BE SEEN, GET SCREENED:

The Complete Guide to Colon Cancer Screening

BeSeenGetScreened.com
Introduction to Colon Cancer

**If you’re still hiding from colon cancer screening, listen up.**

Colon cancer is the second leading cancer killer of both men and women in the United States. The risk of getting it during your lifetime is about 1 in 20 for men, and slightly less for women.¹

Even though it’s easily prevented, 1 in 3 adults over the age of 50 do not get screened for colon cancer. Since so many people are going unscreened, colon cancer is still the second-leading cancer killer in the United States even though screening has shown to decrease mortality.

If you’re still hiding from cancer screenings, it’s time to learn more about colon cancer and how getting screened could save your life.

*Let’s dive into the facts.*

1 OUT OF 3 ADULTS OVER THE AGE OF 50 are not getting screened.

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1. www.cancer.org/cancer/colonandrectumcancer/detailedguide/colorectal-cancer-key-statistics
Colon Cancer: Facts & Figures

Colon cancer can be found with screening. People who get screened often are more likely to have their diseases found and treated in its early stages. If you wait until you see symptoms, there’s a good chance the cancer is already in its later stages and much harder to treat and cure.

Waiting until symptoms occur can mean diagnosis at a later stage, when your chance of surviving is much lower.

Finding colon cancer early improves a person’s chances of surviving it.

Survival Rates for Colon Cancer by Stage

<table>
<thead>
<tr>
<th>Stage</th>
<th>5-Year Survival Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage I</td>
<td>94%</td>
</tr>
<tr>
<td>Stage II</td>
<td>82%</td>
</tr>
<tr>
<td>Stage III</td>
<td>67%</td>
</tr>
<tr>
<td>Stage IV</td>
<td>11%</td>
</tr>
</tbody>
</table>

So, how do you get colon cancer? Most of the time, it starts with polyps.

A polyp is a growth that can grow on the lining of the colon or rectum. Most of the time, they’re harmless; but some can turn into cancer if they are not removed.

There are two kinds of polyps. The chance of one becoming cancer depends on what type of polyp it is.  

Adenomatous polyps are referred to as “precancerous” because they’re more likely to develop into cancer than the other kind of polyp.  

Hyperplastic and inflammatory polyps are mostly not considered precancerous.

If a polyp does become cancer, it can grow into the inner wall of the colon. If left untreated, the cancer can grow deeper and invade the blood vessels or lymphatic system. Finally, the cancer can then spread to other organs of the body. When the cancer spreads to other parts of the body, it is referred to as “metastatic.”

Luckily, colon cancer grows much slower compared to many other cancers. Specifically, adenomas (the more dangerous polyps) can sometimes take more than ten years to grow. After becoming cancerous, malignant cells can then spread to other parts of the body.

Regular colon cancer screenings are essential for finding and removing polyps before they can develop into cancer.

What are the Stages of Colon Cancer?

As described above, colon cancer starts out as a polyp. Some polyps—sometimes called precancer—can develop into cancer over time. Once polyps develop into cancer, doctors describe the cancer using something called “summary staging.”

Summary staging is a basic way to classify the growth and development of colon cancer. There are 4 main categories in this staging system.

**STAGE I:**
The cancer has begun growing in the colon, but it has not yet affected nearby lymph nodes or other parts of the body.

**STAGE II:**
Cancer has grown into the wall of the colon and may have extended into other tissues.

**STAGE III:**
Cancer has spread into local lymph nodes and grown into the outer layers of the colon or expanded through the wall of the colon. It may have attached itself to nearby organs or tissues. It has not traveled to distant sites in other parts of the body.

**STAGE IV:**
At this last stage of the disease, the cancer may or may not have grown through the wall of the colon, and may have spread to any number of nearby lymph nodes.

To classify as Stage IV, the cancer must have spread to at least one distant organ. The three organs most commonly affected are the lungs, liver, and the lining of the abdominal cavity, also called the peritoneum.  

SOURCE: (7) www.cancer.org/cancer/colonandrectumcancer/detailedguide/colorectal-cancer-staged
Signs & Symptoms

People who have polyps or colon cancer don’t always have or notice symptoms. This means it’s very important to get screened when your doctor tells you to in order to stay healthy and cancer-free.

