

Choosing a Colon Cancer Screening Test

MARK'S DECISION



Get checked for colon cancer!

Colorectal cancer, also called colon cancer, is one of the leading causes of cancer-related death in New York City. Regular screening can help prevent this kind of cancer or find it earlier when it is easier to treat.

Colon cancer cases have been increasing among people younger than age 50. People without risk factors should start screening at age 45. If you have risk factors, such as a close family member with colon cancer, you may need to start screening earlier or get screened more often.

Discuss your personal risk with your health care provider to determine how early and how often you should be screened. It is better to know about your risks sooner rather than later. Having risk factors does not necessarily mean you will develop colon cancer, and having no risk factors does not mean you will not get the disease.

There are different colon cancer screening tests. Stool-based tests can detect blood or changes in genes (DNA), which can be signs of colon cancer, from a stool (feces) sample. Screening test options include:

- A fecal immunochemical test (FIT), which detects blood. A FIT is recommended every year.
- A high-sensitivity guaiac-based fecal occult blood test (HSgFOBT), which detects blood. An HSgFOBT is recommended every year.
- A multi-target stool DNA test (FIT-DNA), which detects blood and changes in genes (DNA) that could be signs of cancer. A FIT-DNA is recommended once every three years.
- A colonoscopy. This is a visual exam with a special camera that allows a health care provider to directly observe your colon and, during the same exam, remove any polyps found. A colonoscopy is done once every 10 years or

sometimes more frequently, depending on your personal risk and what the exam shows. A positive stool-based test must be followed up with a colonoscopy.

For more information, visit nyc.gov/health/coloncancer. For a detailed video about getting ready for a colonoscopy, visit bit.ly/colonoscopy-prep-video.

Talk to your health care provider and your family.

This graphic novella was created to help you start the conversation with your provider and your family about screening options for colon cancer prevention. Mark is helping himself and his family members prevent colon cancer, and you can help yourself and your family too. By reading this family story, you will learn:

- How to discuss colon cancer screening and prevention with your provider
- What to expect for stool-based tests and a colonoscopy

Discuss your personal risk, screening method and frequency of screening with your provider and your family.

Recognize possible colon cancer symptoms.

Blood in your stool is one possible sign of colon cancer. Colon cancer can cause belly or rectal pain that will not go away, or constipation or diarrhea that does not get better. Unintended weight loss is another possible sign. These symptoms can also be caused by health issues other than colon cancer, but it is very important to see a health care provider if you have these symptoms.

HEALTH CARE PROVIDER'S OFFICE



HI MARK! HOW
ARE YOU?

I AM DOING
WELL! I JUST
CELEBRATED MY
47TH BIRTHDAY.



OH, HAPPY BIRTHDAY!
HAVE YOU BEEN
SCREENED FOR COLON
CANCER YET?

NO.

BUT I REMEMBER
MY WIFE SANDRA'S
COLONOSCOPY
EXPERIENCE.

