

Colorectal Cancer Tests Save Lives

The best test is the test that gets done

Colorectal cancer (CRC) is the second leading cancer killer of men and women in the US, following lung cancer. The US Preventive Services Task Force (USPSTF) recommends three CRC screening tests that are effective at saving lives: colonoscopy, stool tests (guaiac fecal occult blood test-FOBT or fecal immunochemical test-FIT), and sigmoidoscopy (now seldom done).

Testing saves lives, but only if people get tested. Studies show that people who are able to pick the test they prefer are more likely to actually get the test done. Increasing the use of all recommended colorectal cancer tests can save more lives and is cost-effective.

To increase testing, doctors, nurses, and health systems can:

- ◇ Offer all recommended test options with advice about each.
- ◇ Match patients with the test they are most likely to complete.
- ◇ Work with public health professionals to:
 - Get more adults tested by hiring and training “patient navigators,” who are staff that help people learn about, get scheduled for, and get procedures done like colonoscopy.
 - Create ways to make it easier for people to get FOBT/FIT kits in places other than a doctor’s office, like giving them out at flu shot clinics or mailing them to people’s homes.

→ See page 4

Want to learn more? Visit

www <http://www.cdc.gov/vitalsigns>

A pie chart with a single blue slice representing 90% of the total.

90%

About 90% of people live 5 or more years when their colorectal cancer is found early through testing.

1 in 3

Three stylized human icons: a blue male figure, a light blue female figure, and a white male figure.

About 1 in 3 adults (23 million) between 50 and 75 years old is not getting tested as recommended.

A blue house icon.

1 in 10

10% of adults who got tested for colorectal cancer used an effective at-home stool test.

Problem

Not enough people are getting tested as needed.

About 23 million adults have never been tested.

- ◇ The people less likely to get tested are Hispanics, those aged 50–64, men, American Indians or Alaska Natives, and those who don't live in a city.
- ◇ People with lower education and income are less likely to get tested.
- ◇ About 2 of every 3 adults who have never been tested for CRC actually have a regular doctor and health insurance that could pay for the test.

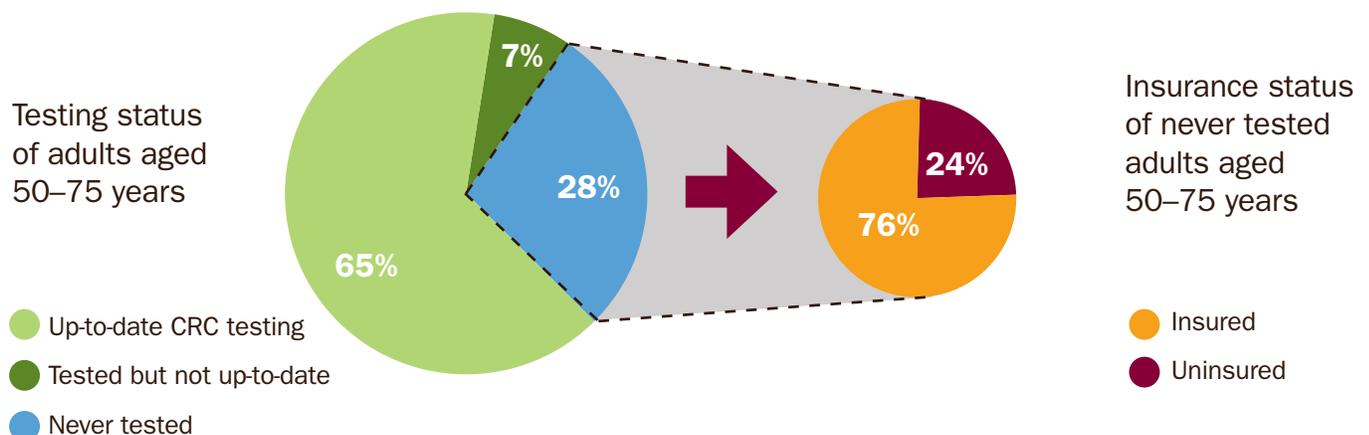
Providers and patients do not always know about or consider all of the available tests.

