

Choosing a Colon Cancer Screening Test

MARK'S DECISION



Get checked for colon cancer!

Colorectal cancer, which is also called colon cancer, is one of the leading causes of cancer-related death in New York City. Regular screening can help prevent this kind of cancer or find it earlier when it is easier to treat.

Colon cancer cases have been increasing among individuals younger than age 50. The New York City Department of Health and Mental Hygiene recommends individuals get screened **starting at age 45**. If you are between the ages of 45 and 49, check with your health care provider about your colon cancer risk and insurer about your insurance coverage before scheduling a screening.

It is better to know about your risks sooner rather than later. Having a risk factor does not necessarily mean you will develop colon cancer, and having no risk factors does not mean you will not get the disease. Discuss your personal risk with your provider to determine how early and often you should be screened. You may need an earlier screening or screening more often if you have various risk factors, such as a close family member with colon cancer.

There are different colon cancer screening tests. Stool-based tests can detect blood or DNA, which can be a sign of colon cancer, from a stool (feces) sample. Screening test options include:

- A fecal immunochemical test (FIT), which detects blood. A FIT is recommended every year.
- A high-sensitivity guaiac-based fecal occult blood test (HSgFOBT), which detects blood. An HSgFOBT is recommended every year.
- A multi-target stool DNA test (FIT-DNA), which detects blood and changes in genes (DNA) that could be from cancer. A FIT-DNA is recommended once every three years.

- A colonoscopy. This is a visual exam with a special camera that allows a health care provider to directly observe your colon and, during the same exam, to remove any polyps found along the way. A colonoscopy is done once every 10 years or sometimes more frequently, depending on your personal risk and what the exam shows. A positive stool test must be followed up with a colonoscopy.

For more information, visit **nyc.gov/health** and search for **colon cancer**. Once on our Colon Cancer web page, click on “Watch: Colonoscopy Prep: What to Expect” for a detailed video about getting ready for a colonoscopy. You can also watch the video on **YouTube.com**.

Talk to your health care provider and your family.

This graphic novella was created to help you start the conversation with your provider and your family about screening options for colon cancer prevention. Mark is helping himself and his family members prevent colon cancer, and you can help yourself and your family too. By reading this family story, you will learn:

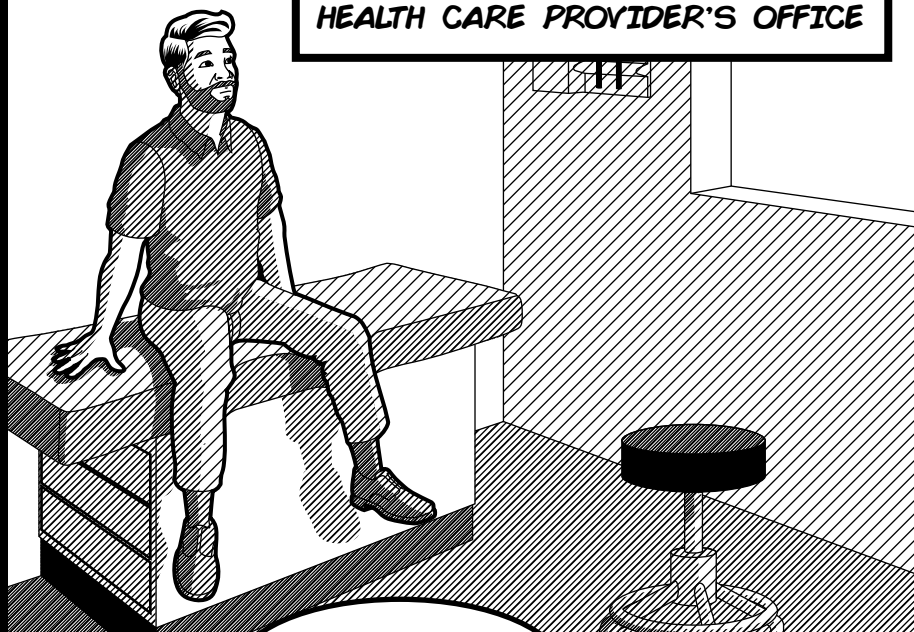
- How to discuss colon cancer screening and prevention with your provider
- What to expect for stool-based tests and a colonoscopy

Discuss your personal risk, screening method and frequency of screening with your provider and your family.

Recognize possible colon cancer symptoms.

Blood in your stool is one possible sign of colon cancer. Colon cancer can cause belly or rectal pain that will not go away, or constipation or diarrhea that does not get better. Unintended weight loss is another possible sign. These symptoms can also be caused by health issues other than colon cancer, but it is very important to see a health care provider if you have these symptoms.


HEALTH CARE PROVIDER'S OFFICE



HI MARK! HOW
ARE YOU?

I'M DOING
WELL! I JUST
CELEBRATED MY
47TH BIRTHDAY.





OH, HAPPY BIRTHDAY!
HAVE YOU BEEN
SCREENED FOR COLON
CANCER YET?

NO.

BUT I REMEMBER
MY WIFE SANDRA'S
COLONOSCOPY
EXPERIENCE.

