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.
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.
You can mail feces? 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.

I see. What are the other screening methods or tests that I can do?
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.

Will my insurance cover any of these tests?

Both the stool-based tests and colonoscopy are covered by almost all insurance plans.*

I know Sandra had to have a special diet and medication the day before her colonoscopy. I’m not sure if I’m ready for that yet. Can I do the FIT test first?

*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.
Excellent.
I will ask the nurse to get a FIT test for you to take home. The nurse will explain how to use it.

You can!
A few questions: Do you have any close family with colon cancer or polyps, or genetic conditions such as Lynch syndrome?

Any unintentional recent weight loss, or pain, blood or changes in your stool such as diarrhea or constipation?

Not that I remember.

No.
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!
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.
January 13, 2020

Mark Donald
122 Eighth Avenue
Queens, NY 11101

Dear Mr. Mark Donald,

Your FIT test came back negative and normal. Please continue to take and send your FIT test every year to ensure proper screening and early detection. If the test comes back positive or abnormal, please contact me.

Thank you.

Sincerely,

Dr. Janel Clark

January 13, 2021

Mark Donald
122 Eighth Avenue
Queens, NY 11101

Dear Mr. Mark Donald,

Your FIT test came back negative and normal. Please continue to take and send your FIT test every year to ensure proper screening and early detection. If the test comes back positive or abnormal, please contact me.

Thank you.

Sincerely,

Dr. Janel Clark
Hi Doctor Clark.

Wait, my FIT is abnormal?
I'm still really nervous. I should talk to Sandra about her colonoscopy experience — maybe that would help.

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.
A colonoscopy is not as bad as you think. But, it is important to do the bowel preparation.

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.
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.
Thanks. I think I am ready to go in now.

Great. Let's head to the procedure room then.

I am so glad that Mark is taking care of his health!
I heard you did a good job on the bowel prep. We should see your clean colon here later.

I am going to give you medication to relax. It will make you sleepy. Are you ready for the procedure?

I am ready.
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?
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.

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.
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?
Start with a healthy diet and regular physical activity. Limit your drinking, and do not smoke.

The most important thing to do is to get screened.

I do not want to get cancer! I will try to quit smoking.
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 polyposis (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.