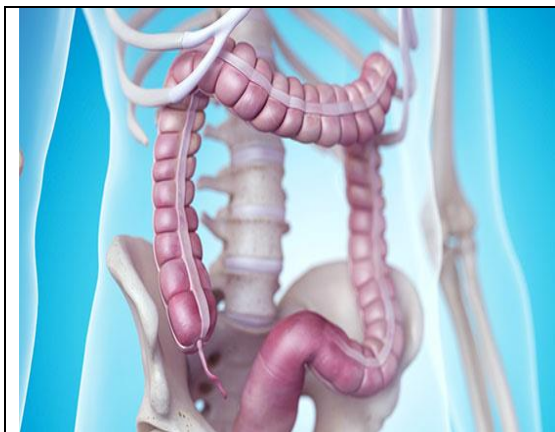


Screen it! Treat it! Beat it!



Some Helpful Facts....

1. Having regular stool tests, such as the FIT, lowers the risk of dying from colorectal cancer.
2. Nine out of ten people can be cured if colon cancer is caught early through screening!



A. INTRODUCTION: SCREENING FOR COLORECTAL CANCER

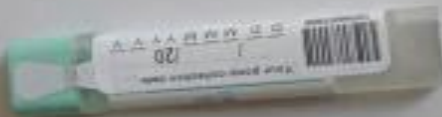
Colorectal cancer is one of the most commonly diagnosed cancers in Canada. It is the second leading cause of death from cancer in Canadian men and the third leading cause of death from cancer in Canadian women. It is, however, the ***MOST PREVENTABLE CANCER THROUGH SCREENING!***

Please Read On....

Screening means checking for a disease in a group of people who do not show any symptoms of the disease. Screening tests help find colorectal cancer before any symptoms develop. When colorectal cancer is found and treated early, the chances of successful treatment are far better.

Colorectal cancer typically starts as a polyp – a benign growth in the lining of the colon or rectum. If left unremoved, these polyps grow in size and can also grown in number in the colon or rectum and in time (5-10 years) may also become malignant (cancerous), capable of invading nearby tissue and distant organs, such as the liver or lungs. Screening for polyps or early stage tumours will help ensure treatment is most effective before the disease spreads outside the colon or rectum.

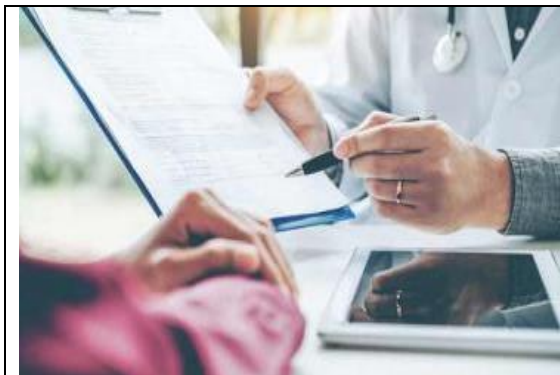
Speak to your doctor to discuss your risk and determine the most appropriate screening plan for you. It could save your life

	<p>B. SCREENING TESTS</p> <p>Screening for colorectal cancer is easy and convenient. It starts with a stool test that checks for hidden blood in your stool. There are two types of stool tests used in Canada to screen for colorectal cancer:</p> <p><i>Please Read On....</i></p>
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The following tests are used to screen for polyps and colorectal cancer. Please see Guidelines to determine which test may be best for you. Always speak to your doctor about an appropriate screening plan. Almost every test or procedure has benefits and limitations. You might think of these as pros and cons. Before having any test, it's important to be aware of them so that you are making an informed decision that is right for you. No screening test is 100% accurate, but the scientific evidence tells us that having regular stool tests such as the FIT lowers the risk of dying from colorectal cancer.

SCREENING TEST	DESCRIPTION
<p>STOOL TEST (AVERAGE RISK PERSON)</p> <p>Guaiac-based Fecal Occult Blood Test (gFOBT) Available in Manitoba Only</p> <p>Fecal Immunochemical Test (FIT)</p>	<p>Stool Tests: Polyps and tumours in the colorectum have blood vessels that can release a small amount of blood that mixes into the stool as the stool is passing the polyp or tumour. Stool tests check for this hidden (occult) blood, which cannot be seen with the naked eye.</p> <p>I. gFOBT uses a chemical reaction on a paper card to find hidden (occult) traces of blood in the stool. Three samples are collected at home and placed on a collection card. The collection card is then mailed to a medical lab. Certain foods and rugs can affect some stool samples, so be sure to follow the instructions that come with the test kit.</p> <p>II. FIT uses specific antibodies to find hidden traces of blood in the stool. A sample is collected at home and mailed into a medical lab for inspection. This test may be more accurate than the gFOBT and there are no dietary (Vitamin C) or drug (anticoagulants) restrictions. Only one sample is required vs. 3 with the gFOBT. FIT is specific for human hemoglobin which means it will not mistake dietary sources of blood or other substances for human blood. FIT is a more</p>