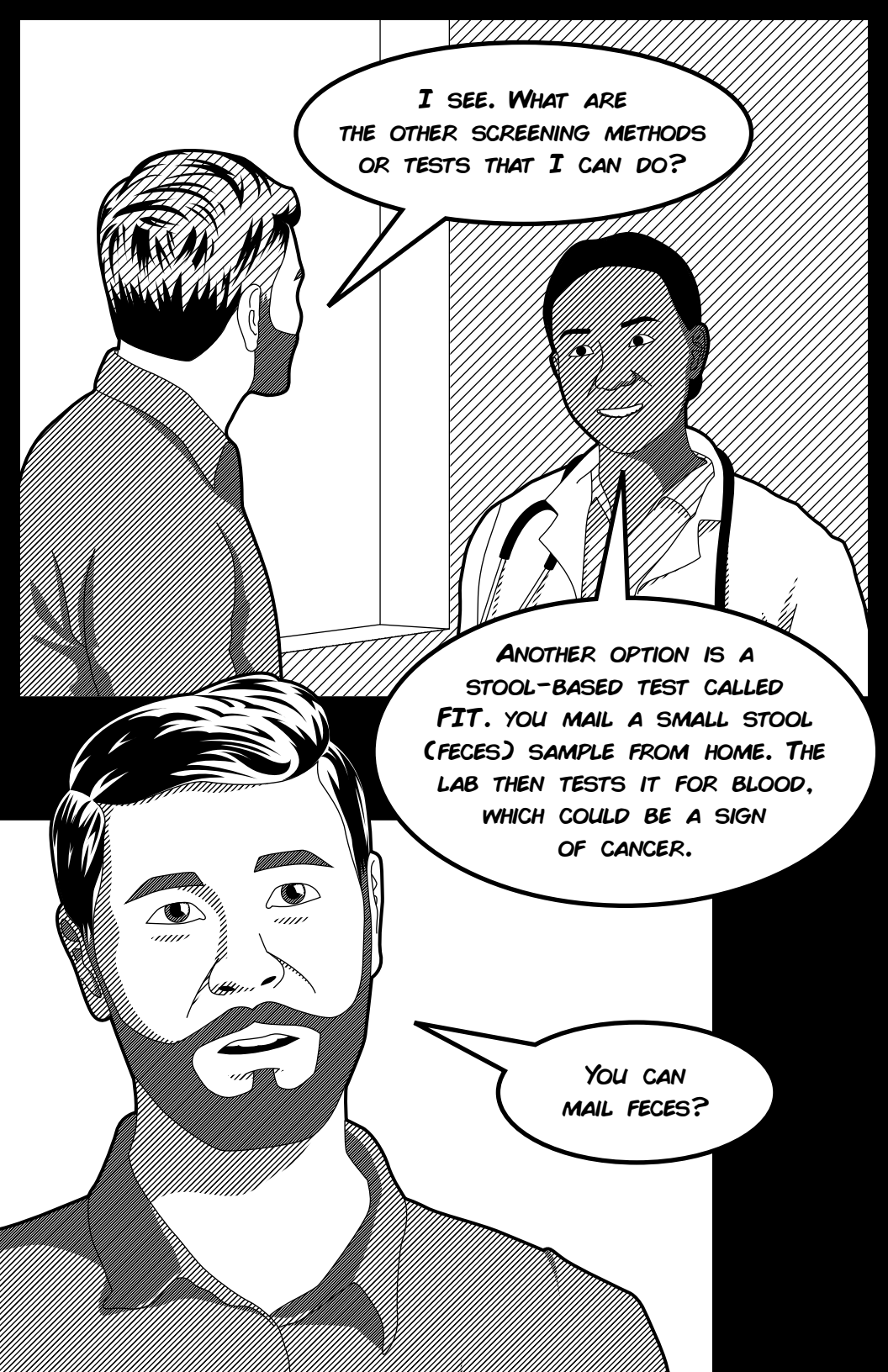
WELL, IT IS TIME TO
GET CHECKED. COLON CANCER
SCREENING CHECKS FOR COLON
OR RECTAL CANCER, AND FOR
POLYPS THAT COULD LEAD
TO CANCER.

REMOVING THOSE
POLYPS CAN ACTUALLY
PREVENT CANCER!

ALL RIGHT.
SHOULD WE SCHEDULE
A COLONOSCOPY
SOON THEN?

A COLONOSCOPY IS ONE OF
THE SCREENING METHODS. IT DIRECTLY
OBSERVES THE COLON AND RECTUM,
AND HELPS US REMOVE POLYPS AND
ANYTHING ELSE THAT CAN DEVELOP
INTO CANCER.






I SEE. WHAT ARE
THE OTHER SCREENING METHODS
OR TESTS THAT I CAN DO?

ANOTHER OPTION IS A
STOOL-BASED TEST CALLED
FIT. YOU MAIL A SMALL STOOL
(FECES) SAMPLE FROM HOME. THE
LAB THEN TESTS IT FOR BLOOD,
WHICH COULD BE A SIGN
OF CANCER.

YOU CAN
MAIL FECES?

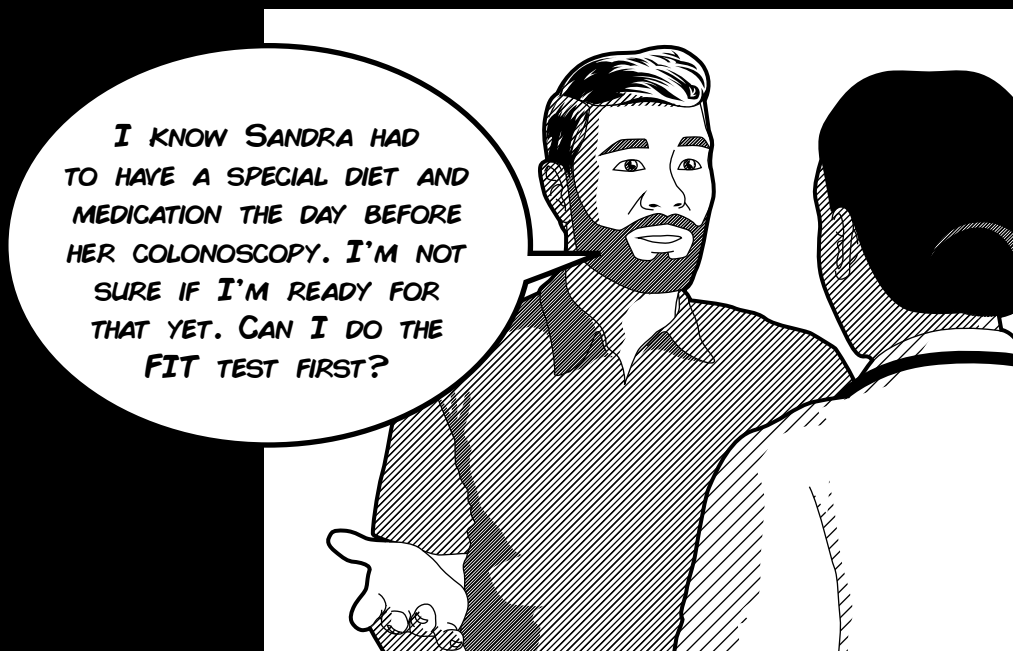
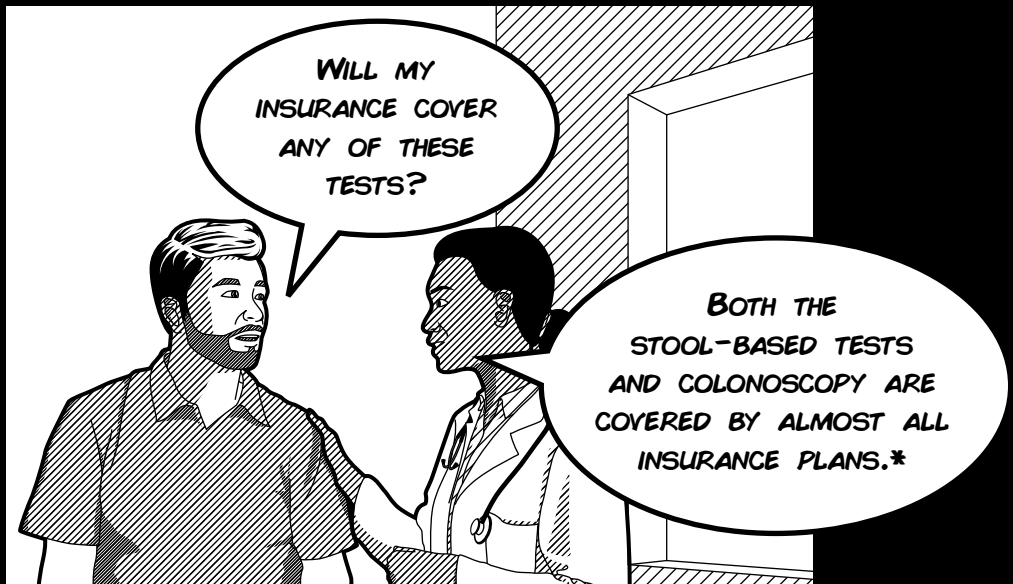


YOU CAN!
STOOL-BASED TESTS CAN
BE A GREAT OPTION FOR
PEOPLE AT AVERAGE RISK
FOR COLON CANCER.


