



What are some things I should consider about colon screening?

- Colon screening has been shown to decrease the chance of dying from colon cancer. However, there is no perfect screening test and some people will die from colon cancer even if they have screening. A FIT may be abnormal when there is nothing wrong. A FIT may also be normal when there is a cancer or polyp in the colon. Some polyps and cancers do not bleed or may not be bleeding at the time the test was done.
- Screening may lead to additional tests to determine the reason for an abnormal screening result. It does not mean a cancer was found. The majority of those called back for additional tests will not have cancer.
- Certain cancers may never cause any symptoms or affect life expectancy or quality of life. However, research shows that most colon cancers are harmful and that colon cancer should be detected and treated as early as possible.
- There can be risks with colonoscopy such as bleeding and bowel perforation, and in rare cases, death.

Who should screen for colon cancer?

In general, colon screening is recommended for anyone between the ages of 50 and 74. How you should screen depends on if you are at average risk or higher than average risk for developing colon cancer:

Average risk	Fecal immunochemical test (FIT)
Screen every two years with FIT (most people).	

Higher than average risk	Colonoscopy
Colonoscopy is recommended every three or five years if you are younger than 74 with a personal history of adenomas .	
Colonoscopy is recommended every five years if you have a significant family history of colon cancer , including:	
<ul style="list-style-type: none"> • One first-degree relative (parent, sibling or child) with colon cancer diagnosed under age 60; or, • Two or more first-degree relatives with colon cancer diagnosed at any age. 	
For those with a family history of colon cancer, colonoscopy screening can start at age 40 or 10 years younger than the age of diagnosis of the youngest affected first degree relative - whichever is earliest.	

What if I have a personal history of colon cancer, ulcerative colitis or Crohn's disease?

You should continue to obtain care through your health care provider as you have individual needs that cannot be met with a population approach to screening.

Contact Us

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Any questions regarding the collection of the information by BC Cancer can be directed to the Operations Director, Cancer Screening (address: 801 – 686 West Broadway, Vancouver BC V5Z 1G1, web: www.screeningbc.ca or email: screening@bccancer.bc.ca)

This brochure is also available in other languages including Punjabi and Chinese. Visit www.screeningbc.ca to access translated versions.

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Colon Screening

Answering your questions
about colon cancer screening

Colon cancer is one of the most commonly diagnosed forms of cancer, affecting one in six people in British Columbia.

If you are between 50-74 years of age, you should be screened regularly for colon cancer.

Colon cancer screening saves lives:

- Screening can prevent colon cancer by finding and removing polyps before they turn into cancer. Polyps are small growths that can develop in the colon or rectum, often with no symptoms in early stages of growth.
- Screening can find cancers early before they have a chance to spread. Early detection means more treatment options and better outcomes.

There are two screening tests for colon cancer – the fecal immunochemical test (FIT) and colonoscopy. Talk to your health care provider about which test is right for you.

Screening is only recommended if you are not experiencing symptoms of colon cancer.

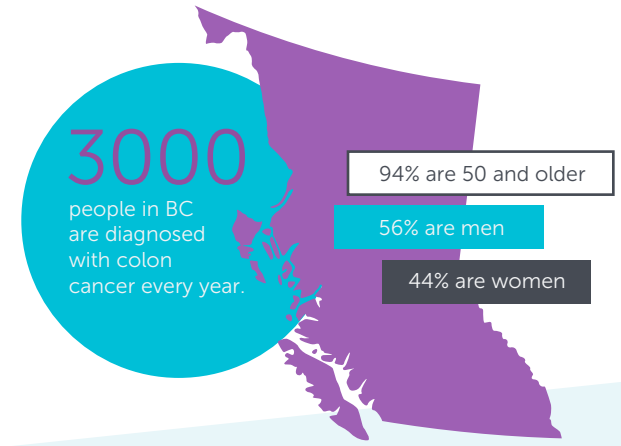
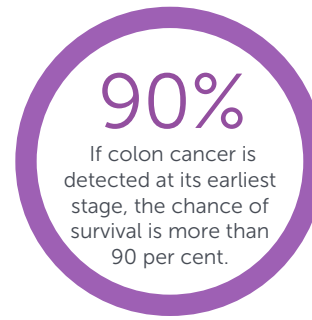
Symptoms can include blood in your stool, abdominal pain, change in bowel habits, or unexplained weight loss. If you are experiencing these symptoms, talk to your health care provider about a referral for diagnostic testing to determine the cause of these symptoms.

BC Cancer Colon Screening

Your health care provider registers you with BC Cancer Colon Screening when they provide you with a lab requisition form to pick up your fecal immunochemical test (FIT) or refer you for colonoscopy.

Being registered with the program means that the program will mail you your FIT results and keep track of your screening progress to ensure quality and safety. BC Cancer Colon Screening will also mail you a reminder when it is time to test again.

Why is colon cancer screening important?



What is the fecal immunochemical test (FIT)?

FIT is a test you can do at home. It detects blood in your stool (poop) which can be a sign of polyps or early stage cancer. To complete the test:

- 1 Talk to your health care provider and ask for a FIT. If you are eligible for screening, your health care provider will give you an order form for a free FIT kit.
- 2 Take your order form to a designated lab, and pick up your test kit. Visit www.screeningbc.ca for a list of labs.
- 3 Take the test at home by following the instructions provided in the test kit. No special preparation is needed. You can continue to eat your usual foods and take your medications.
- 4 Drop the sample off at the lab. It must be submitted to the lab within seven days of taking the test.

If you have a normal result, you may access your result through **MyCareCompass** at www.bc.mycarecompass.lifelabs.com. If you do not have a MyCareCompass account, you can sign up for one within 30 days of picking up your FIT from the lab. Otherwise, you may contact your health care provider for your result.

If you have an abnormal result, you will be referred for follow-up in your community. An abnormal result does not mean that you have cancer. It means that blood was found in your stool. The health care team in your community will speak with you about your test result and make recommendations for follow-up testing. Colonoscopy is usually recommended following an abnormal FIT result.

Colonoscopy is a procedure where a physician uses a miniature camera attached to a flexible tube to view the inside lining of your colon. During the test, tissue samples can be collected and polyps removed.

If you have a personal history of adenoma(s) or a significant family history of colon cancer, your health care provider may refer you directly for colonoscopy. You may also be referred for colonoscopy following an abnormal FIT. In both cases, the health care team in your community will discuss the procedure with you.

What is colonoscopy?