	<p>sensitive screening test than gFOBT which means that it is better at detecting colorectal cancer and some pre-cancerous polyps.</p> <p><i>ABNORMAL STOOL TEST RESULTS SHOULD BE FOLLOWED UP WITH COLONOSCOPY IN A TIMELY MANNER.</i></p> <p><u>Benefits of Stool Tests:</u></p> <ul style="list-style-type: none"> • Can prevent cancer by detecting blood from advanced polyps. These polyps can be removed before they become cancerous. • Helps find cancer early before you have symptoms • Helps find cancer before it spreads when the cancer is easier to treat. <p><u>Limitations of Stool Tests:</u></p> <ul style="list-style-type: none"> • May suggest a polyp or colorectal cancer is present even though it is not (called a false positive) • May not detect a polyp or colorectal cancer even though it is present (called a false negative)
FLEXIBLE SIGMOIDOSCOPY (AVERAGE RISK PERSON) Available on a limited basis in Ontario	A soft, bendable tube with a light and camera at the end looks at the lining of the rectum and the lower part of the colon. The thin and flexible tube is inserted through the anus so that a good view of the rectum and lower colon may be taken to determine if any polyps or cancers are present.
COLONOSCOPY (HIGH RISK PERSON/SYMPTOMATIC)	A thin flexible tube with a light and camera at the end looks at the lining of the rectum and <u>entire</u> colon.
VIRTUAL COLONOSCOPY (CT COLONOGRAPHY) (HIGH RISK/SYMPTOMATIC)	Uses special x-ray equipment to examine the colon and rectum for cancer and growths called polyps. During the exam, a small tube is inserted a short distance into the rectum to allow for inflation with gas while CT images of the colon and the rectum are taken. If anything is detected, a colonoscopy will follow.
STOOL DNA TEST Not Available in Canada	A non-invasive laboratory test that identifies DNA changes in the cells of a stool sample. The stool DNA test is a new method to screen for colorectal cancer. The stool DNA test looks for abnormal DNA associated with colorectal cancer or polyps.



C. SCREENING RECOMMENDATIONS IN CANADA

If you are 50-74 years of age and not at high risk for colorectal cancer, have a stool test every 2 years. If you are 75 or older, talk to your doctor about whether a stool test is right for you. If you are at increased risk for the disease, then you should get screened with a colonoscopy.

Please Read On....

