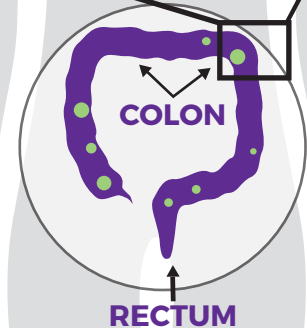
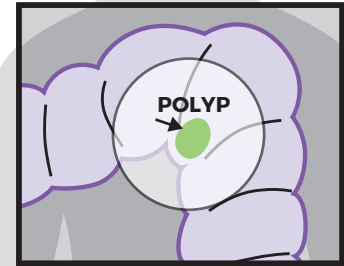


<Medical Group  
Logo>

# COLORECTAL CANCER SCREENING CAN HELP SAVE LIVES<sup>1</sup>

If you're <45><50> or older and at average risk for colorectal cancer, you should get **screened for colorectal cancer**. Several types of tests can be used, and no matter which test you choose, the **most important thing is to get tested**.<sup>1</sup>

**Reference:** <1>. American Cancer Society. Understanding colorectal cancer screening: colorectal cancer screening: which test is right for you? <https://www.cancer.org/content/dam/cancer-org/cancer-control/en/booklets-flyers/colorectal-cancer-screening-which-test-is-right-for-you.pdf>. Published 2018. Accessed June 14, 2019. <1>. US Preventive Services Task Force, Bibbins-Domingo K, Grossman DC, et al. Screening for colorectal cancer: US Preventive Services Task Force recommendation statement. *JAMA*. 2016;315(23):2564-2575. >



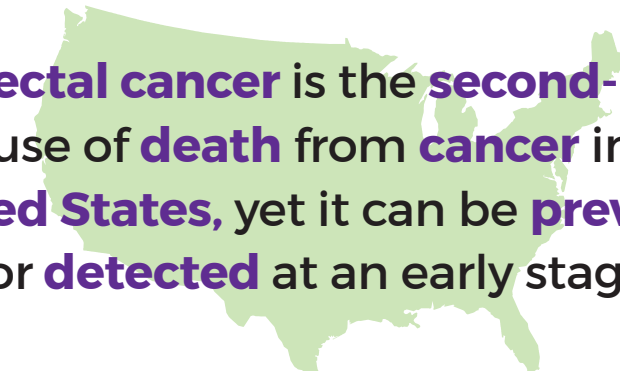
## COLORECTAL CANCER: THE BASICS

Most **colorectal cancers** begin as a “**polyp**” (abnormal growth) in the **colon** or **rectum**.<sup>1</sup>

When **cancer** starts in the **colon** or the **rectum**, it is called **colorectal cancer**. These cancers can also be called **colon cancer** or **rectal cancer**, depending on where they begin.<sup>1</sup>

Some types of **polyps** can **change into cancer** over time, but not all polyps become cancer. Removing polyps is a way to **prevent cancer** from developing.<sup>1</sup>

**Colorectal cancer** is the **second-leading** cause of **death** from **cancer** in the **United States**, yet it can be **prevented** or **detected** at an early stage.<sup>2</sup>



**References:** **1.** Centers for Disease Control and Prevention (CDC). *Colorectal Cancer Screening Saves Lives*. Revised April 2017. CDC Publication #99-6948. **2.** American Cancer Society. Understanding colorectal cancer screening: colorectal cancer screening: which test is right for you? <https://www.cancer.org/content/dam/cancer-org/cancer-control/en/booklets-flyers/colorectal-cancer-screening-which-test-is-right-for-you.pdf>. Published 2018. Accessed June 14, 2019.

## 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.<sup>1</sup>

### <UNCONTROLLABLE><RISK> FACTORS<sup>1</sup>



Colorectal cancers occur most often in people 50 or older; however, rates of colorectal cancers are increasing in adults under the age of 50



African Americans have the highest colorectal cancer incidence and mortality rates of all racial groups in the United States



Family history of colorectal cancer\*



Past colon polyps or past colon or rectal cancer\*



Inflammatory bowel disease (ulcerative colitis, Crohn's disease)\*



Inherited syndromes, family cancer syndromes (eg, Lynch syndrome, familial adenomatous polyposis [FAP])\*

**\*If you have any of these risk factors, you may be at higher risk for developing colorectal cancer and need to ask your healthcare provider for specific recommendations. If you do not have these risk factors, you are at average risk and will need to review the available screening options with your healthcare provider.<sup>2</sup>**

### SCREENING IS THE MOST IMPORTANT THING YOU CAN DO TO HELP LOWER YOUR RISK OF DEVELOPING COLORECTAL CANCER. HERE ARE SOME FACTORS YOU CAN CONTROL<sup>3</sup>:



Participate in regular colorectal cancer screenings



Remain at a healthy weight



Don't smoke



Keep a healthy diet that is high in vegetables and fruits



Be physically active



Limit alcohol

**References:** 1. Colorectal cancer risk factors. American Cancer Society website. <https://www.cancer.org/cancer/colon-rectal-cancer/causes-risks-prevention/risk-factors.html>. Updated June 17, 2018. Accessed June 17, 2019. 2. American Cancer Society guideline for colorectal cancer screening. American Cancer Society website. <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html>. Updated May 30, 2018. Accessed June 14, 2019. 3. American Cancer Society. Understanding colorectal cancer screening: colorectal cancer screening: which test is right for you? <https://www.cancer.org/content/dam/cancer-org/cancer-control/en/booklets-flyers/colorectal-cancer-screening-which-test-is-right-for-you.pdf>. Published 2018. Accessed June 14, 2019.

## COLORECTAL CANCER SCREENING

WHEN CAUGHT IN EARLY STAGES\* **90%** survive **5 YEARS**<sup>1,2†</sup>  
*of patients*

<The American Cancer Society recommends **adults at average risk aged 45 and older** be screened for colorectal cancer.<sup>3></sup>

<The US Preventive Services Task Force recommends **adults at average risk aged 50 and older** be screened for colorectal cancer.<sup>3></sup>

**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**



**50**<sup>5</sup>

**References:** **1.** American Cancer Society. *Colorectal Cancer Facts & Figures 2020*. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2020/cancer-facts-and-figures-2020.pdf>. Published 2020. Accessed January 29, 2020. **2.** American Cancer Society. *Survival Rates for Colorectal Cancer, by Stage*. <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/survival-rates.html>. Accessed January 29, 2020. **3.** American Cancer Society. *Understanding colorectal cancer screening: colorectal cancer screening: which test is right for you?* <https://www.cancer.org/content/dam/cancer-org/cancer-control/en/booklets-flyers/colorectal-cancer-screening-which-test-is-right-for-you.pdf>. Published 2018. Accessed June 14, 2019. **3.** US Preventive Services Task Force, Bibbins-Domingo K, Grossman DC, et al. *Screening for colorectal cancer: US Preventive Services Task Force recommendation statement*. *JAMA*. 2016;315(23):2564-2575. **4.** Centers for Disease Control and Prevention (CDC). *Colorectal Cancer Screening Saves Lives*. Revised April 2017. CDC Publication #99-6948. **5.** *Colorectal cancer risk factors*. American Cancer Society website. <https://www.cancer.org/cancer/colon-rectal-cancer/causes-risks-prevention/risk-factors.html>. Updated February 21, 2018. Accessed June 17, 2019. **6.** Levin TR, Corley DA, Jensen CD, et al. *Effects of organized colorectal cancer screening on cancer incidence and mortality in a large community-based population*. *Gastroenterology*. 2018;155(5):1383-1391.

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

**52%**<sup>6</sup>

\*Based on people diagnosed with colorectal cancer (CRC) in stage I, stage IIa, or stage IIb between 2008 and 2014.<sup>1</sup>

<sup>†</sup>Localized: There is no sign that the cancer has spread outside of the colon or rectum. This includes AJCC stage I, IIa, and IIb cancers. Regional: The cancer has spread outside the colon or rectum to nearby structures or lymph nodes. This includes stage IIc and stage III cancers in the AJCC system. Distant: The cancer has spread to distant parts of the body such as the liver, lungs, or distant lymph nodes. This includes stage IV cancers.<sup>2</sup>

### MYTHS ABOUT COLORECTAL CANCER SCREENING<sup>1</sup>

*“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.

*“Screening is too expensive.”*

**FACT:** Most screening tests are covered by insurance, including Medicare. There are also low-cost screening options.

*“Having a colonoscopy is the only way to get screened.”*

**FACT:** There are several different screening tests available.

*“If my stool looks normal, I should be fine.”*

**FACT:** You can have colorectal cancer or polyps even if your stool looks normal.

*“Colorectal cancer is not that common.”*

**FACT:** Colorectal cancer is the second-leading cause of cancer-related deaths in the United States.

### 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.

<

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**Reference: 1.** American Cancer Society. Understanding colorectal cancer screening: colorectal cancer screening: which test is right for you? <https://www.cancer.org/content/dam/cancer-org/cancer-control/en/booklets-flyers/colorectal-cancer-screening-which-test-is-right-for-you.pdf>. Published 2018. Accessed June 17, 2019.