- ◇ The three main tests—colonoscopy, FOBT/FIT, and flexible sigmoidoscopy—are all effective at finding cancer early.
- ◇ Doctors often recommend colonoscopy more than other tests. Scientific studies have shown that many people would prefer FOBT/FIT if their health care provider gave them that option.

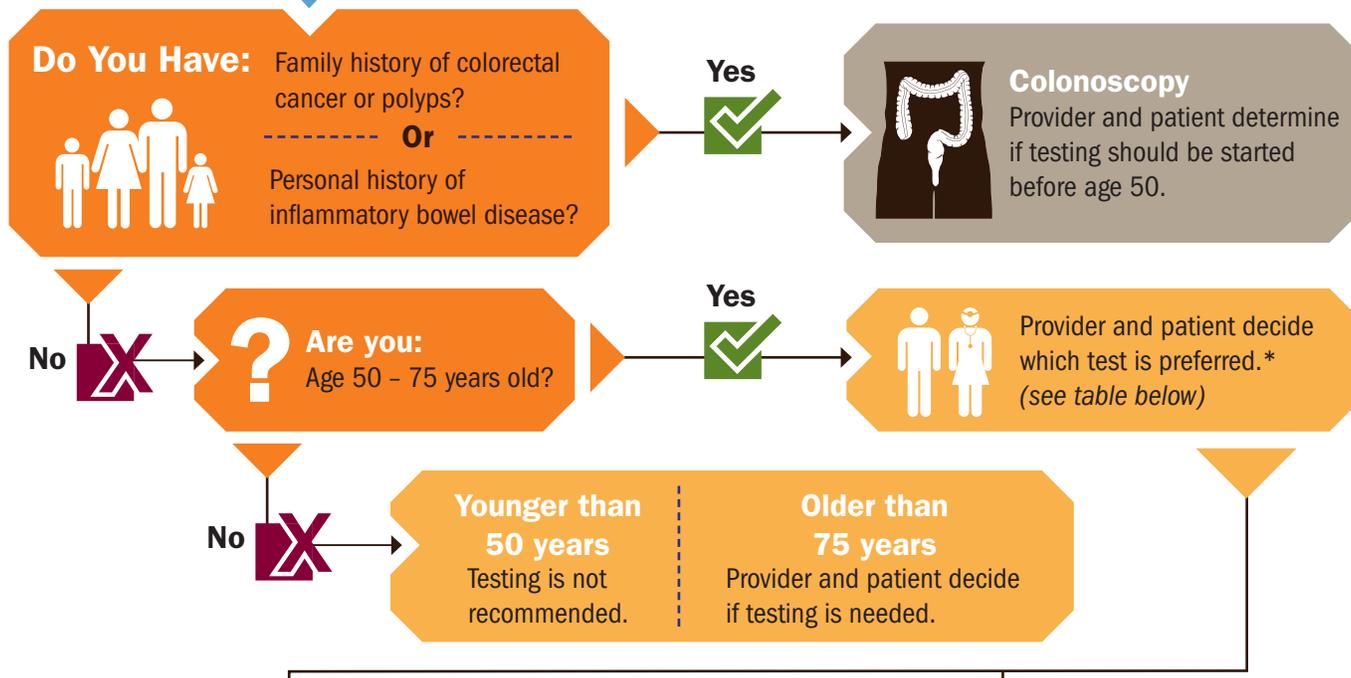
Currently, most health care providers and systems are not set up to help more people get tested.