I. AVERAGE RISK PERSON - RECOMMENDATIONS



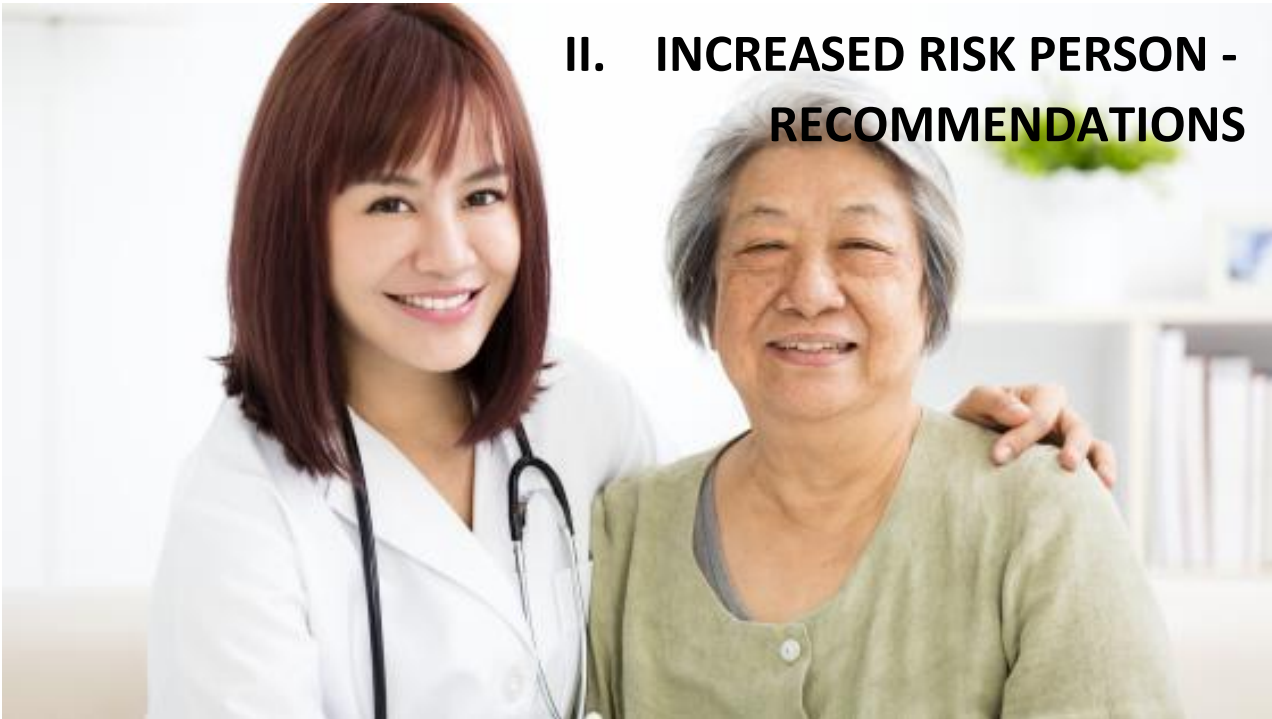
The national guidelines issued by the *Canadian Task Force on Preventive Health Care (CTFPHC)* for Canadians without a family history of colorectal cancer suggest getting screened for this cancer starting at age 50, and then every two years, using the FIT test or flexible sigmoidoscopy every ten years. There is convincing evidence that stool tests, such as the FIT, with appropriate follow-up can significantly reduce deaths from colorectal cancer. Follow-up for a positive **stool test** should include a colonoscopy or sigmoidoscopy. A colonoscopy is not recommended by CTFPHC as a routine screening test for people who don't have a high risk for colorectal cancer. There isn't enough evidence that it is more helpful than other available tests, and it has a slightly greater risk for harm.

Average Risk refers to people who:

- ✓ Are between the ages of 50 to 74
- ✓ Have no first-degree relatives (parent, sibling, or child) who were diagnosed with colorectal cancer
- ✓ Have no personal history of pre-cancerous colorectal polyps that require surveillance or inflammatory bowel disease (i.e. Crohn's disease of the colon, or ulcerative colitis)

CTFPHC does not recommend screening adults aged **75 years or more** for crc but people who fall into this age group should have a thoughtful dialogue with their treating physician about what is best for them when it comes to screening.