**WHICH TEST
IS BETTER?**

**IT DEPENDS. BOTH
ARE EFFECTIVE AT FINDING
CANCER AND PROVEN TO
SAVE LIVES. THE FIT IS
EASIER TO DO, BUT YOU
WILL HAVE TO DO IT
EVERY YEAR.**

**THE COLONOSCOPY
REQUIRES MORE
PREPARATION AND
ANESTHESIA. BUT MOST
PEOPLE DO NOT HAVE TO DO
IT AS OFTEN. WE CAN ALSO
REMOVE POLYPS DURING
THE COLONOSCOPY.**



*Most insurance plans, including Medicaid and Medicare, cover colon cancer screenings for people starting at age 50. If you are between ages 45 and 49, coverage for screening varies. Consult with your health care provider about your colon cancer risk and with your insurer about your insurance coverage before your screening test.

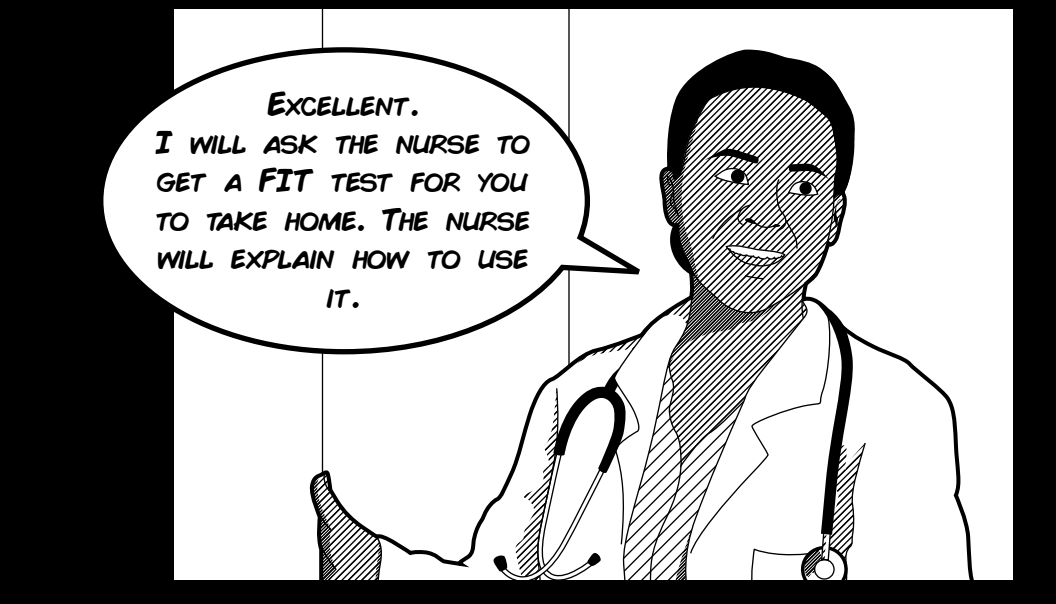


YOU CAN!
A FEW QUESTIONS: DO YOU HAVE ANY CLOSE FAMILY WITH COLON CANCER OR POLYPS, OR GENETIC CONDITIONS SUCH AS LYNCH SYNDROME?

NO.

ANY UNINTENTIONAL RECENT WEIGHT LOSS, OR PAIN, BLOOD OR CHANGES IN YOUR STOOL SUCH AS DIARRHEA OR CONSTIPATION?

NOT THAT I REMEMBER.



EXCELLENT.
I WILL ASK THE NURSE TO GET A FIT TEST FOR YOU TO TAKE HOME. THE NURSE WILL EXPLAIN HOW TO USE IT.

HI MARK.
NICE TO MEET
YOU!

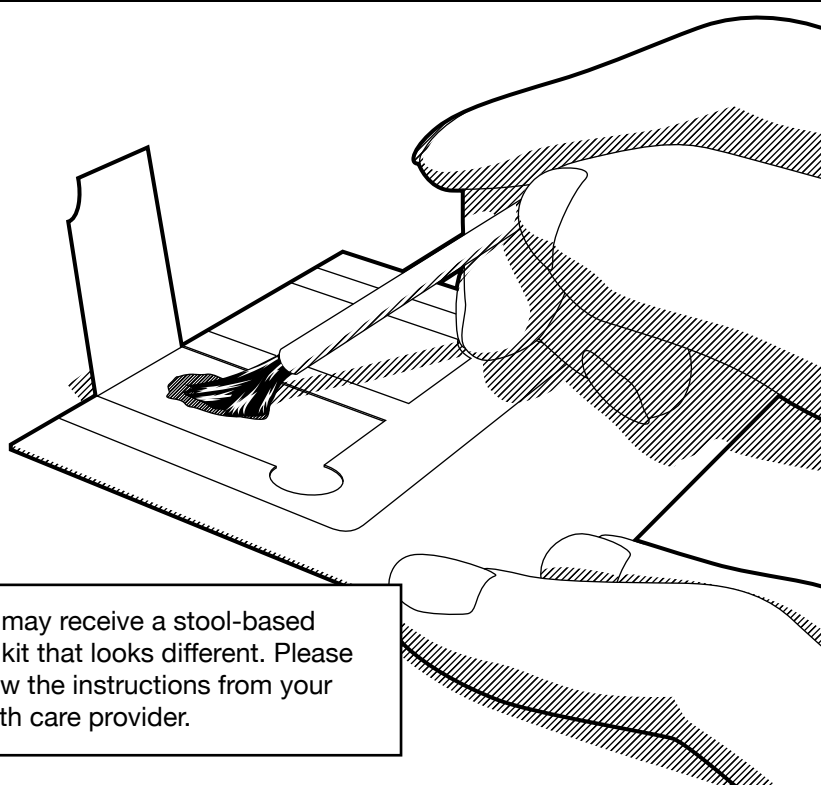
HERE IS THE FIT TEST FOR YOU.
IT IS VERY EASY. ALL YOU HAVE TO
DO IS USE THIS STICK TO PICK UP A
SMALL AMOUNT OF STOOL, PLACE IT
ON THE LABELED PORTION OF THE TEST
CARD, THEN SEAL IT UP AND MAIL IT
OUT. YOU WILL DO THIS TEST ONCE
EVERY YEAR.

