

colorectal cancer

The simple truth

What is colorectal cancer?

- It is cancer of the large intestine and rectum.
- It develops from a growth called a polyp that is not cancer yet, but can become cancerous.
- It is a preventable disease. With screening, colorectal cancer can be prevented.
- It is a treatable disease. If found early with screening, you have a good chance of beating colorectal cancer.

How can colorectal cancer be prevented?

- Screening is the only way to detect polyps and then treat them before they turn into cancer.

Who should be screened for colorectal cancer?

- Men and women 50 years or older should be screened.
- You are at increased risk if you have a parent, brother, sister, or child who has had colorectal cancer or if you have a history of colon polyps.
- Do not wait for symptoms to get screened. You can have the disease and not even know it.

You have the power.

Talk to your doctor about getting screened to prevent colorectal cancer.

For more information about your screening options and to schedule, contact your clinic or health care provider or visit uwhealth.org/coloncancerscreening

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Colorectal Cancer Prevention



You have the Power.

Stop colorectal cancer before it starts.

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Screening options

PREVENT AND DETECT CANCER: Screening options that can detect precancerous polyps and cancer

Test	Description	Frequency	Advantages	Considerations
Optical Colonoscopy (Screens entire colon)	The rectum and total colon are looked at using a flexible tube with a built in camera and light. This tube is called a colonoscope. Growths that are not normal can be found and removed or biopsied.	Every 10 years	<ul style="list-style-type: none"> Can look at entire colon and rectum Allows for polyps to be taken out at time of exam IV sedation used for comfort 	<ul style="list-style-type: none"> Cleansing of the colon is required (bowel prep) Sedation with recovery time; may miss work/activities Need a driver to take you home
Virtual Colonoscopy (Screens entire colon)	A CT scan of the abdomen is done while air (CO ₂) is put into the colon. Special computer software builds a 3-D model of the total colon and rectum. This is viewed by a radiologist to look for colon polyps and cancer.	Every 5 years	<ul style="list-style-type: none"> Can look at entire colon and rectum You can return to work/activity following the test, unless optical colonoscopy is required No IV or sedation required 	<ul style="list-style-type: none"> Cleansing of the colon is required (bowel prep) If a polyp is found, removal may be done with optical colonoscopy the same day CT images provide a limited look at other internal organs No driver needed to take you home
Flexible Sigmoidoscopy (Screens part of the colon)	A flexible, lighted tube (endoscope) is used to view the lining of the lower third of the colon and rectum.	Every 5 years	<ul style="list-style-type: none"> Less cleansing of the colon is needed than colonoscopy You can return to work/activity following the test No IV or sedation required 	<ul style="list-style-type: none"> Entire colon is <u>not</u> screened If a polyp is found, an optical colonoscopy is scheduled to remove the polyp and look at the entire colon No driver needed to take you home

DETECT CANCER: Screening options that can detect cancer

Test	Description	Frequency	Advantages	Considerations
Immunochemical Fecal Occult Blood Test (iFOBT)	This test checks for invisible blood in the stool. The test can be completed at home by collecting one stool sample. If blood is found in the stool, this may be due to a polyp or cancer and more testing is needed.	Every year	<ul style="list-style-type: none"> No bowel prep is needed May be done at home Most affordable option for uninsured patients 	<ul style="list-style-type: none"> Does not detect polyps at an early stage May have false-positive and false-negative results Colonoscopy is needed if test is positive for blood

**For more information about your screening options and to schedule, contact your clinic or health care provider.
Contact your health insurance company about coverage for screening options.**