II. INCREASED RISK PERSON - RECOMMENDATIONS



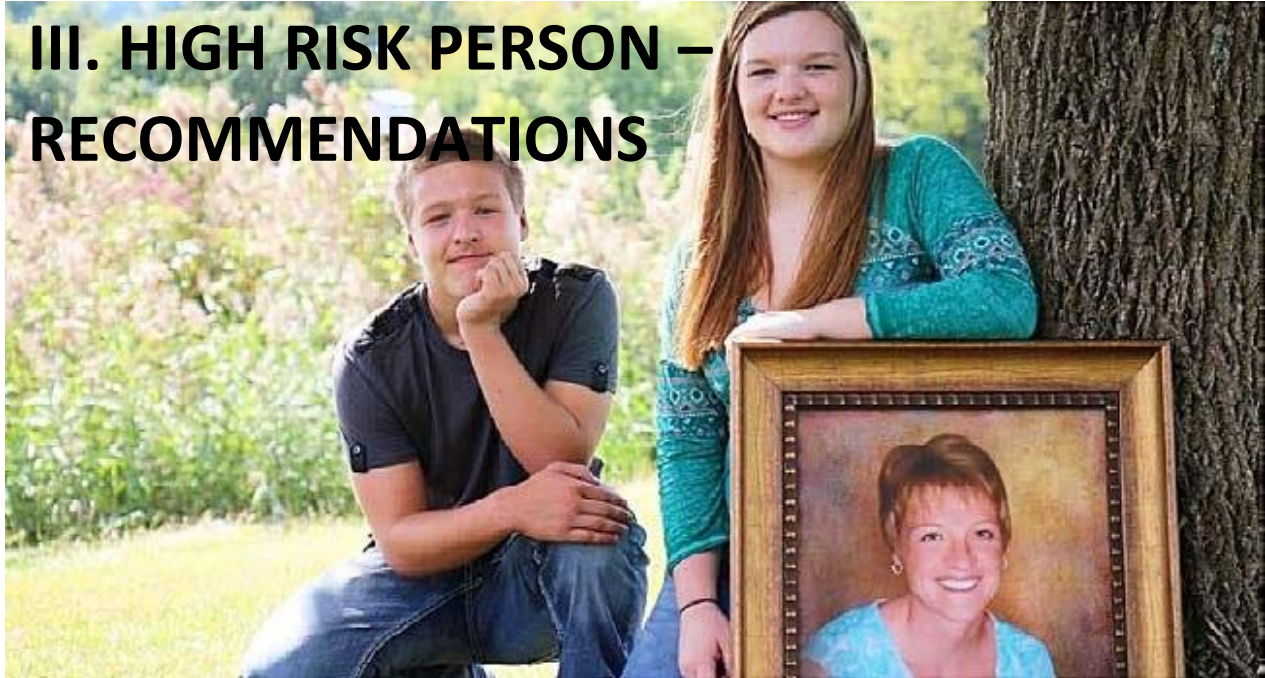
Some people have a higher risk of developing colorectal cancer. People at higher risk may need to be tested more often and at an earlier age than people with average risk. You may be at higher risk if you have:

- ✓ A parent, sibling, or child with colorectal cancer
- ✓ A personal history of colorectal cancer
- ✓ A personal history of non-cancerous (benign) polyps in the colon or rectum
- ✓ Inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- ✓ Inherited conditions such as familial adenomatous polyposis (FAP) or Lynch Syndrome (HNPCC)
- ✓ Signs or symptoms of colorectal cancer

There is evidence that people with first degree relatives (parents, brothers, sisters or children) with colorectal cancer are at an increased risk. The Canadian Association of Gastroenterology (CAG) suggests that if you have a first degree relative diagnosed with colorectal cancer, then screening should be carried out with colonoscopy, or with an at-home fecal immunochemical Test (FIT) as an alternative, starting between the ages of 40 and 50, or 10 years earlier than the age at which your relative was diagnosed (whichever is earlier).

If you have more than one first degree relative with colorectal cancer, then screening should be more intense. People in this category should have colonoscopies starting at age 40, or 10 years younger than the age of your relative and continuing every five years. View the [full updated colorectal cancer screening guideline](#) to learn more.

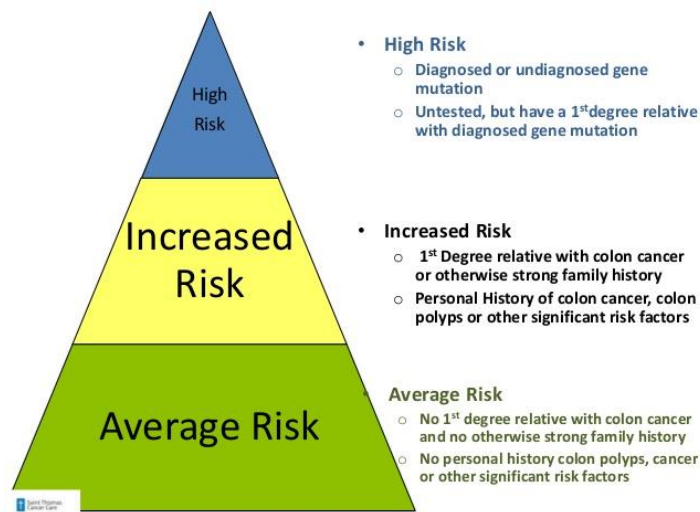
III. HIGH RISK PERSON – RECOMMENDATIONS



People with hereditary colorectal cancer syndromes, including the following, are at high risk of developing colorectal cancer:

- Familial Adenomatous Polyposis (FAP) and Lynch Syndrome (HNPCC)
- MYH-Associated Polyposis
- Peutz-Jeghers Syndrome
- Juvenile Polyposis

There currently is no organized screening program for people at high risk for colorectal cancer due to hereditary colorectal cancer syndromes. However, people at high risk can be referred to a familial cancer genetics clinic or genetics clinic regardless of whether or not they have developed cancer. A referral from your primary care physician is required.





