

## **COLORECTAL CANCER: EARLY DETECTION SAVES LIVES**

### ***What is colorectal cancer?***

Colorectal cancer is cancer of the colon (large intestine or bowel) or rectum. Most of these cancers begin as a polyp (a small growth in the colon walls). If not found and removed, some polyps can grow and become cancer. In Canada, colorectal cancer is one of the most common cancers.

### ***Why should I be screened for colorectal cancer?***

If found early enough through regular screening, colorectal cancer can be **removed and cured 90% of the time**. But if colorectal cancer is found at an advanced stage, it can only be cured 10% of the time. Screening tests are your best line of defence against colorectal cancer. They may be the only way to find colorectal cancer at an early stage because often there are no early warning symptoms. There is enough room in your colon for this cancer to grow silently for many years.

### ***What tests are used to screen for colorectal cancer?***

- Tests done on a stool (feces) sample: fecal immunochemical test (FIT) or guaiac fecal occult blood test (gFOBT)
  - Tests using a small flexible tube to look inside your bowel: flexible sigmoidoscopy or colonoscopy
- Screening for colorectal cancer must be done on a regular basis to be effective. Ask your doctor for more information about these tests and how often they should be done. It is important to discuss the pros and cons of the tests and decide which one is best for you. If you have a stool test and it comes back positive, you will need to have a colonoscopy.

### ***What are some of the numbers?***

Approximately 3 people in 1000 will avoid dying from colon cancer if they undergo screening (see the diagram on page 2). These numbers are based on the older guaiac FOBT which has been researched in more studies. The newer stool test (FIT) is more accurate and the number of people “saved” through screening will likely be found to go up in the future.

A negative FIT stool test is correct > 99% of the time. In this case, just repeat the test in two years. A positive FIT result must be confirmed with a colonoscopy to be sure that no polyp or cancer is present. In most cases, no cancer will be found at the colonoscopy.

### ***What if colorectal cancer runs in my family?***

Most colorectal cancers are *not* inherited. But some people may have a higher chance of getting inherited colorectal cancer. If a close relative (parent, sibling, child) has had cancer of the colon or rectum, discuss your family history with your doctor to find out which tests are best for you.

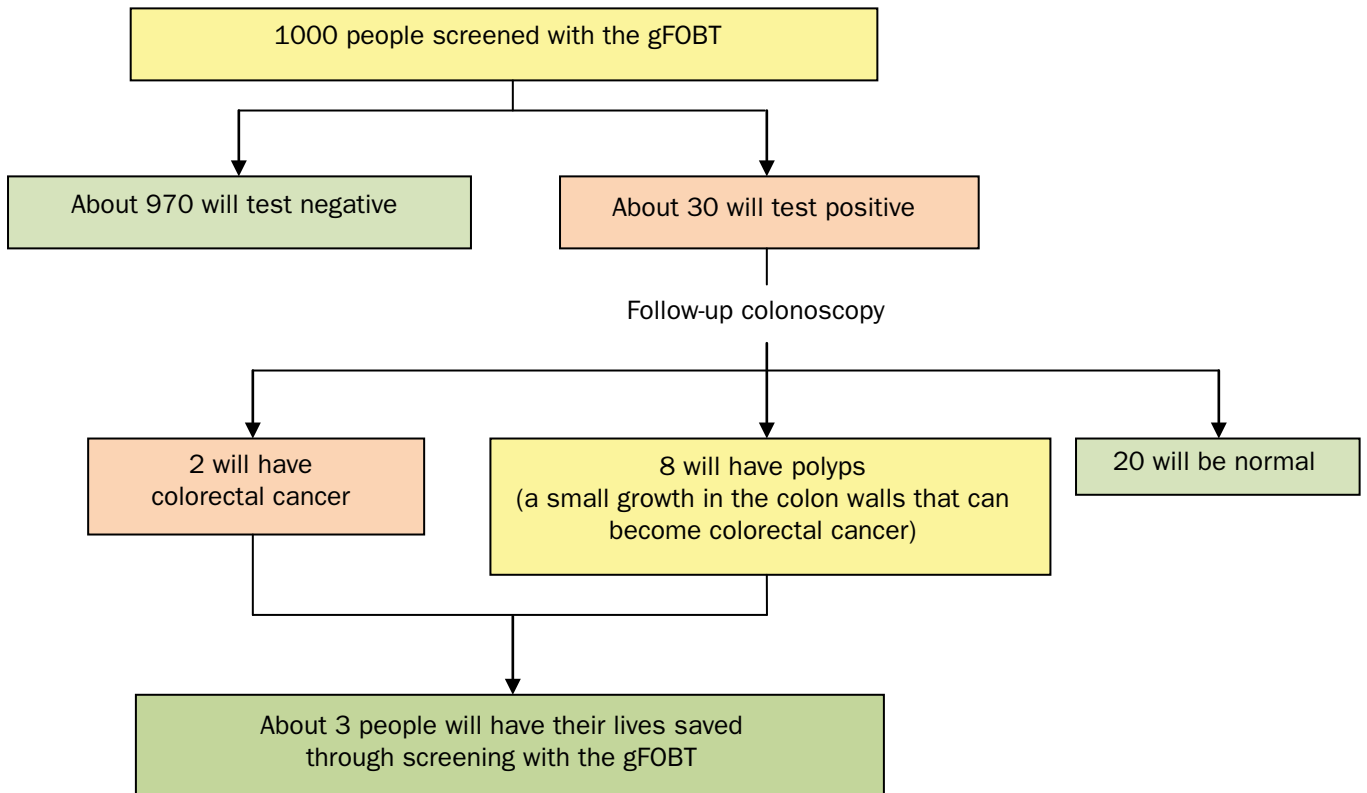
### ***Where can I find more information?***

There are national, provincial and territorial resources available online. Simply do a search for “colon cancer” together with the name of your region.



## RESULTS OF SCREENING 1000 PEOPLE WITH THE GUAIAEC FECAL OCCULT BLOOD TEST (gFOBT)

The following diagram explains how many people's lives can be saved through screening with the gFOBT.



**Sources:**

- 1) Colorectal Cancer Screening (PDQ®)–Health Professional Version. National Cancer Institute 2017. [https://www.cancer.gov/types/colorectal/hp/colorectal-screening-pdq#cit/section\\_3.3](https://www.cancer.gov/types/colorectal/hp/colorectal-screening-pdq#cit/section_3.3)
- 2) Tinmouth JV, E.; Baxter, N.N.; Dubé, C.; Gould, M.; Hey, A., et al. Colorectal Cancer Screening in Average Risk Populations: Evidence Summary. Toronto, ON 2015.