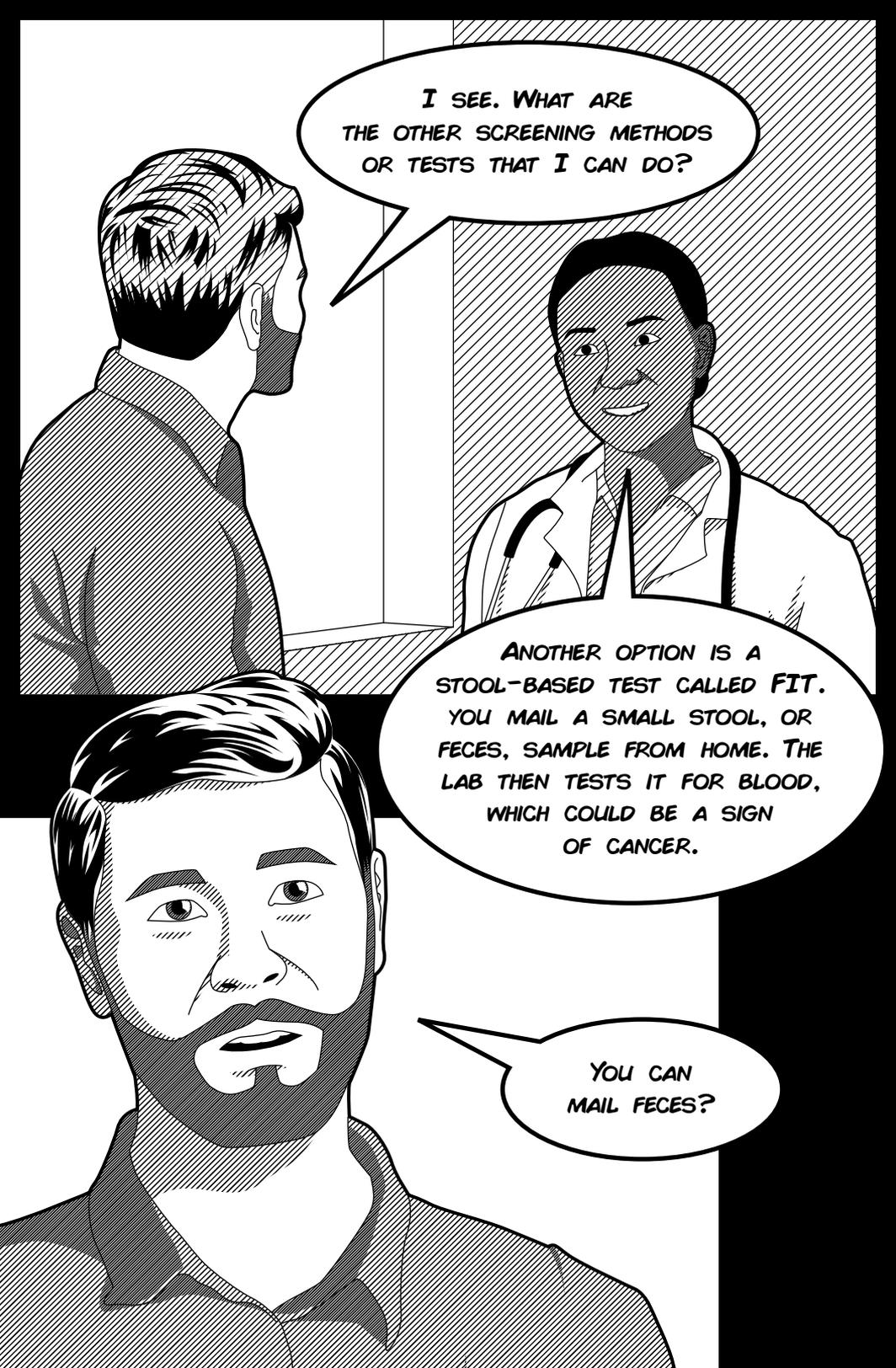


WELL, IT IS TIME TO
GET CHECKED. COLON CANCER
SCREENING CHECKS FOR COLON
OR RECTAL CANCER, AND FOR
POLYPS THAT COULD LEAD
TO CANCER.

REMOVING THOSE
POLYPS CAN ACTUALLY
PREVENT CANCER!

ALL RIGHT.
SHOULD WE SCHEDULE
A COLONOSCOPY
SOON, THEN?

A COLONOSCOPY IS ONE OF
THE SCREENING METHODS. IT DIRECTLY
OBSERVES THE COLON AND RECTUM,
AND HELPS US REMOVE POLYPS AND
ANYTHING ELSE THAT CAN DEVELOP
INTO CANCER.



I SEE. WHAT ARE
THE OTHER SCREENING METHODS
OR TESTS THAT I CAN DO?

ANOTHER OPTION IS A
STOOL-BASED TEST CALLED FIT.
YOU MAIL A SMALL STOOL, OR
FECES, SAMPLE FROM HOME. THE
LAB THEN TESTS IT FOR BLOOD,
WHICH COULD BE A SIGN
OF CANCER.

YOU CAN
MAIL FECES?