D. HOW DO I FIND A CRC SCREENING PROGRAM?

In Canada, organized colorectal cancer screening programs are available in **nine provinces and in Yukon**. Currently, there are no organized screening programs in Quebec, Northwest Territories and Nunavut but plans to develop these provincial/territorial programs are underway. FIT is however available through your medical practitioner in these jurisdictions. Quebec is in the planning stages of a province wide program and Nunavut is in the process of implementing a program.

Please Read On....

One of the most important things you can do for your health is to be up to date with your recommended cancer screenings. Cancer screening is an important part of your routine medical care. Screening may find cancer at an early stage, in people who do not yet have symptoms and when it is less likely to have spread. When cancer is caught early, it may allow for more treatment options and there is a better chance of treating it successfully. 9 out of 10 people can be cured if colon cancer is caught early!



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to develop provincial/territorial programs are underway. Quebec is in the planning stages of a province wide program and Nunavut is in the process of implementing a program.

People are recruited into colorectal cancer screening programs through several entry points:

- ✓ A mailed invitation letter sent to qualifying residents in 7 provinces (adults aged 50-74)
- ✓ Physician referral to screening program
- ✓ Self-referral to program (including self-referral through a pharmacy)

In self-referral, a resident may contact the screening program directly to participate. In some locations residents can pick up a FIT kit at a pharmacy.

If people are not at high risk of developing colorectal cancer, please click on the following links appearing after each province to access its screening program:

SCREENING PROGRAMS FOR THE AVERAGE RISK PERSON IN CANADA

BRITISH COLUMBIA



[Colon Screening Program](#)

ALBERTA



[Alberta Colorectal Cancer Screening Program](#)

MANITOBA



[ColonCheck](#)

SASKATCHEWAN



[Screening Program for Colorectal Cancer](#)

ONTARIO



[Colon Cancer Check](#)

QUEBEC



[Colorectal Cancer Screening Program](#) – TO BE IMPLEMENTED

NEW BRUNSWICK



[New Brunswick Colon Cancer Screening Program](#)

NOVA SCOTIA



[Colon Cancer Prevention Program](#)

NEW FOUNDLAND & LABRADOR



[Newfoundland and Labrador Colon Cancer Screening Program](#)

PRINCE EDWARD ISLAND



[Colorectal Cancer Screening Program](#)

YUKON



[ColonCheck Yukon](#)

NORTHWEST TERRITORIES



[How to get screened NWT](#)

NUNAVUT



NO ORGANIZED SCREENING PROGRAM.
PLEASE SPEAK TO YOUR PRIMARY CARE PHYSICIAN

Should you wish to obtain additional information on screening for the average, increased or high-risk person, do not hesitate to contact us for we are happy to assist. You can contact us at:

Toll-free number **1 833 79 CCRAN (22726)**.

Or email us at our info line: info@ccran.org.

SCREEN IT! TREAT IT! BEAT IT!

Together, anything is possible!



Sources:

Canadian Cancer Society

- <https://www.cancer.ca/en/prevention-and-screening/reduce-cancer-risk/find-cancer-early/get-screened-for-colorectal-cancer/how-do-i-find-a-colorectal-cancer-screening-program/?region=on>
- <https://www.cancer.ca/en/cancer-information/cancer-type/colorectal/screening/?region=on>
- <https://www.cancer.ca/en/prevention-and-screening/reduce-cancer-risk/find-cancer-early/get-screened-for-colorectal-cancer/when-should-i-be-screened-for-colorectal-cancer/?region=on>

Canadian Partnership Against Cancer

- <https://www.partnershipagainstcancer.ca/topics/synthesis-map-patient-colorectal/#>
- <https://www.partnershipagainstcancer.ca/news-events/news/article/early-screening-canadians-with-family-history-colorectal-cancer/#>

Cancer Care Ontario

- <https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/resources-healthcare-providers/colorectal-cancer-screening-summary>

Canadian Task Force on Preventive Health Care

- <https://canadiantaskforce.ca/guidelines/published-guidelines/colorectal-cancer/>

Canadian Association of Gastroenterology Guidelines

- ***Leddin, Desmond et al., Clinical Practice Guideline on Screening for Colorectal Cancer in Individuals with a family history of nonhereditary colorectal cancer or adenoma: The Canadian Association of Gastroenterology Banff Consensus. Gastroenterology 2018; 155: 1325-1347***