Cure is Good. Prevention is Better.

Colorectal cancer is preventable and can be treated when detected early.

- Every year, about 140,000 Americans are diagnosed with colorectal cancer, and more than 50,000 people die from it.
- 90% of cases of colon cancer occur in people 50 and over.
- It is the second leading cause of U.S. cancer deaths when men and women are combined.
- At least 50% of deaths from colon cancer could be avoided with regular screening.

Colorectal cancer starts with no symptoms; that’s why screening is so important. Screening tests can find small growths called polyps that are removed before they turn into cancer. Screening tests can also detect early stage cancer, when treatment often leads to a cure.

Swedish recommends colorectal cancer screening for adults aged 50-75.

Adults younger than 50 and older than 75 may benefit from screening based on individual risk factors. Talk to your doctor about what screening plan is right for you.

**OPTION ONE: Colonoscopy**

**What is it?**

First you “prep” with a laxative solution to clean out your colon. Next, at a health care facility and under light sedation, a doctor uses a thin, flexible scope to look at your entire colon. A tissue sample may be taken and sent to the lab for analysis.

**Benefits:**

1. If polyps are found, they can be removed right away
2. If no abnormalities are found, it’s done once every 10 years
3. Covered by virtually all insurances with variable out-of-pocket expense (Check with your health plan for details)

**Considerations:**

1. Must drink an oral laxative solution for colon cleansing
2. Requires a trip to a health care facility with an escort and a ride home
3. Very low risk of complications from this procedure

**OPTION TWO: Fecal (Stool) Testing**

**What is it?**

You receive a test kit from your health care provider. At home, you collect a small sample of stool and place it in a tube. Your stool is then tested in a lab to check for blood which could be a sign of colon cancer.

**Benefits:**

1. Collect your stool sample at home for testing in the lab
2. Covered by virtually all insurances, often with no copay
3. Less invasive

**Considerations:**

1. Does not detect most pre-cancerous lesions and misses cancer 2-3 times out of 10
2. Must be done each year
3. Results can be abnormal in the absence of cancer. If so, you will need a colonoscopy and possible additional testing.

Interested in something else? Ask your doctor for other options.

**RECOMMENDATIONS OF OTHERS**

Swedish’s recommendations for screening are similar to those of the United States Preventive Services Task Force and the American Gastroenterological Association.