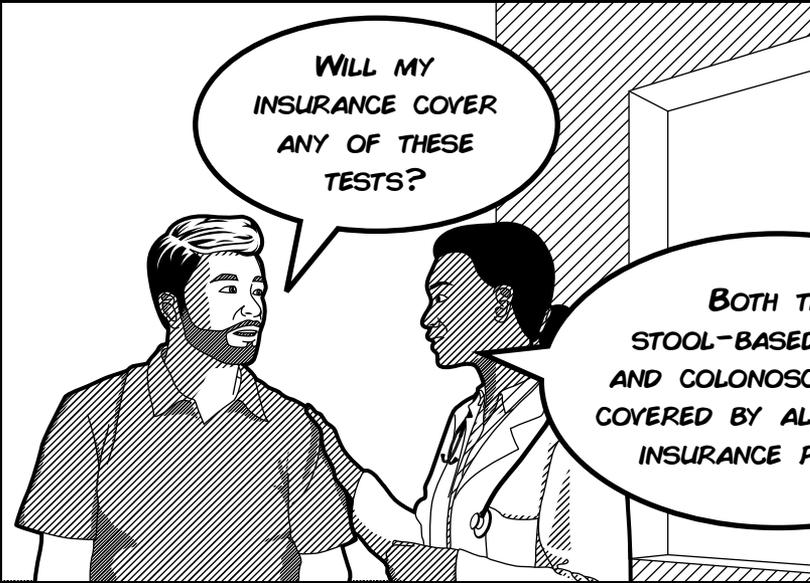


YOU CAN!
STOOL-BASED TESTS CAN
BE A GREAT OPTION FOR
PEOPLE AT AVERAGE RISK
FOR COLON CANCER.

WHICH TEST
IS BETTER?

IT DEPENDS. BOTH
ARE EFFECTIVE AT FINDING
CANCER AND PROVEN TO
SAVE LIVES. THE FIT IS
EASIER TO DO, BUT YOU
WILL HAVE TO DO IT
EVERY YEAR.

THE COLONOSCOPY
REQUIRES MORE
PREPARATION AND
ANESTHESIA, BUT MOST
PEOPLE DO NOT HAVE TO DO
IT AS OFTEN. WE CAN ALSO
REMOVE POLYPS DURING
THE COLONOSCOPY.



WILL MY
INSURANCE COVER
ANY OF THESE
TESTS?

BOTH THE
STOOL-BASED TESTS
AND COLONOSCOPY ARE
COVERED BY ALMOST ALL
INSURANCE PLANS.*



I KNOW SANDRA HAD
TO HAVE A SPECIAL DIET AND
MEDICATION THE DAY BEFORE
HER COLONOSCOPY. I AM
NOT SURE IF I AM READY
FOR THAT YET. CAN I DO
THE FIT TEST FIRST?

*Most insurance plans, including Medicaid and Medicare, cover colon cancer screenings. However, coverage can vary. Check with your health care provider and insurer about coverage before your screening test. If you do not have insurance, you may be eligible for low- or no-cost coverage. Call 311 for free enrollment assistance.

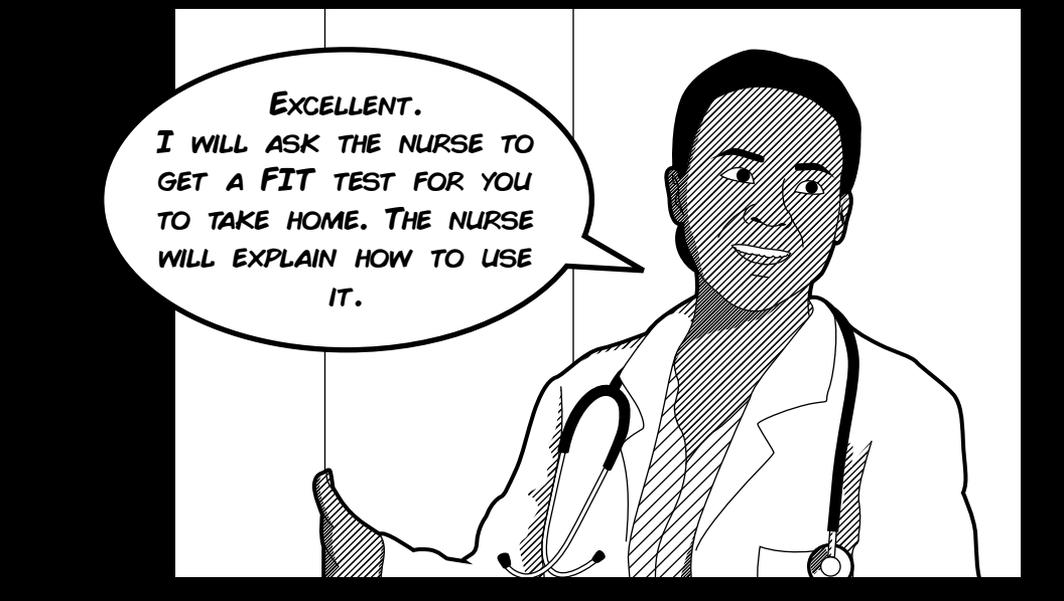


YOU CAN!
A FEW QUESTIONS: DO YOU HAVE ANY CLOSE FAMILY WITH COLON CANCER OR POLYPS, OR GENETIC CONDITIONS SUCH AS LYNCH SYNDROME?