DO YOU HAVE
ANY QUESTIONS?

I THINK
I GOT IT.
THANKS!



LATER THAT DAY



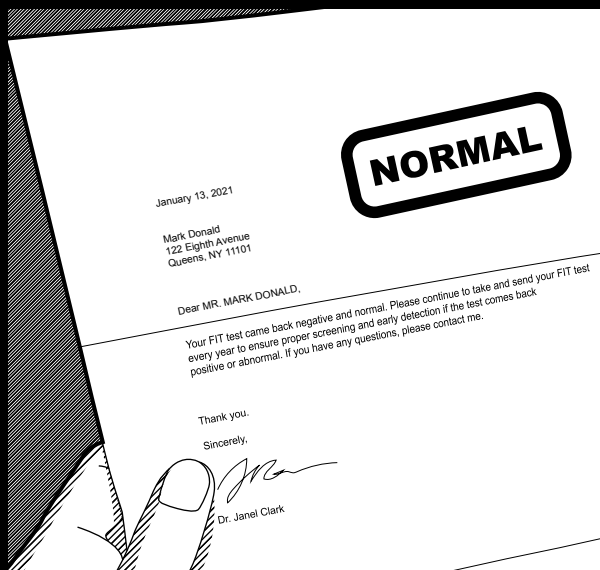
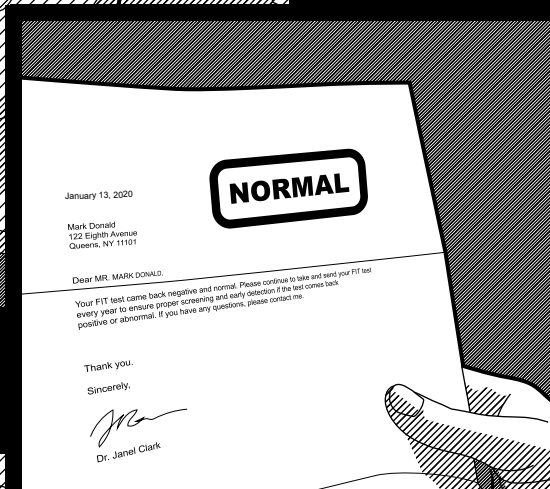
You may receive a stool-based test kit that looks different. Please follow the instructions from your health care provider.



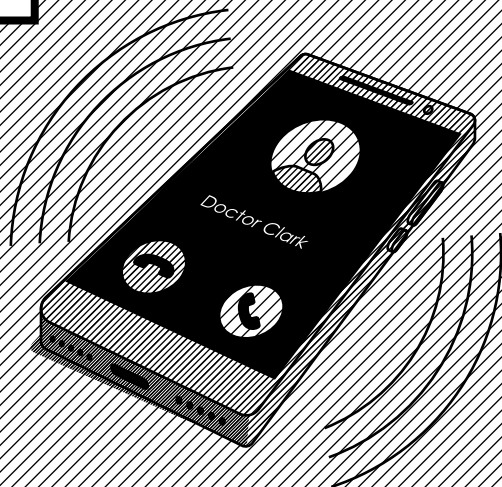
OH, HEY ANDREW!
I WAS JUST ON MY
WAY TO MAIL OUT
THIS FIT TEST.



WAIT, DAD - A
FIT SCREENING TEST FOR COLON
CANCER? I AM REALLY PROUD OF
YOU FOR THINKING AHEAD ABOUT
YOUR HEALTH.




YEAR THREE



HI DOCTOR CLARK.

WAIT, MY FIT
IS ABNORMAL?






TRY NOT TO BE TOO WORRIED, MARK.
AN ABNORMAL FIT RESULT DOES NOT
NECESSARILY MEAN YOU HAVE COLON CANCER.
BUT YOU WILL NEED TO HAVE A
COLONOSCOPY JUST TO BE SURE.

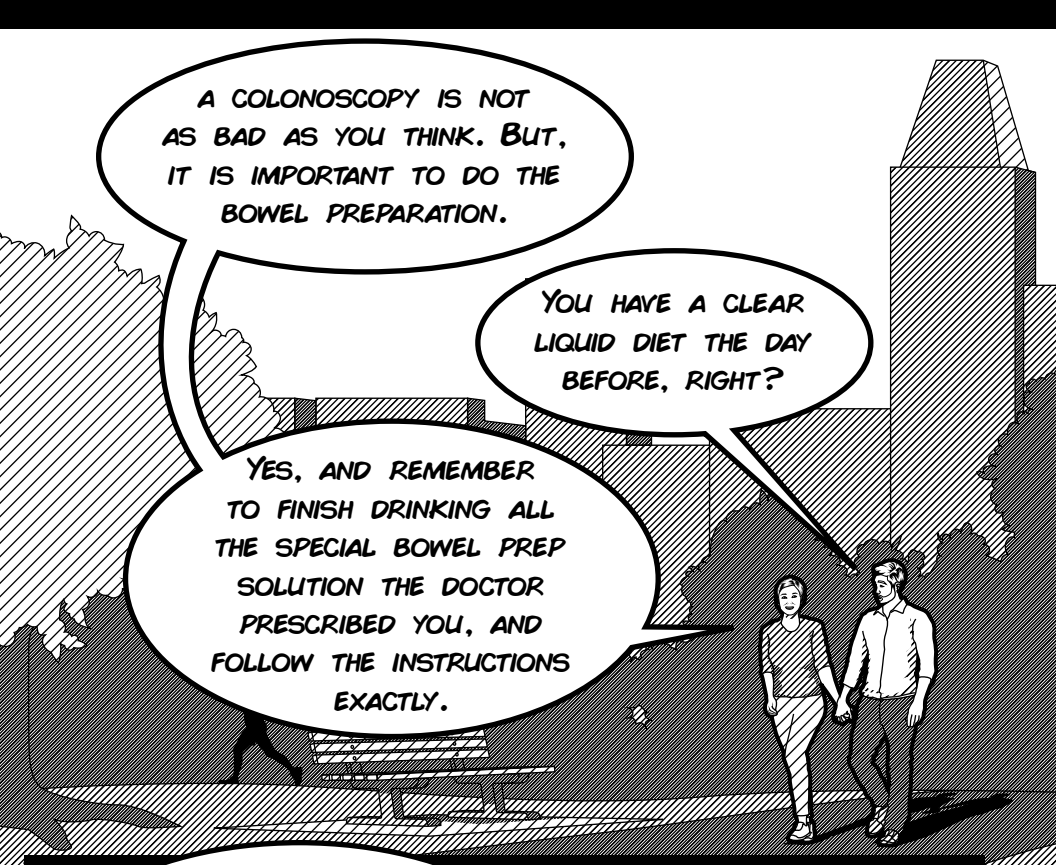
A black and white comic panel showing a doctor, a woman with her hair in a bun, talking to a man with a beard and mustache. The doctor is standing and gesturing with her hand towards the man, who is sitting. The man has a speech bubble that says 'ALL RIGHT. LET'S DO IT.' The doctor's speech bubble contains the text: 'TRY NOT TO BE TOO WORRIED, MARK. AN ABNORMAL FIT RESULT DOES NOT NECESSARILY MEAN YOU HAVE COLON CANCER. BUT YOU WILL NEED TO HAVE A COLONOSCOPY JUST TO BE SURE.'

