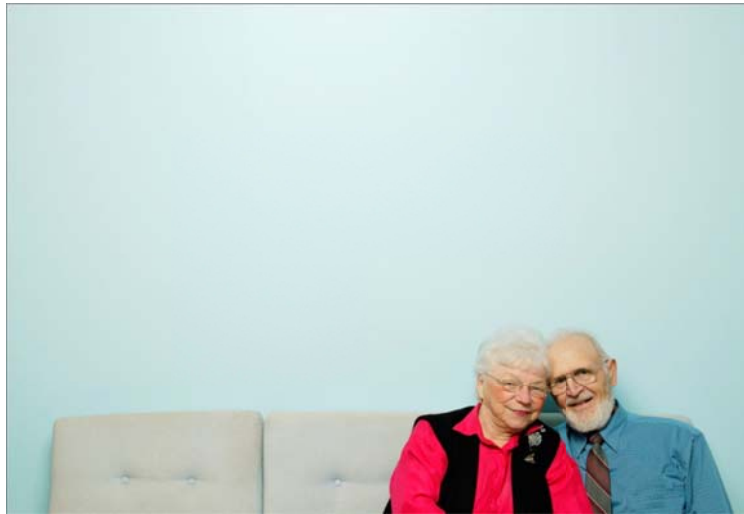


Making a Decision about Colon Cancer Screening



Who is this booklet for?

This booklet will help you decide whether getting screened for colon cancer is the right choice for you.

This booklet is not for you if you have had colon or rectal cancer, inflammatory bowel disease or already have problems such as:

- bleeding from your bowels
- weight loss you can't explain
- stomach pain

If you have any of these problems, please talk to your doctor.

What is Colon Cancer Screening?

Colon cancer screening tests look for colon cancer before you have problems.

The American Cancer Society and other groups recommend that as you get older, you should decide whether or not to get screened for colon cancer (cancer of your bowels).



Two main tests that look for colon cancer

1. *Colonoscopy*. In this test, the doctor uses a narrow, flexible tube to look at the inside of your colon. On the day before the test, you drink a medicine to clean out your bowels. Right before the test, you are given a medicine to help you relax. During the test, the doctor may remove polyps (abnormal growths) or take a piece from the inside of your colon to look at. This test is done at a special doctor's office. The doctor has to watch you for a few hours after the test is over.
2. *Stool Cards, also called Fecal Occult Blood Test (FOBT)*. This test checks for blood in your stool. You place your stool on special cards and then

return them to your doctor's office or a lab where they are checked for hidden or "occult" blood. This test is done at home every year.

- An important thing to remember is that if your stool cards are positive for blood you will need to have a colonoscopy to see where the blood is coming from. Keep this in mind as you decide about screening.



What happens if the Doctor finds a cancer?

- Most people with advanced colon cancer will need surgery to remove the cancer.
- Some people may need medicines like chemotherapy after surgery.



Why is Colon Cancer Screening different as I get older?

- The American Cancer Society (ACS) and the United States Preventive Services Task Force (USPSTF) recommend that everyone should get regular colon cancer screening starting at age 50 because it decreases the chance that you will die from colon cancer.
- As people get older, other health problems can shorten their lives.
- Doctors don't know if cancer screening as you get older really helps you live longer. That is why the ACS and the USPSTF recommend that people over 75 should decide for themselves whether they want to have colon cancer screening.



Why do I need to decide for myself about Colon Cancer Screening?

1) The risk of getting colon cancer increases as you age but colon cancers grow slowly.

- The older you get the more likely you are to develop colon cancer.
- In most cases colon cancer is the kind of cancer that grows very slowly. If a person develops colon cancer today they may not have any problems for at least 5 and maybe as long as 10 years.

2) The chances of getting a serious health problem go up as you get older.

- As people get older they start to have other serious health problems such as heart disease, stroke, diabetes, and other types of cancer.

3) The number of health problems you have changes how long you might live.

- On average, older people with more health problems usually die sooner than people with less health problems.
- On average, older people without serious health problems have a better chance of living longer.

- As well, lots of things such as your family's medical problems or your own lifestyle affect how long you might live.

4) You might die from colon cancer, but you might die from many other health problems.

- Colon cancer is just one of many serious diseases that may affect older people.
- Other serious health problems may lead to death before a colon cancer ever causes any problems.
- You probably need to live at least 5 years for the colon cancer screening to help you.
- Depending on your current health problems, you may not be expected to live 5 years.

5) Colon cancer screening will not help all older people. No one can say which specific person cancer screening is going to help.

- The problem is that no one can know exactly how long any person will live.