NO.

ANY UNINTENTIONAL RECENT WEIGHT LOSS, OR PAIN, BLOOD OR CHANGES IN YOUR STOOL SUCH AS DIARRHEA OR CONSTIPATION?

NOT THAT I REMEMBER.



EXCELLENT.
I WILL ASK THE NURSE TO GET A FIT TEST FOR YOU TO TAKE HOME. THE NURSE WILL EXPLAIN HOW TO USE IT.



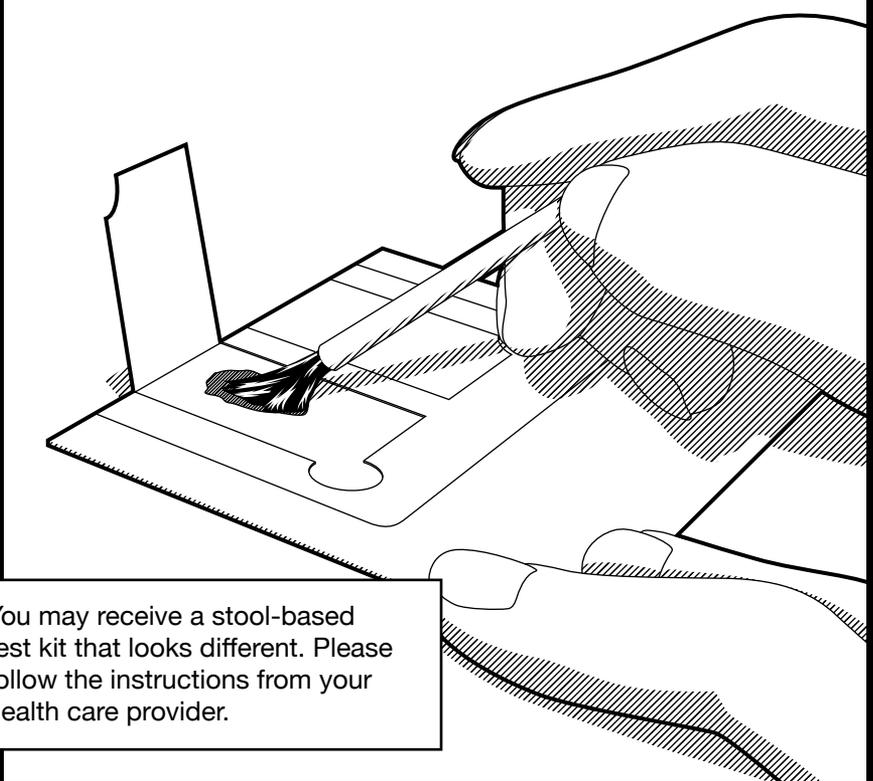
HI MARK.
NICE TO MEET
YOU!

HERE IS THE FIT TEST FOR YOU.
IT IS VERY EASY. ALL YOU HAVE TO
DO IS USE THIS STICK TO PICK UP A
SMALL AMOUNT OF STOOL, PLACE IT
ON THE LABELED PORTION OF THE TEST
CARD, THEN SEAL IT UP AND MAIL IT
OUT. YOU WILL DO THIS TEST ONCE
EVERY YEAR.

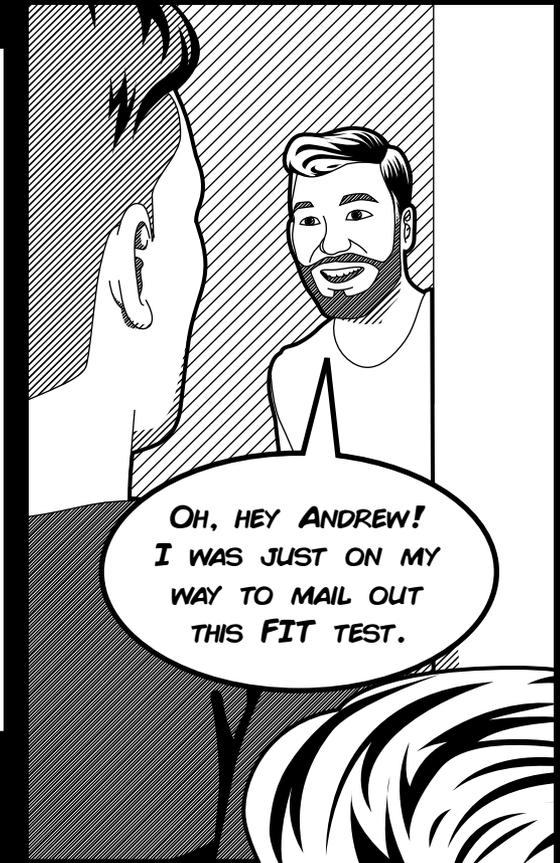
DO YOU HAVE
ANY QUESTIONS?