ALL RIGHT.
LET'S DO IT.



I'M STILL REALLY
NERVOUS. I SHOULD
TALK TO SANDRA ABOUT
HER COLONOSCOPY
EXPERIENCE - MAYBE
THAT WOULD HELP.

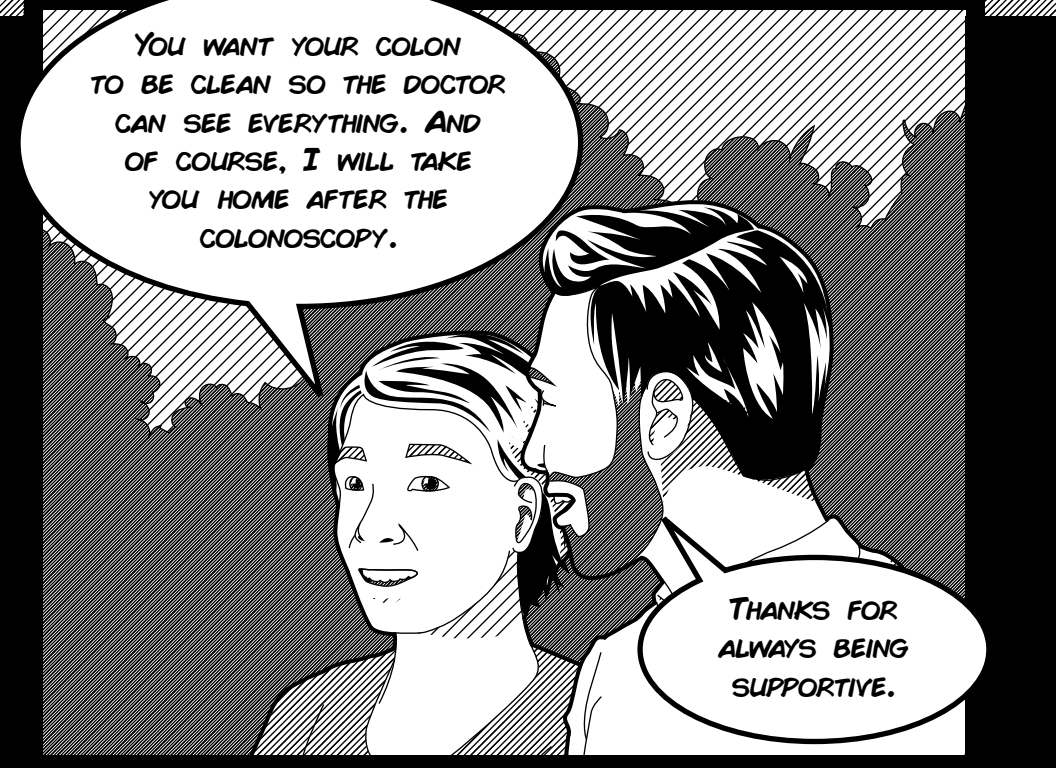
A close-up of Mark's face. He has a beard and mustache and is looking upwards with a thoughtful expression, his hand near his chin. A thought bubble next to him contains the text: 'I'M STILL REALLY NERVOUS. I SHOULD TALK TO SANDRA ABOUT HER COLONOSCOPY EXPERIENCE - MAYBE THAT WOULD HELP.'



A COLONOSCOPY IS NOT
AS BAD AS YOU THINK. BUT,
IT IS IMPORTANT TO DO THE
BOWEL PREPARATION.

YOU HAVE A CLEAR
LIQUID DIET THE DAY
BEFORE, RIGHT?

YES, AND REMEMBER
TO FINISH DRINKING ALL
THE SPECIAL BOWEL PREP
SOLUTION THE DOCTOR
PRESCRIBED YOU, AND
FOLLOW THE INSTRUCTIONS
EXACTLY.



YOU WANT YOUR COLON
TO BE CLEAN SO THE DOCTOR
CAN SEE EVERYTHING. AND
OF COURSE, I WILL TAKE
YOU HOME AFTER THE
COLONOSCOPY.

THANKS FOR
ALWAYS BEING
SUPPORTIVE.

THE DAY BEFORE MARK'S COLONOSCOPY



HM, IT DOESN'T
TASTE THAT BAD.

DAY OF COLONOSCOPY



ARE YOU OK?

JUST A LITTLE
NERVOUS. IS IT
GOING TO BE
UNCOMFORTABLE?

HONESTLY,
I DO NOT EVEN REMEMBER
THE COLONOSCOPY PART,
ONLY THE PREP. YOU WILL
BE OK.