If you do have symptoms, they usually include:

- Unexplained weight loss
- Stomach pains, and persistent abdominal cramps
- Changes in bowel habits
- Blood in your stool

It’s important to know that colon cancer is not the only cause of these symptoms. Talking to your doctor is the only way to be sure you know what they might be from.

What are the Risk Factors?

Just like other kinds of cancer, some people may be at a higher risk for getting colon cancer than others. If any of the following apply to you or someone you know, it’s extra important to make sure you get screened as often as your doctor recommends. Below are the risk factors you should know about:

Age

Although it’s possible for young adults to develop colon cancer, the chances increase after age 50. About 90% of those who get the disease are 50 or older.

Percent of New Cases by Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 20</td>
<td>0.1%</td>
</tr>
<tr>
<td>20-34</td>
<td>1.2%</td>
</tr>
<tr>
<td>35-44</td>
<td>4.1%</td>
</tr>
<tr>
<td>45-54</td>
<td>14.2%</td>
</tr>
<tr>
<td>55-64</td>
<td>21.2%</td>
</tr>
<tr>
<td>65-74</td>
<td>23.9%</td>
</tr>
<tr>
<td>75-84</td>
<td>23.2%</td>
</tr>
<tr>
<td>&gt; 84</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

Race & Ethnicity

Colon cancer rates are highest in African American men, similar in Caucasian men and African American woman, and lowest in Caucasian women. Overall, compared to Caucasians, colon cancer rates in African Americans are 20% higher and death rates are about 45% higher.  

Check out the chart below for more about race, ethnicity and colon cancer:

**Colorectal Cancer Incidence Rates** | BY RACE/ETHNICITY

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL RACES</td>
<td>50.6</td>
</tr>
<tr>
<td>WHITE</td>
<td>49.6</td>
</tr>
<tr>
<td>BLACK</td>
<td>62.3</td>
</tr>
<tr>
<td>ASIAN/PACIFIC ISLANDER</td>
<td>43.1</td>
</tr>
<tr>
<td>AMERICAN INDIAN/ALASKA NATIVE</td>
<td>45.5</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>44.8</td>
</tr>
<tr>
<td>NON-HISPANIC</td>
<td>51.4</td>
</tr>
</tbody>
</table>

NUMBER OF NEW CASES PER 100,000 PERSONS BY RACE/ETHNICITY & SEX: COLON AND RECTUM CANCER

Diabetes

Those who have type 2 diabetes have an increased risk of developing colon cancer. Along with a greater cancer risk, people already dealing with diabetes also tend to have a more difficult time being treated for it than those who don’t have diabetes.

Inflammatory Bowel Disease

People who have Inflammatory Bowel Disease are also at a higher risk of getting colon cancer.

Family history

If you, a parent, sibling or child has had polyps and/or colon cancer in the past, you may be at a much higher risk for developing it. Screening earlier and more often is very important in these cases.

Like many kinds of cancer, there are also ways to lower your risk of getting colon cancer. These are mostly lifestyle-related changes you can control yourself such as:

Lifestyle Risk Factors

- **Diet**
  Vegetables, fruits, and whole grain foods have all been linked with a lower risk of getting colon cancer. Red meats (steak, beef, lamb) and processed meats (deli meats), on the other hand, can raise your risk.\(^\text{13}\)

- **Obesity**
  Being severely overweight increases the risk of developing colon cancer in both men and women.\(^\text{14}\)

- **Smoking**
  Smokers, especially long-term ones, are more likely to develop colon cancer and have high mortality rates.\(^\text{15}\)

Common Myths About Colon Cancer

There are a few myths about colon cancer and the screening process used to find it that might be keeping people from getting screened like they should.

**MYTH: “COLON CANCER IS JUST A ‘MEN’S DISEASE.’”**

**FACT:** Similar numbers of men and women develop colon cancer each year. In 2012, the American Cancer Society estimated about 73,000 men and 70,000 women would be diagnosed with colorectal cancer in the U.S.\(^\text{16}\) Regular screening is a must for **everyone**.