I THINK
I GOT IT.
THANKS!

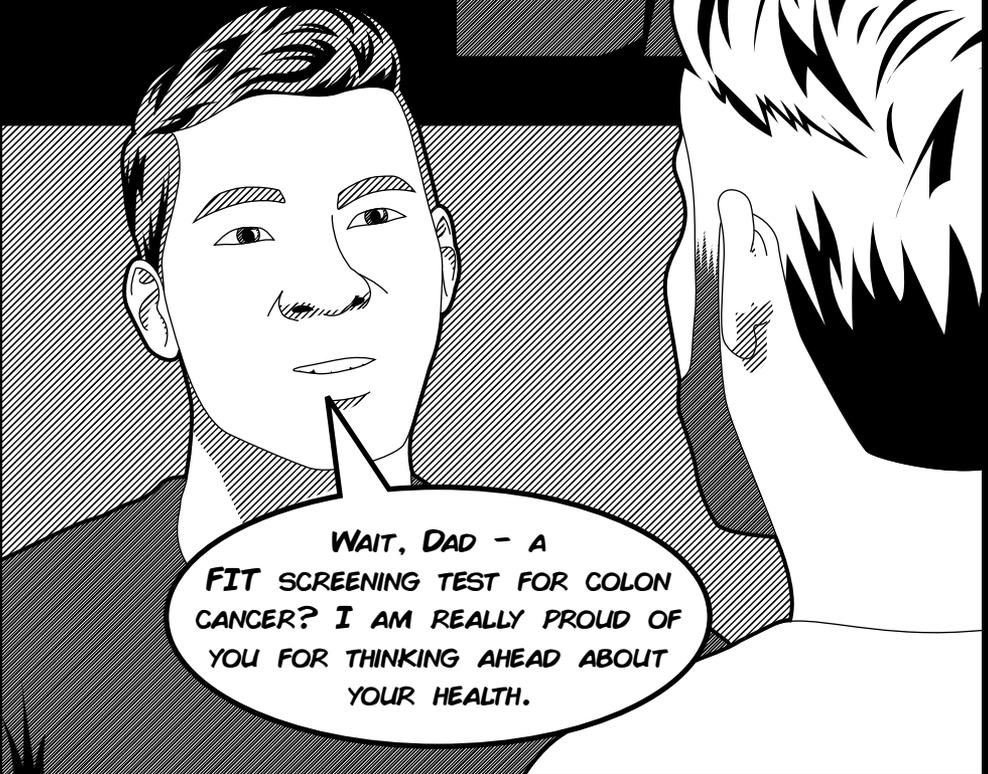
LATER THAT DAY



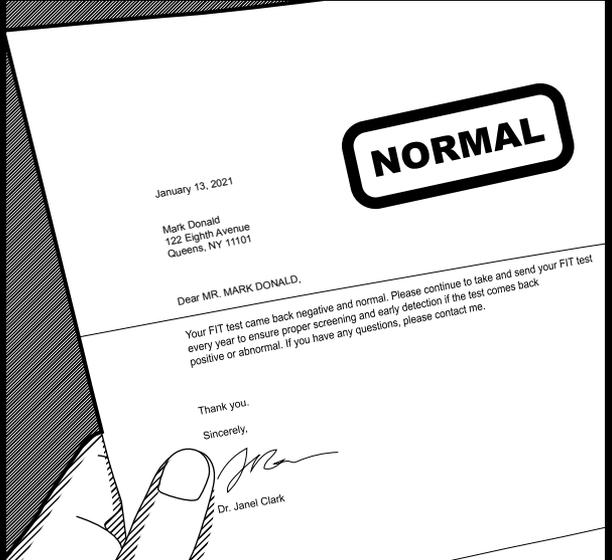
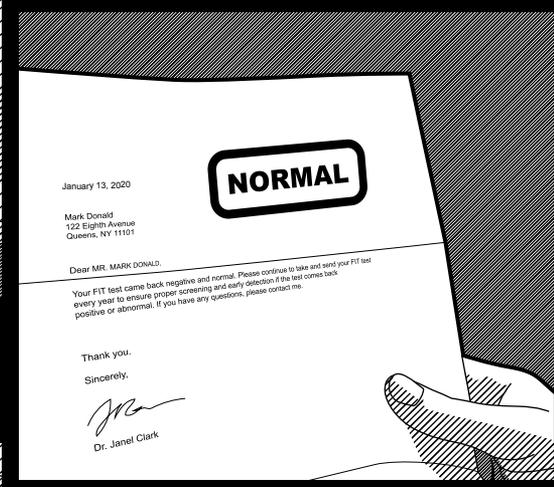
You may receive a stool-based test kit that looks different. Please follow the instructions from your health care provider.