- ◇ Many people do not know they need to be tested and are not notified when it is time for them to be tested.
- ◇ Most health care systems rely on doctors to remember to offer CRC tests to their patients. Nurses and other office staff should also talk with patients about getting tested and doctors can be reminded to offer CRC testing whenever patients are due, whether they come in for a routine check-up or when they are sick.
- ◇ Health systems can make testing easier by:
 - Mailing out FOBT/FIT kits that can be completed by the person at home and returned, then making sure everyone with a test that is not normal promptly gets a colonoscopy.
 - Using a patient navigator to explain how to prepare for the test, how the test is done and to make sure people get to their appointments.

Many adults are not being tested



Choosing the right test



FOBT/FIT[†]

Key facts

- Reduces death from colorectal cancer
- Safe, available, and easy to complete
- Done on your own at home and returned
- Finds cancer early by finding blood in the stool
- Finds most cancers early when done every year

Things to consider

- May produce positive test results, even when no polyps or cancer are in the colon
- When the test is positive colonoscopy is required
- Person testing themselves comes into brief close contact with stool samples on a test kit

[†] *Guaiac Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT)*

Colonoscopy

Key facts

- Reduces death from colorectal cancer
- Can prevent cancer by removing polyps (or abnormal growths in the colon) during test
- Examines entire colon
- Finds most cancers or polyps that are present at the time of the test
- Done every 10 years if no polyps are found

Things to consider

- Stomach pain, gas or bloating is possible before, during or after test
- Must be performed at a hospital or clinic, usually with sedation or anesthesia, and someone must go with the person to take him or her home after the test
- A clear liquid diet is required before test
- Must take medication that will cause loose bowel movements to clean out the colon prior to test
- Likely needs to take a day off work/activities
- Small risk of serious complications (for example, bleeding or perforated colon)

*Flexible sigmoidoscopy may not be readily available and has largely been replaced by colonoscopy in the US.

What Can Be Done



The Federal government is

- ◇ Expanding insurance coverage of USPSTF recommended CRC tests at no cost to the patient through the Affordable Care Act.
- ◇ Supporting the use of patient navigators who work directly with people to help them get the preventive tests they need.
- ◇ Helping the Veterans Administration system's doctors and nurses increase and track CRC testing of its patients in its hospitals and clinics.
- ◇ Improving the delivery of preventive services by measuring CRC testing rates in health centers funded by the Health Resources and Services Administration (HRSA).
- ◇ Using existing CDC screening programs to improve cancer screening rates for everyone, whether insured or not.
- ◇ Identifying CRC screening as a Healthy People 2020 leading health indicator for clinical preventive services.



State and local public health can

- ◇ Work with those doctors, health systems and public health professionals who have already greatly increased CRC testing rates.
- ◇ Track and explore ways to improve screening rates.
- ◇ Promote recommended testing options with the public.
- ◇ Use public health workers and patient navigators to increase testing rates in communities with low testing rates.
- ◇ Work with state Medicaid programs, primary care associations, and Medicare quality improvement organizations to help people get tested and make sure they get additional tests or treatment if needed.

Doctors, nurses, and health systems can



- ◇ Offer recommended test options, with advice about each.
- ◇ Match patients with the test they are most likely to complete.
- ◇ Use patient reminder systems to notify patients when it's time to get a screening test done.
- ◇ Make sure patients get their results quickly. If the test is not normal make sure they get the follow-up care they need.
- ◇ Use patient navigators to help patients get checked.



Everyone can

- ◇ Learn about testing options and get the test that is right for them.
- ◇ Know their own family history and any personal risks they may have for CRC.
- ◇ Encourage friends and family members to be tested for CRC.
<http://www.cdc.gov/cancer/colorectal/sfl/>
- ◇ Contact their local health department to learn how they can get tested for CRC.
http://apps.nccd.cdc.gov/dcpc_Programs/default.aspx?NPID=4

www

<http://www.cdc.gov/vitalsigns>

www

<http://www.cdc.gov/mmwr>

For more information, please contact

Telephone: 1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov

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Publication date: 11/5/2013