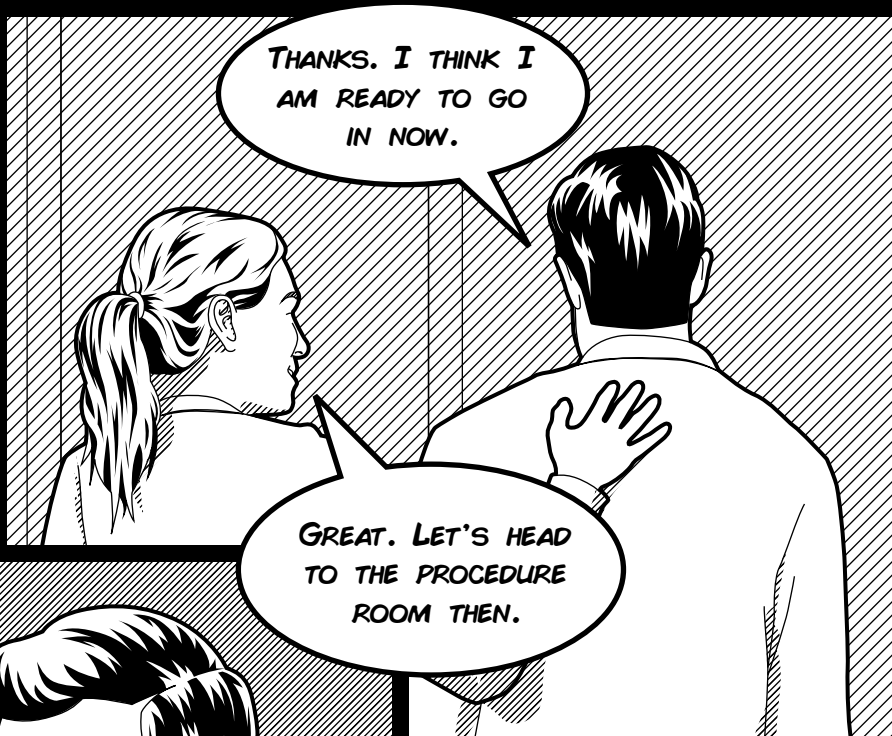


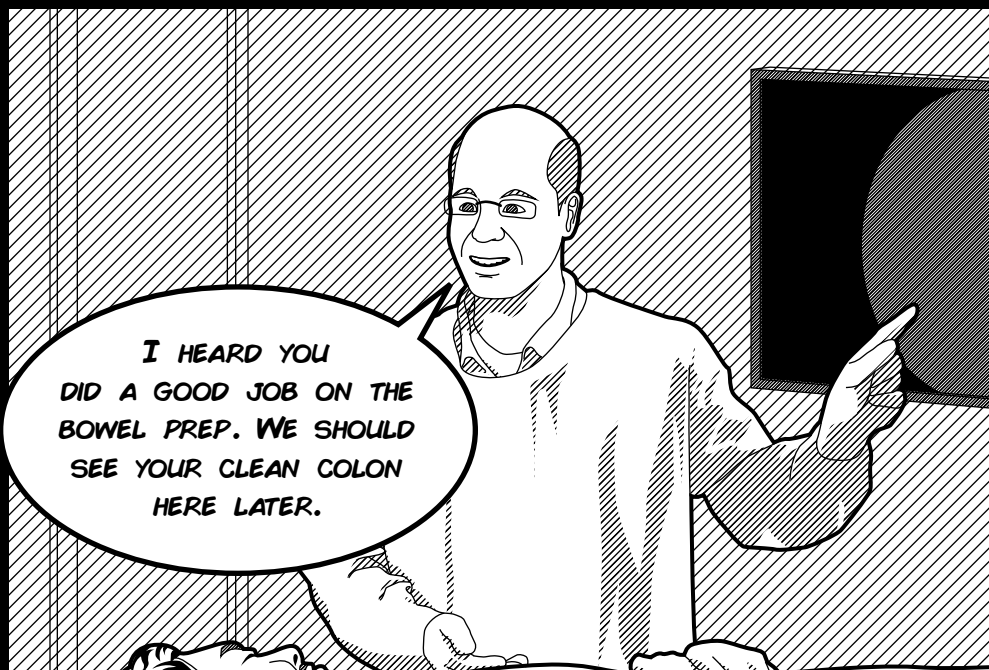
HI MARK! GLAD YOU
MADE IT. ARE YOU READY
FOR YOUR COLONOSCOPY?

YES. I HAD ONLY
CLEAR LIQUIDS YESTERDAY.
I ALSO FINISHED ALL THE
BOWEL PREP SOLUTION
AND DID NOT EAT
ANYTHING TODAY.

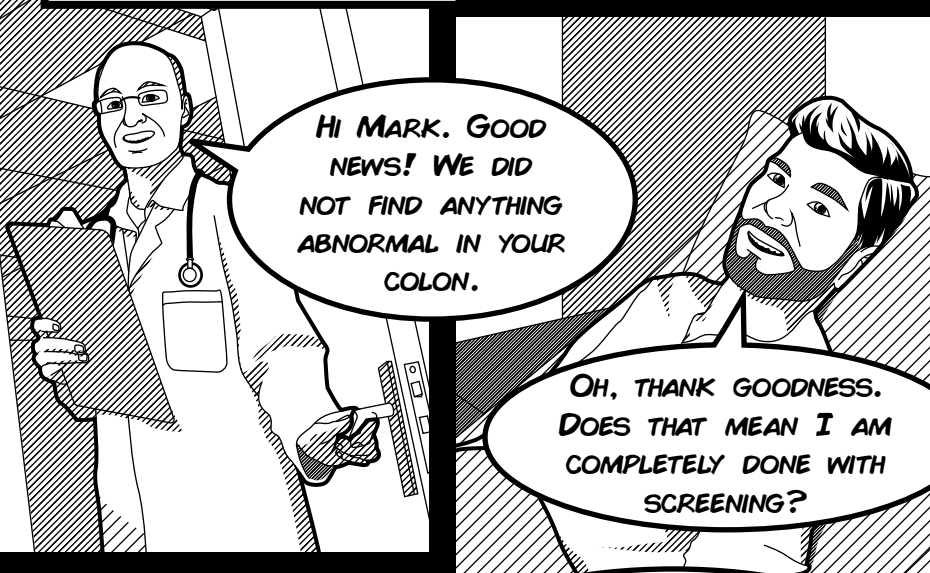
GREAT! THIS
SHOULD GIVE THE
DOCTOR A CLEAR VIEW
OF YOUR COLON AND
RECTUM.

THE DOCTOR INSERTS
A SMALL TUBE THAT IS
ABOUT ONE-HALF INCH
IN DIAMETER INTO YOUR
RECTUM. THE TUBE HAS A
LIGHT AND CAMERA AT THE
END OF IT. IT SHOULD
NOT HURT.





AFTER THE SCREENING




HI MARK. GOOD NEWS! WE DID NOT FIND ANYTHING ABNORMAL IN YOUR COLON.

OH, THANK GOODNESS. DOES THAT MEAN I AM COMPLETELY DONE WITH SCREENING?

IT IS IMPORTANT TO CONTINUE WITH SCREENING BECAUSE CANCER COULD STILL DEVELOP LATER. YOUR RISK GOES UP AS YOU GET OLDER. WE WILL GET YOU BACK ON A REGULAR SCREENING SCHEDULE.

WHAT A RELIEF. WHAT ELSE CAN I DO TO LOWER MY RISK OF COLON CANCER?

A black and white line drawing of a middle-aged man with glasses, wearing a white lab coat over a collared shirt. A stethoscope is draped around his neck. He is looking slightly to the left with a neutral expression.