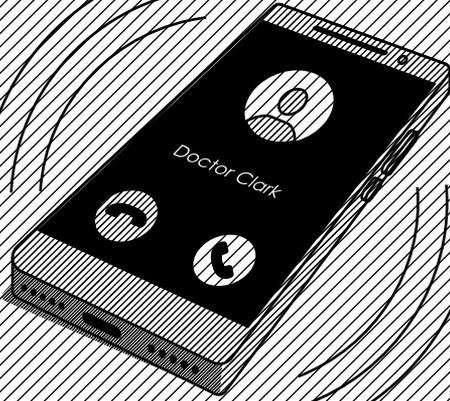
OH, HEY ANDREW!
I WAS JUST ON MY
WAY TO MAIL OUT
THIS FIT TEST.



WAIT, DAD - A
FIT SCREENING TEST FOR COLON
CANCER? I AM REALLY PROUD OF
YOU FOR THINKING AHEAD ABOUT
YOUR HEALTH.



YEAR THREE



HI DOCTOR CLARK.

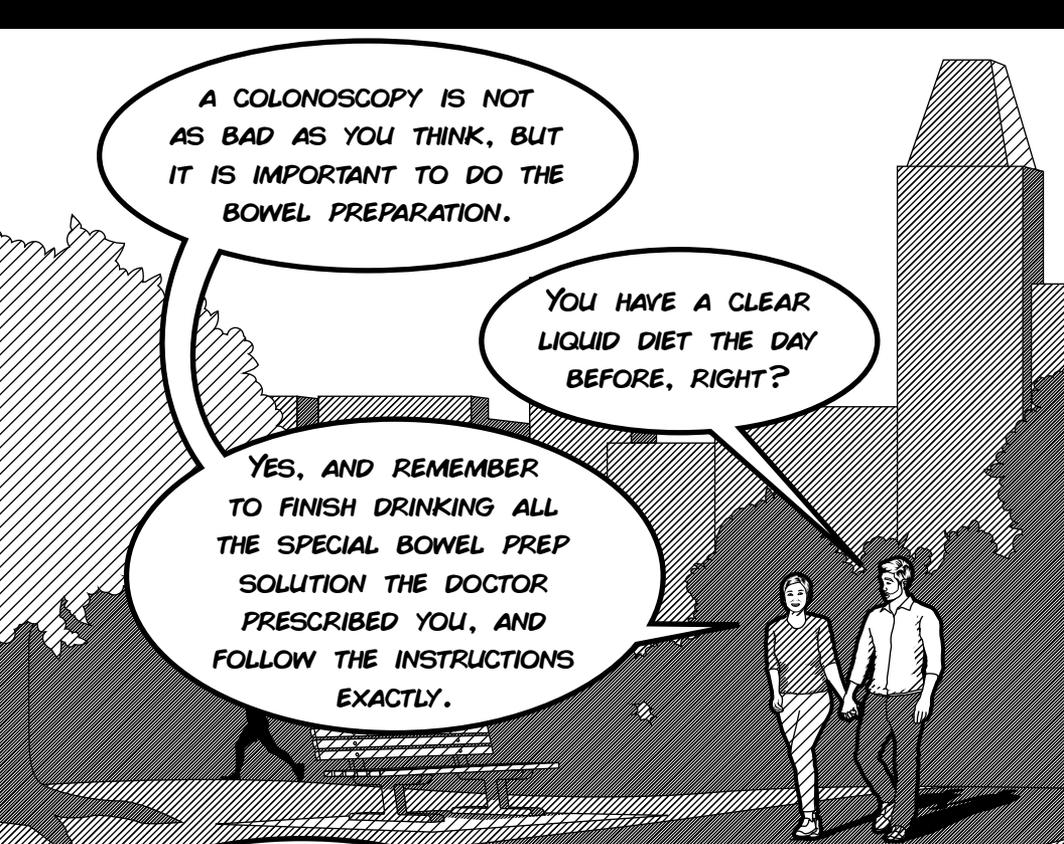
WAIT, MY FIT
IS ABNORMAL?



