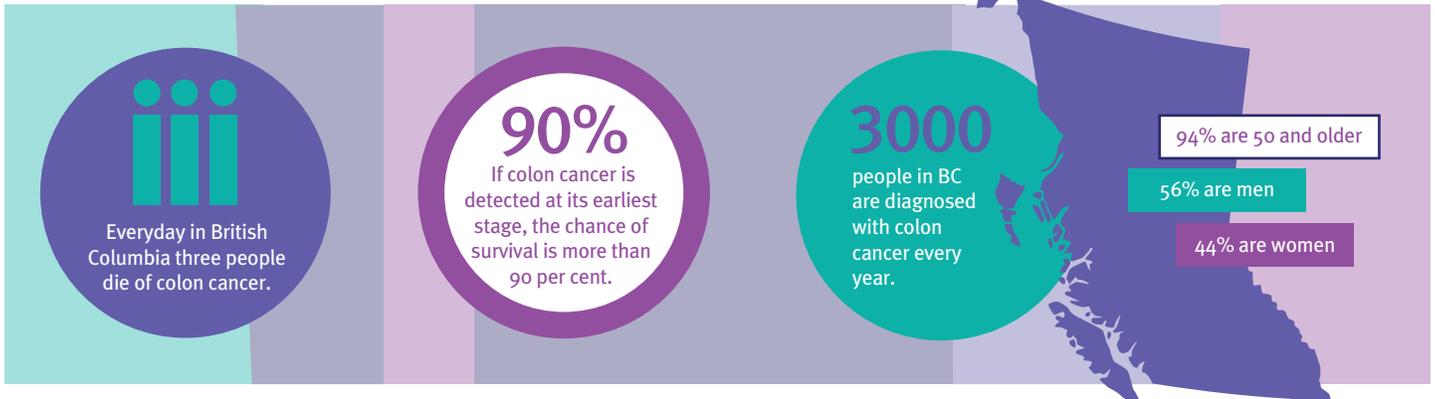
You should continue to obtain care through your doctor as you have individual needs that cannot be met with a population approach to screening.

Things to consider:

While regular screening offers the best chance of detecting the early signs of cancer, no screening test is perfect:

- Screening may lead to additional tests to determine the reason for an abnormal screening result. This does not mean a cancer was found. The majority of people called back for additional tests will not have cancer.
- Certain cancers may never cause any symptoms or affect life expectancy or quality of life. However, research shows that most colon cancers are harmful and that colon cancer should be detected and treated as early as possible.
- There can be risks with colonoscopy such as bleeding and bowel perforation, and in rare cases, death.

What You Should Know



The Screening Tests

There are two screening tests for colon cancer – the fecal immunochemical test (FIT) and colonoscopy. Talk to your doctor about which test is right for you.

Fecal Immunochemical Test (FIT)

FIT is a test you can do at home. It detects blood in your stool (poop) which can be a sign of polyps or early stage cancer. To complete the test:

- 1 Talk to your doctor and ask for a FIT. If you are eligible for screening, your doctor will give you an order form for a free FIT kit.
- 2 Take your order form to a designated lab, and pick up your test kit. Visit www.screeningbc.ca for a list of participating labs.
- 3 Take the test at home by following the instructions provided in the test kit. No special preparation is needed. You can continue to eat your usual foods and take your medications.
- 4 Drop your sample off at the lab. Your sample must be submitted to the lab within seven days of taking the test.
- 5 Your result will be sent to you, your doctor and the BC Cancer Agency.

- 6 If you have an abnormal result, you will be referred to a patient coordinator in your community. An abnormal result does not mean that you have cancer. It means that blood was found in your stool. The patient coordinator will speak with you about your test result and make recommendations for follow up testing. Colonoscopy is usually recommended following an abnormal FIT result.

Colonoscopy

If you have a personal history of adenoma(s) or a significant family history of colon cancer, your doctor may refer you directly for colonoscopy. You may also be referred for colonoscopy following an abnormal FIT. In both cases, a patient coordinator in your community will discuss the procedure with you.

Colonoscopy is a procedure where a doctor uses a flexible tube with a miniature camera attached to view the inside lining of your rectum and colon. During the test, tissue samples can be collected and polyps removed.

Contact us:

Colon Screening Program
801-686 West Broadway,
Vancouver, BC V5Z1G1
1-800-663-9203
www.screeningbc.ca/colon