**MYTH: “SINCE I HAVE NO SYMPTOMS, THERE’S NO REASON TO GET SCREENED.”**

**FACT:** Since the symptoms of colon cancer are rarely present early on, regular screening is the only way to make sure doctors can find it before it becomes too difficult to treat.

When found early, colon cancer can very often be treated with surgery alone. The cure rate for Stage I colorectal cancer is about 95%.\(^\text{17}\)

**MYTH: “COLON CANCER CAN’T BE PREVENTED, SO WHY EVEN GET SCREENED?”**

**FACT:** Colon cancer can be prevented by finding and removing precancerous polyps.\(^\text{18}\)

BE SEEN, GET SCREENED

MYTH: “AGE DOESN’T MATTER WHEN IT COMES TO COLON CANCER”

FACT: Nine out of ten people who have colon cancer are 50 or over. The American Cancer Society recommends people start getting screened regularly at age 50. For those with a family history of the disease, experts say you should start getting screened when you’re even younger. To better understand when you should start getting screened, talk to your doctor.

MYTH: “THERE’S ONLY ONE WAY TO GET SCREENED.”

FACT: Not even close! Screening has come a long way and gotten much better over the years. There are a number of different screening methods available to choose from. Talk to your doctor if you want to learn more about what options are right for you.

What are My Screening Options?

With a number of different ways to screen, it’s time to come out of hiding and be confident when it comes to your health.

While some screening options like colonoscopy still require special preparation like taking medication and changing what you eat, many of the tests don’t require any prep work—some can even be done from the privacy of your own home!

Here’s a short explanation of the five most common screening methods. Check out the chart below to compare them with each other.

- **Stool DNA (sDNA) Test:** Stool DNA Tests are a non-invasive way to find cancer and precancer by detecting altered DNA and/or blood in a stool sample. These tests use advanced technology to find altered DNA from cells that are constantly shed into the colon and picked up by stool as it passes through.

- **Colonoscopy:** Colonoscopy allows doctors to see the inside of the colon and rectum, remove any polyps that might be there, and take samples to determine if any of the polyps they removed were cancerous.

  This screening method is routinely recommended for adults 50 and over to detect precancerous growths like polyps and all stages of cancer within the large intestine.

- **CT Colonography:** This is a less invasive way to screen which uses computer software to create a high-tech picture of the inside of the colon and rectum so doctors can see if cancer has started to grow there.

- **Flexible Sigmoidoscopy:** This test uses a sigmoidoscope—a flexible tube with a small camera and light that is inserted through the rectum and into the colon in order to see if any growths are present.

Fecal Immunochemical Test (FIT) & Fecal Occult Blood Test (FOBT): These non-invasive screening types test a person’s stool sample to see if there are tiny amounts of blood in it. If there is blood present, it could mean you have developed colon cancer. This method is not always dependable since there are other conditions that can cause this kind of bleeding and bleeding can be intermittent.

### Colon Cancer Screening Methods

<table>
<thead>
<tr>
<th><strong>STOOL DNA (sDNA) TEST</strong></th>
<th><strong>FIT</strong></th>
<th><strong>FOBT</strong></th>
<th><strong>CT COLONOGRAPHY (Virtual Colonoscopy)</strong></th>
<th><strong>FLEXIBLE SIGMOIDOSCOPY</strong></th>
<th><strong>COLONOSCOPY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Detects altered DNA in the stool that passed through the colon, sDNA technology uses molecular markers to identify precancer (polyps), and colon cancer.</td>
<td>Detects tiny amounts of blood in stool, which may indicate colon cancer.</td>
<td>Detects tiny amounts of blood in stool, which may indicate colon cancer.</td>
<td>Uses computer software to create a high-tech picture of the inside of the colon and rectum so doctors can see if there are growths that may be cancer or precancer.</td>
<td>Uses a small tube with a camera on the end to see if any growths are present and to remove any that are suspicious. It only examines the left side of the colon.</td>
<td>Allows doctors to see the inside of the colon and rectum, remove any growths that might be there, and take samples to determine if any of the growths removed are cancerous.</td>
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#### How It Works