TRY NOT TO BE TOO WORRIED, MARK.
AN ABNORMAL FIT RESULT DOES NOT
NECESSARILY MEAN YOU HAVE COLON CANCER,
BUT YOU WILL NEED TO HAVE A
COLONOSCOPY JUST TO BE SURE.

ALL RIGHT.
LET'S DO IT.

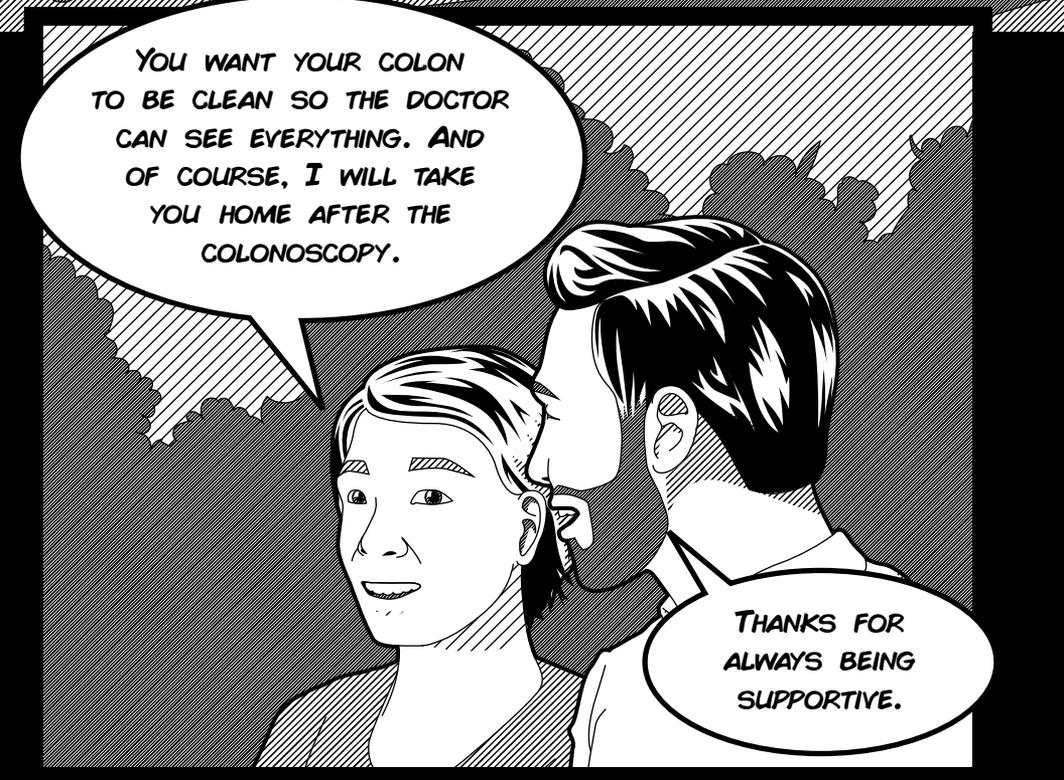
I AM STILL REALLY
NERVOUS. I SHOULD
TALK TO SANDRA ABOUT
HER COLONOSCOPY
EXPERIENCE - MAYBE
THAT WOULD HELP.

A black and white illustration of a man and a woman walking hand-in-hand in a park. The man is on the right, wearing a light-colored button-down shirt and dark pants. The woman is on the left, wearing a striped shirt and pants. In the background, there are trees, a park bench, and a tall building with a pointed top. Three speech bubbles are positioned above them, containing text.

A COLONOSCOPY IS NOT AS BAD AS YOU THINK, BUT IT IS IMPORTANT TO DO THE BOWEL PREPARATION.