Because of all these things, older adults, with the help of their doctors, should make their own decision about whether colon cancer screening is right for them.

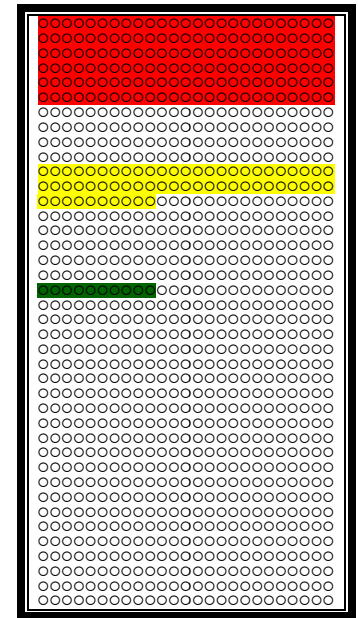
How much does Colon Cancer Screening help me?

For every 1000 people who are screened, 1 person will live longer.



1) Risk of Dying from Colon Cancer Compared to Other Common Health Problems in the next 10 years

For every 1000 women age 80 there are:



What should I think about when I decide whether Colon Cancer Screening is right for me?

2) Risks of Having Serious Harms from Colonoscopy within the first 30 days

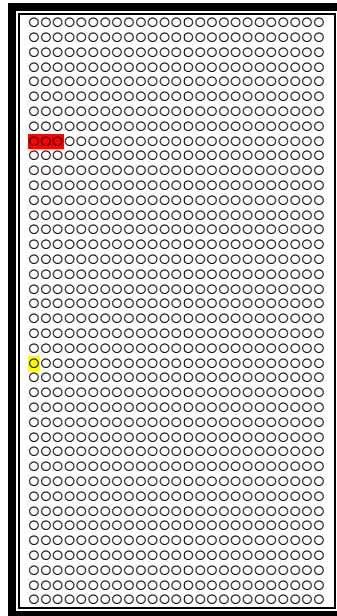
The risk of serious harms is less than 5 out of 1000 colonoscopies.

Bleeding that required a transfusion occurred in about 3 per 1000 colonoscopies. →

Perforation or tears in the bowel that required surgery occurred in about 1 per 1000 colonoscopies. →

Death directly from complications occurred in less than 1 per 1000 colonoscopies. →

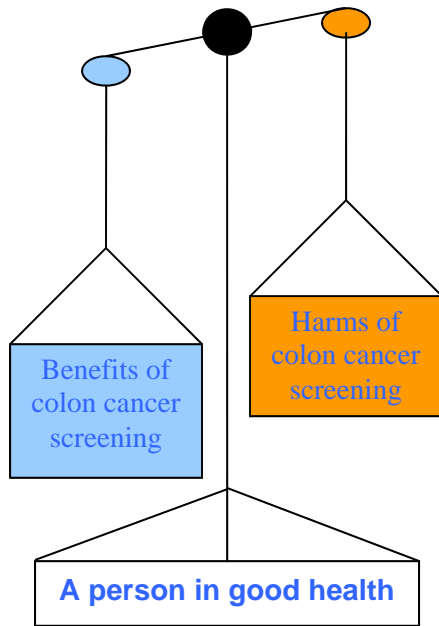
The box to the right represents 1000 women. Each ○ represents 1 woman.



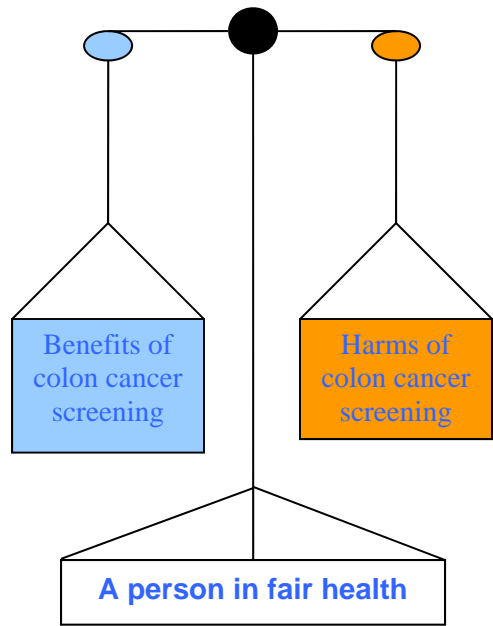
How do I balance the benefits and harms of Colon Cancer Screening as I get older?

Now let's look at how a person's health problems change the balance between the benefits and harms of colon cancer screening.