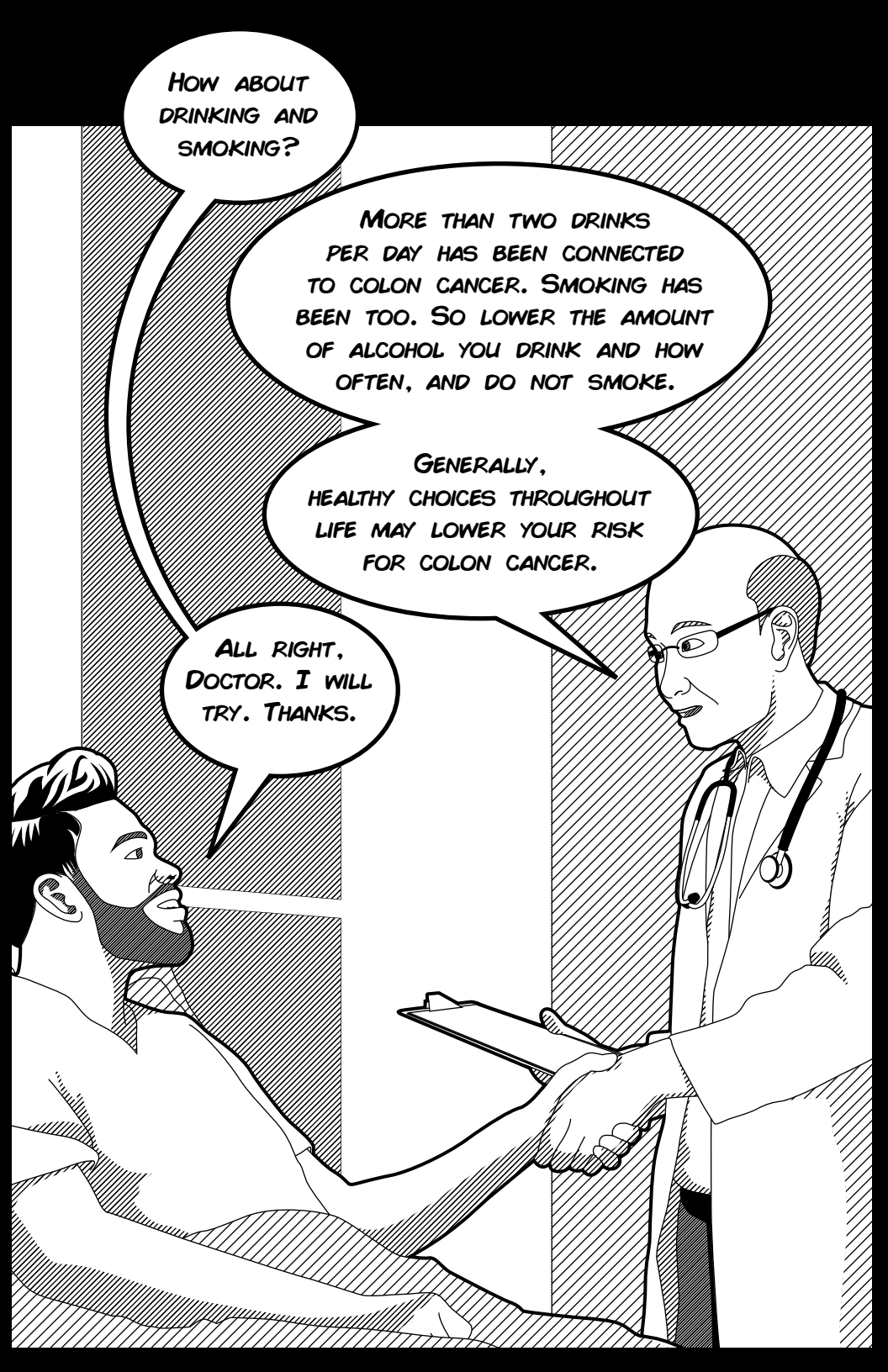
MAKE HEALTHY CHOICES.
RESEARCH SHOWS SOME
BEHAVIORS SEEM TO BE CONNECTED
TO LOWER COLON CANCER RISK.
WE DO NOT ALWAYS KNOW WHY
SOME PEOPLE GET CANCER AND
SOME DO NOT.

PEOPLE WHO EAT FEWER
PROCESSED MEATS ARE LESS
LIKELY TO GET COLON CANCER.
BEING PHYSICALLY ACTIVE ALSO
SEEMS TO BE CONNECTED TO
LOWER RISK.

A black and white line drawing of a man with a full beard and mustache, looking upwards and to the right with a questioning expression.

PROCESSED MEATS
INCLUDE DELI MEATS,
BACON AND HOT DOGS,
RIGHT?

THAT IS
CORRECT.




HOW ABOUT
DRINKING AND
SMOKING?

MORE THAN TWO DRINKS
PER DAY HAS BEEN CONNECTED
TO COLON CANCER. SMOKING HAS
BEEN TOO. SO LOWER THE AMOUNT
OF ALCOHOL YOU DRINK AND HOW
OFTEN, AND DO NOT SMOKE.


GENERALLY,
HEALTHY CHOICES THROUGHOUT
LIFE MAY LOWER YOUR RISK
FOR COLON CANCER.

ALL RIGHT,
DOCTOR. I WILL
TRY. THANKS.



I JUST NEED TO KEEP
UP WITH SCREENING AND
A HEALTHY LIFESTYLE
TO LOWER MY RISK OF
GETTING COLON CANCER.


How?



MY DOCTOR SUGGESTS THAT I
EAT HEALTHIER AND HAVE FEWER
PROCESSED MEATS. I SHOULD BE
PHYSICALLY ACTIVE, DRINK LESS
ALCOHOL AND NOT SMOKE. IT IS
ALSO IMPORTANT TO HAVE MY NEXT
SCREENING ON TIME.

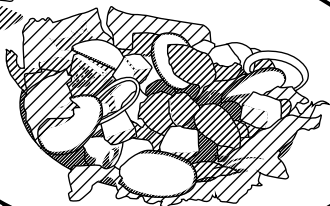


WE WILL ADOPT THESE
CHANGES TOGETHER! MARK,
YOU WILL NOT BE ALONE.



YOU ARE
THE BEST!

LATER THAT NIGHT, OUT AT
DINNER WITH THE FAMILY




WOULD YOU LIKE
SOME WINE, SIR?

NO, THANK
YOU.

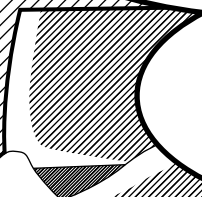
WAIT,
YOU ARE NOT HAVING
WINE, MARK?

NO. I HAD A COLON
CANCER SCREENING
RECENTLY.

IT WAS NEGATIVE, BUT
MY DOCTOR GAVE ME
SOME ADVICE ABOUT
HEALTHY LIVING.




AS YOUR BROTHER, I CARE ABOUT YOUR HEALTH A LOT. BOTH OF YOU SHOULD START TO DISCUSS COLON CANCER SCREENING WITH YOUR DOCTORS.