## VISUAL TESTS<sup>1\*</sup>

- A healthcare provider does these tests to look inside your colon and rectum
- The day before the test, you have to follow a clear liquid diet. You will also take a prep (either tablets and something to drink or an enema) before the test to empty your colon. The prep causes diarrhea (watery stool)

### COLONOSCOPY (How often: every 10 years)<sup>1</sup>

- This test uses a tube with a tiny camera to look for cancer and remove polyps if present inside your colon and rectum. You will be put to sleep during this test
- You will need to take 1 or 2 days off work. You will also need someone to drive you to and from the test
- Most insurance plans, including Medicare, cover this screening test. Check with your insurance company about your coverage

### CT COLONOGRAPHY (CTC) (How often: every 5 years)<sup>1</sup>

- This test looks for polyps and cancer inside your colon and rectum with an x-ray machine. Your healthcare provider will insert air into your colon with a small tube. You may feel some discomfort during this test
- You may need to take a day or half day off work to prepare and to have the test done
- If the test is positive, you will need a colonoscopy to find out whether there are polyps or cancer
- Insurance plans may not cover this screening test. Medicare does not cover it at this time. Check with your insurance company about your coverage

### FLEXIBLE SIGMOIDOSCOPY (FS) (How often: every 5 years)<sup>1</sup>

- This test uses a tube with a tiny camera to look for polyps and cancer in the lower part of your colon and rectum. The day of the test, you will give yourself 1 or 2 enemas, which will cause diarrhea (watery stool)
- Patients do not usually get medication during this test, and some may feel pressure and cramping
- You may need to take a day or half day off work to prepare and to have the test done
- If the test is positive, you will need a colonoscopy to find out whether there are polyps or cancer
- Most insurance plans, including Medicare, cover this test. Check with your insurance company about your coverage

\*Visual tests are intended for patients at average to high risk for CRC. Stool tests are intended for patients at average risk.

## STOOL TESTS<sup>1\*</sup>

- You can do these tests at home by taking a stool sample and mailing it to a lab
- You do not have to prep (cleanse) your colon for these tests

### MULTITARGET STOOL DNA (MT-sDNA) (How often: every 3 years)<sup>1</sup>

- This test checks your stool for blood and abnormal DNA which may be from polyps and/or cancer
- You will have a bowel movement into the container provided in the kit. You will also collect a small sample of that stool and put it in a vial
- The kit will come with instructions for how to mail your samples to the lab
- You do not have to change your diet for this test
- You do not need to take time off work
- If the test is positive, you will need a colonoscopy to find out whether there are polyps or cancer
- Some insurance plans, including Medicare, cover this test. Check with your insurance company about your coverage

### HIGH-SENSITIVITY GUAIAAC-BASED FECAL OCCULT BLOOD TEST (HSgFOBT) (How often: once a year)<sup>1,2</sup>

- This test checks your stool for blood which may be from polyps and/or cancer
- You will place a little stool on the card. Use 1 card per bowel movement for 3 separate bowel movements. The kit will come with instructions for how to mail your samples to the lab
- You will need to avoid certain foods and medicines as directed by your healthcare provider for a few days before the test
- You do not need to take time off work
- If the test is positive, you will need a colonoscopy to find out whether there are polyps or cancer
- Most insurance plans, including Medicare, cover this test. Check with your insurance company about your coverage

### FECAL IMMUNOCHEMICAL TEST (FIT) (How often: once a year)<sup>1,2</sup>

- This test checks your stool for blood which may be from polyps and/or cancer
- You will place a little stool on cards or in vials and mail your samples to the lab as directed by the kit instructions
- You will not have to change your diet for this test
- You do not need to take time off work
- If the test is positive, you will need a colonoscopy to find out whether there are polyps or cancer
- Most insurance plans, including Medicare, cover this test. Check with your insurance company about your coverage

**References:** 1. American Cancer Society. Understanding colorectal cancer screening: using conversation cards to help your patients select an option for colorectal cancer screening. <https://www.cancer.org/content/dam/cancer-org/cancer-control/en/booklets-flyers/conversation-cards-colorectal-cancer-screening.pdf>. Published 2018. Accessed June 17, 2019. 2. American Cancer Society. Colorectal cancer screening: what are my options? <https://www.cancer.org/latest-news/understanding-tests-that-screen-for-colon-cancer.html>. Published February 26, 2019. Accessed January 17, 2020.

SCREENING TEST SCHEDULING AND COLORECTAL CANCER RESOURCES

SCREENING TEST SCHEDULING AND COLORECTAL CANCER RESOURCES

TEST NAME	TYPE OF TEST	TESTING DETAILS NOTES	HOW TO ACCESS NOTES
Colonoscopy	Visual Test		
CT Colonography	Visual Test		
Flexible Sigmoidoscopy	Visual Test		

TEST NAME	TYPE OF TEST	TESTING DETAILS NOTES	HOW TO ACCESS NOTES
Multitarget Stool DNA	Stool Test		
High-sensitivity Guaiac-based Fecal Occult Blood Test	Stool Test		
Fecal Immunochemical Test	Stool Test		

Draft for Customer Review

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