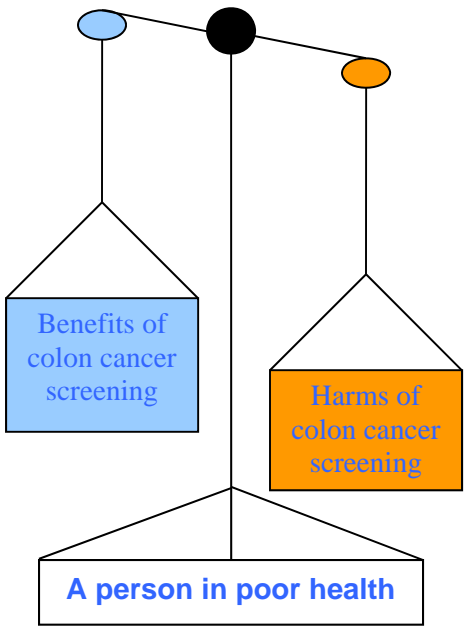




A person in **good health** is likely to have more benefit than harm from colon cancer screening. This is because they are more likely to live at least 5 years during which time a colon cancer might cause them problems.



For a person in **fair health** it is hard to know whether they will live at least 5 years. For this person, the harms might equal the benefits from colon cancer screening.

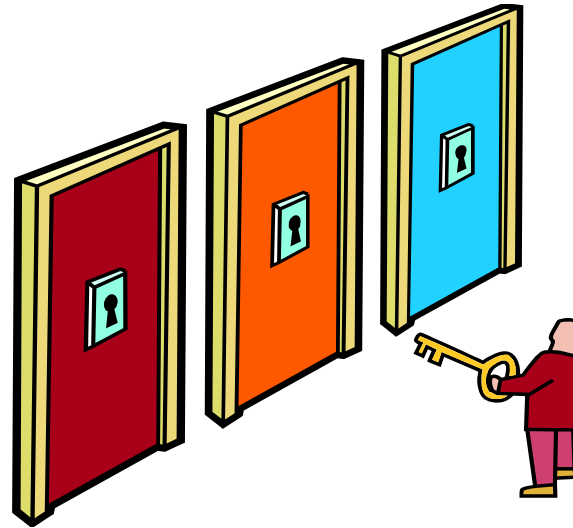


A person in **poor health** is likely to have more harm than benefit from colon cancer screening. This is because they are less likely to live at least 5 years, which means they won't benefit from screening.

Now, you can see why it's so important to talk with your doctor about whether or not to choose colon cancer screening and what test may be right for you!

Next, we would like you to fill out **Your Personal Colon Cancer Screening Decision Guide**.

You should take your answers into your doctor's visit. It will help you and your doctor think about what choice is right for you.



Your Personal Colon Cancer Screening Decision Guide

Risk of Cancer

A. It is important to me to get screened for colon cancer even though the risk of getting colon cancer is small.

Functional Status

A. I understand that the prep and colonoscopy can be difficult but I don't think it would bother me that much.

Priority

A. Based on my present condition, colon cancer screening is important compared with other health concerns.

For each section, please choose one answer, either A. or B. that best describes you and your wishes.

B. It is not important to me to get screened for colon cancer because the risk of getting colon cancer is small.

B. I understand that the prep and colonoscopy can be difficult and I think it would bother me.

B. Based on my present condition, colon cancer screening is not important compared with other health concerns.

Other Screening Decisions

A. I like to prevent health problems before I have symptoms.

B. I don't like to look for health symptoms that aren't causing me problems.

Treatment

A. I would want surgery if colon cancer was found even though it may or may not extend my life.

B. I would not want surgery if colon cancer was found even if there was a chance it could extend my life.

Worry

A. Getting colon cancer screening would give me peace of mind.

B. Getting colon cancer screening would not give me peace of mind.

Knowing I have cancer

A. I would want to know if I have cancer even if the cancer would not cause me any problems.

B. I do not want to know if I have cancer if the cancer would not cause me problems.

Complications from Screening

A. I am willing to take the risk of having a complication in order to have a chance to benefit from colon cancer screening.

B. I am not willing to take the risk of having a complication in order to have a chance to benefit from colon cancer screening.

Uncertainty

A. It is important for me to be screened for colon cancer even though it is uncertain whether or not it will prolong my life.

B. It is not worth it to me to be screened for colon cancer because it is uncertain whether or not it will prolong my life.

Thank you for filling out **Your Personal Colon Cancer Screening Decision Guide**. Now you are ready to talk with your doctor about colon cancer screening!

Please take this booklet into the doctor's office so you can talk about the best choice for you.

You have reached the end of the booklet.