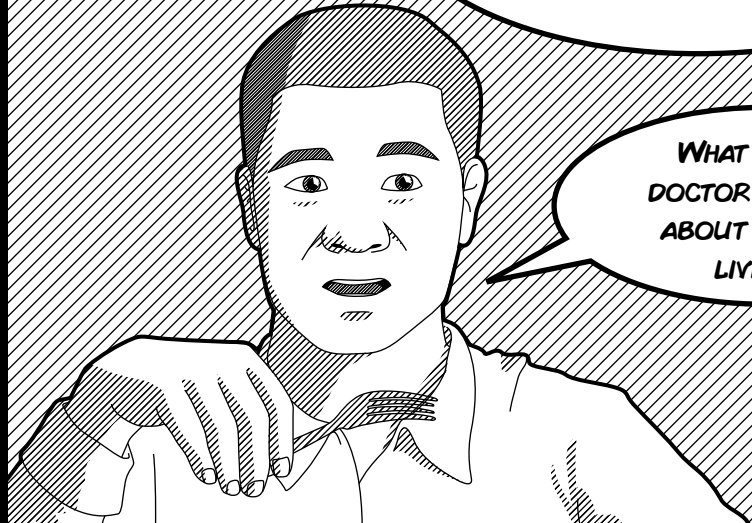
SINCE WE ARE ALL AROUND THE SAME AGE, SOONER IS BETTER THAN LATER.



WHAT SCREENING TEST DID YOU TAKE?




I DID THE STOOL-BASED TEST FOR THREE YEARS. IT WAS QUICK AND EASY. THIS YEAR MY RESULT WAS ABNORMAL, SO I HAD A FOLLOW-UP COLONOSCOPY.



WHAT IS THE DOCTOR'S ADVICE ABOUT HEALTHY LIVING?






ANDREW, REMEMBER
TO GET A COLON
CANCER SCREENING TEST
WHEN YOUR PROVIDER
RECOMMENDS IT.

I WILL, DAD.

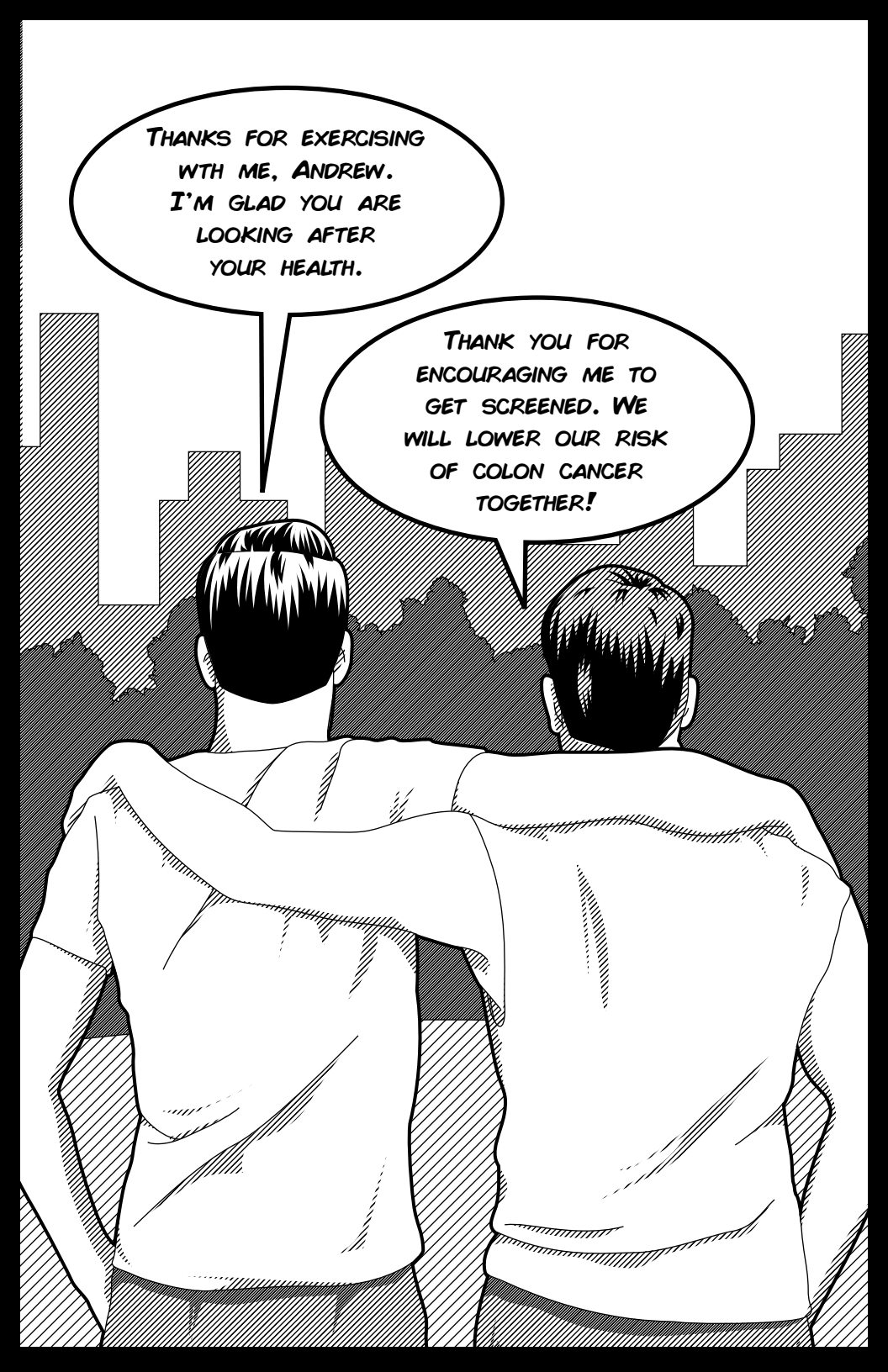
LET'S STOP
AHEAD AND TAKE A
QUICK BREAK.



HEY LILY.
DO YOU WANT
A SNACK?

YEAH!





THANKS FOR EXERCISING
WITH ME, ANDREW.
I'M GLAD YOU ARE
LOOKING AFTER
YOUR HEALTH.

THANK YOU FOR
ENCOURAGING ME TO
GET SCREENED. WE
WILL LOWER OUR RISK
OF COLON CANCER
TOGETHER!

FACTS ABOUT COLON CANCER RISK

Risk factors for colon cancer include:

- Being older — about 90% of cases occur in people age 50 and older*
- Having a personal or family history of colon cancer or adenomatous polyps
- Having an inherited syndrome such as Lynch syndrome or familial adenomatous polyps (FAP)

Colon cancer disproportionately affects the Black community: The risk for and rate of colon cancer is higher for African Americans. The reasons are complex but include differences in risk factors as well as the impacts of health inequities due to structural racism, such as less access to health care (screening, treatment, etc.).

These lifestyle changes can lower your risk:

- Lowering your weight if you have overweight or obesity
- Increasing your physical activity by sitting less and moving more
- Eating fewer processed meats and more fruits and vegetables
- Drinking fewer alcoholic drinks
- Not smoking. For support to quit smoking, call 866-NY-QUITS (866-697-8487).

Talk to your health care provider today about your risks and screening.

*The New York City Department of Health and Mental Hygiene recommends that individuals get screened for colon cancer starting at age 45, as colon cancer cases have been increasing among individuals younger than 50. If you are between ages 45 and 49, check with your health care provider about your colon cancer risk and insurer about your insurance coverage before your screening test.

