No screening test can find all colon polyps or cancers or prevent all colon cancer deaths.

Besides screening, here are some other things you can do to help keep your colon healthy:

- Be active Try to get some exercise every day.
- Eat healthy Fruits and vegetables are rich in fiber and other nutrients that fight cancer.
- Don't smoke If you smoke, your risk of cancer goes down as soon as you stop.

Find more healthy lifestyle tips at mygrouphealth.org.

Where can I get more information? Contact your Group Health doctor.

Colon Health — Screening tests save lives!



This pamphlet includes information about colon cancer and what you can do to keep your colon healthy.

What is colon cancer?

Colon cancer is cancer of the colon or rectum. It is sometimes called colorectal cancer. Anyone can get colon cancer, but it occurs more often in people 50 and older. Colon cancer is common and often deadly.

- About 1 in 20 people over age 50 will develop colon cancer. It is the 3rd most common type of cancer
- In the United States, colon cancer kills 1 person every 10 minutes. It is the 2nd leading cause of cancer death.

Here are some terms you will need to know:

Colon — Another word for large intestine. Your colon turns the food you eat into waste matter. This waste matter is often called stool or feces.

Rectum — The last 8 to 10 inches of your large intestine.

Polyp — A growth inside the colon or rectum that is not normal. Some polyps can turn into cancer.

Screening test — A test that looks for signs of disease before any symptoms show up. Screening tests can prevent cancer or find it early.

What can I do to prevent colon cancer?

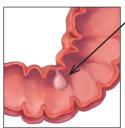
Colon cancer usually has no symptoms in the early stages. The best way to prevent colon cancer is to have a screening test. Screening tests save lives by stopping the cancer before it starts. If you have a screening test, polyps can be found and removed before they turn into cancer.

A screening test can also find cancer early, when the chances for survival are highest.

If everyone 50 and older were screened for colon cancer, we could prevent at least one-third of colon cancer deaths.



The red area shows where your colon is located.



This illustration shows a growth—or polyp—inside a colon.



What screening tests are there for colon cancer? Which one is best for me?

There are different ways to get screened for colon cancer. Knowing the steps involved may help you decide what's right for you. Make your choice based on your personal preferences and the pros and cons of each. It's important to choose a screening test that you will follow through with.

Fecal Occult Blood Test (FOBT) or FIT test	Flexible Sigmoidoscopy	Colonoscopy
 A screening test you do at home. It's sometimes called the stool test. Recommended once per year. Polyps and cancers may bleed slightly into the stool, but you usually can't see the blood. The FOBT looks for hidden blood in the stool. If the FOBT finds blood, more tests are needed to determine the cause. 	 An exam of the inside of the rectum and <u>lower</u> colon. Recommended once every 5 years. Group Health recommends you combine this with an FOBT every 3 years. This test looks for polyps or cancer in the lower part of the colon. If polyps are found, a colonoscopy is recommended. 	 An exam of the inside of the rectum and entire colon. Recommended once every 10 years. This test looks for polyps or cancer throughout the entire colon. It is a longer version of a sigmoidoscopy.
How to prepare for and take the test	How to prepare for and take the test	How to prepare for and take the test
 The FOBT uses a sample taken from a bowel movement The FOBT Group Health uses is called a FIT test. No special diet is needed. Only one stool sample is needed It is important to mail it as soon as you complete the test (within 3 days). The FIT test kit includes an envelope (with the labs address) and a pre-paid postage stamp. 	The exam is done with a flexible, lighted tube about the width of a finger. The tube is inserted into the lower colon through the rectum. Your lower colon needs to be clear for the test. Enemas are used to clear stool from your colon. This makes the stool loose and watery and may cause cramping.	To make the test more comfortable, you are given medication to make you sleepy (sedated). The exam is done with a lighted tube about the width of a finger. The tube is inserted into the colon through the rectum. Your colon needs to be clear for the test, so you can't eat solid food the day before the test. It's good to have Jell-o, broth, juice, or other clear liquids. Medications are used to clear stool from your colon. This makes the stool loose and watery and may cause cramping.
Advantages of this test (the pros)	Advantages of this test (the pros)	Advantages of this test (the pros)
 You can do the FOBT in the privacy of your own home. You don't need to clean out your colon before the test. There are no complications. Having this test once per year lowers your chances of getting or dying from colon cancer by about 30%. 	 This test lets the doctor see the rectum and <u>lower</u> colon. You don't need to be sedated or change what you eat. It's usually quick, with few complications. Polyps and tissue samples can be taken out during the test. Having this test once every 5 years lowers your chances of getting or dying from colon cancer by 30 to 40%. 	 This test lets the doctor see the rectum and the entire colon. There is little to no discomfort while you are sedated. Polyps and tissue samples can be taken out during the test. Having this test once every 10 years may* lower your chance of getting or dying from colon cancer by 50% or more.
Disadvantages of this test (the cons)	Disadvantages of this test (the cons)	Disadvantages of this test (the cons)
 If the FOBT is positive (meaning there was blood in your stool), more tests will be needed. A colonoscopy is usually recommended. Many people with a positive FOBT don't have polyps or cancer. (These are called false positives.) Some people with a negative FOBT do have polyps or cancer. (These are called false negatives.) 	 The exam only looks at the rectum and lower part of the colon. Polyps or cancer located higher in the colon are not seen. Having an FOBT can find polyps or cancer that this test may not see. There may be some cramping, but it is usually mild. There is a very small risk of complications. About 1 in 10,000 tests cause bleeding or tears in the lining of the colon. 	 You'll need a ride home after the test since you may still be sleepy. There's a small chance that the medication will cause a bad reaction. There may be some discomfort after the test. The risk of complications is higher than for the other tests. About 1 in 500 tests cause bleeding, and 1 in 2,500 tear the lining of the colon, which can be treated. In rare cases, it can cause death (1 in 15,000).