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<tr>
<td><strong>YOU COLLECT YOUR STOOL AT HOME AND MAIL THE TEST COLLECTION KIT TO THE LAB IN A PREPAID SHIPPING BOX.</strong></td>
<td><strong>YOU COLLECT A SAMPLE OF YOUR BOWEL MOVEMENT AT HOME AND RETURN THE TEST KIT TO YOUR DOCTOR OR A LAB.</strong></td>
<td><strong>YOU COLLECT A SAMPLE OF YOUR BOWEL MOVEMENT AT HOME AND RETURN THE TEST KIT TO YOUR DOCTOR OR A LAB.</strong></td>
<td><strong>A RADILOGIST DOCTOR WILL ADMINISTER THE TEST IN AN OFFICE. IT TAKES A FEW MINUTES IN THE SCANNER, WITH DOWN-TIME BEFORE AND AFTER.</strong></td>
<td><strong>YOUR DOCTOR WILL ADMINISTER THE TEST IN THE OFFICE, WHICH TAKES APPROXIMATELY 20 MINUTES.</strong></td>
<td><strong>A SPECIALIST DOCTOR WILL ADMINISTER THE TEST, GENERALLY IN A SPECIALTY CENTER OR HOSPITAL.</strong></td>
</tr>
</tbody>
</table>

#### Frequency

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**UNDETERMINED**

**EVERY YEAR**

**EVERY YEAR**

**EVERY 5 YEARS**

**EVERY 3-5 YEARS**

**EVERY 10 YEARS**

#### Preparation

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**NO PREPARATION REQUIRED**

**YOU DO NOT NEED TO FOLLOW ANY DIET PREPARATION OR CHANGES TO YOUR MEDICATIONS**

**THIS TEST MAY REQUIRE THAT YOU LIMIT CERTAIN FOODS AND MEDICATIONS IN YOUR DIET**

**THIS TEST REQUIRE FASTING**

**THIS TEST REQUIRE FASTING**

**THIS TEST REQUIRE FASTING**

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#### Type

<table>
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</table>

**NONINVASIVE**

**NONINVASIVE**

**NONINVASIVE**

**MINIMALLY INVASIVE**

**INVASIVE**

**INVASIVE**

#### Other Considerations

<table>
<thead>
<tr>
<th><strong>STOOL DNA (sDNA) TEST</strong></th>
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**At-home stool collection**

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**Useful for people who can’t have or prefer not to have colonoscopies**

**Examines the entire rectum, and half of the colon.**

**Examines the entire colon.**

**Removes polyps**

**Patients receive sedation during the procedure**

**Prepping for this test requires you to use the bathroom often, stick to a clear liquid diet, and drink a special solution that helps to empty your colon.**

**At-home stool collection**

**If the test result is positive, a colonoscopy is needed to find the source of the bleeding.**

**Because there are other conditions that can cause blood in the stool, this may not be as reliable for detection of colon cancer.**

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Additional Resources

**WANT TO LEARN MORE ABOUT COLON CANCER AND WHY SCREENING IS ESSENTIAL?**

Get the latest news, updates, infographics and more at [WWW.BESEENGETSCREENED.COM](http://WWW.BESEENGETSCREENED.COM)

**READY TO TALK TO YOUR DOCTOR ABOUT GETTING SCREENED?**

Download our discussion guide filled with questions you can ask at your next appointment: [WWW.BESEENGETSCREENED.COM/GUIDE](http://WWW.BESEENGETSCREENED.COM/GUIDE)

**INTERESTED IN DISCOVERING MORE ABOUT COLON CANCER AND WAYS YOU CAN LOWER YOUR RISK OF DEVELOPING THIS SERIOUS DISEASE?**

Visit our blog for more information: [WWW.BESEENGETSCREENED.COM/BLOG](http://WWW.BESEENGETSCREENED.COM/BLOG)

**STILL HAVE QUESTIONS ABOUT COLON CANCER SCREENING OR THE OPTIONS AVAILABLE TO YOU?**

Talk to your doctor and get a clear picture of all the ways you can stay cancer-free.