YOU HAVE A CLEAR LIQUID DIET THE DAY BEFORE, RIGHT?

YES, AND REMEMBER TO FINISH DRINKING ALL THE SPECIAL BOWEL PREP SOLUTION THE DOCTOR PRESCRIBED YOU, AND FOLLOW THE INSTRUCTIONS EXACTLY.

A close-up black and white illustration of a man and a woman. The man is on the right, shown in profile, looking towards the woman on the left. He has dark hair and a beard. The woman is on the left, looking towards the man with a slight smile. A speech bubble is positioned above the woman, and another is below the man.

YOU WANT YOUR COLON TO BE CLEAN SO THE DOCTOR CAN SEE EVERYTHING. AND OF COURSE, I WILL TAKE YOU HOME AFTER THE COLONOSCOPY.

THANKS FOR ALWAYS BEING SUPPORTIVE.

THE DAY BEFORE MARK'S COLONOSCOPY



HMM, IT DOES
NOT TASTE THAT
BAD.



DAY OF COLONOSCOPY



ARE YOU OK?

JUST A LITTLE
NERVOUS. IS IT
GOING TO BE
UNCOMFORTABLE?

HONESTLY,
I DO NOT EVEN REMEMBER
THE COLONOSCOPY PART,
ONLY THE PREP. YOU WILL
BE OK.

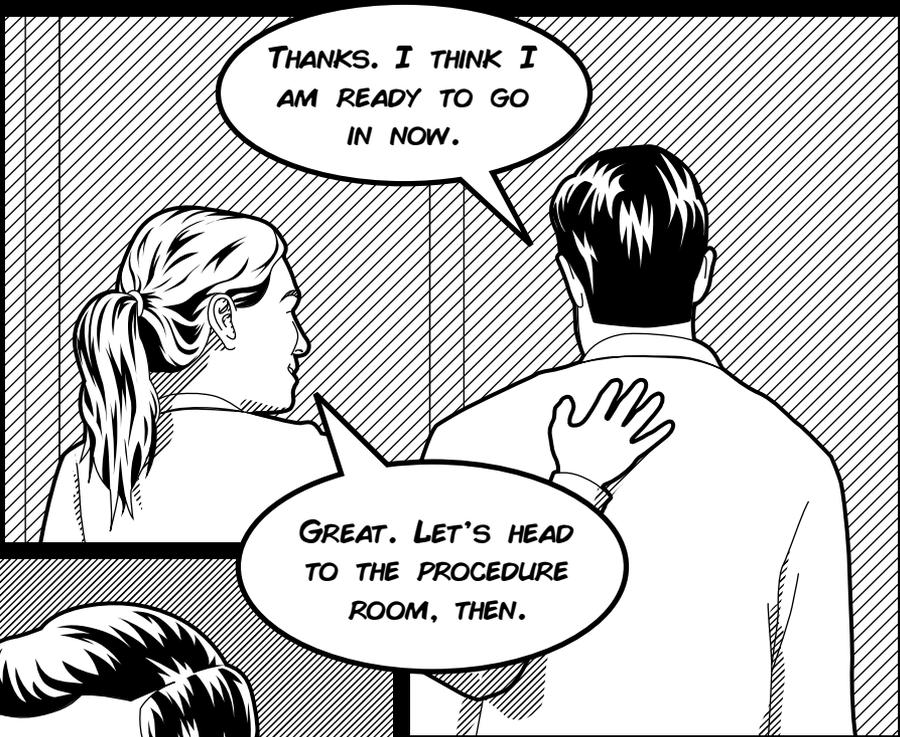


HI MARK! GLAD YOU MADE IT. ARE YOU READY FOR YOUR COLONOSCOPY?

YES. I HAD ONLY CLEAR LIQUIDS YESTERDAY. I ALSO FINISHED ALL THE BOWEL PREP SOLUTION AND DID NOT EAT ANYTHING TODAY.

GREAT! THIS SHOULD GIVE THE DOCTOR A CLEAR VIEW OF YOUR COLON AND RECTUM.

THE DOCTOR INSERTS A SMALL TUBE THAT IS ABOUT ONE-HALF INCH IN DIAMETER INTO YOUR RECTUM. THE TUBE HAS A LIGHT AND CAMERA AT THE END OF IT. IT SHOULD NOT HURT.



THANKS. I THINK I
AM READY TO GO
IN NOW.

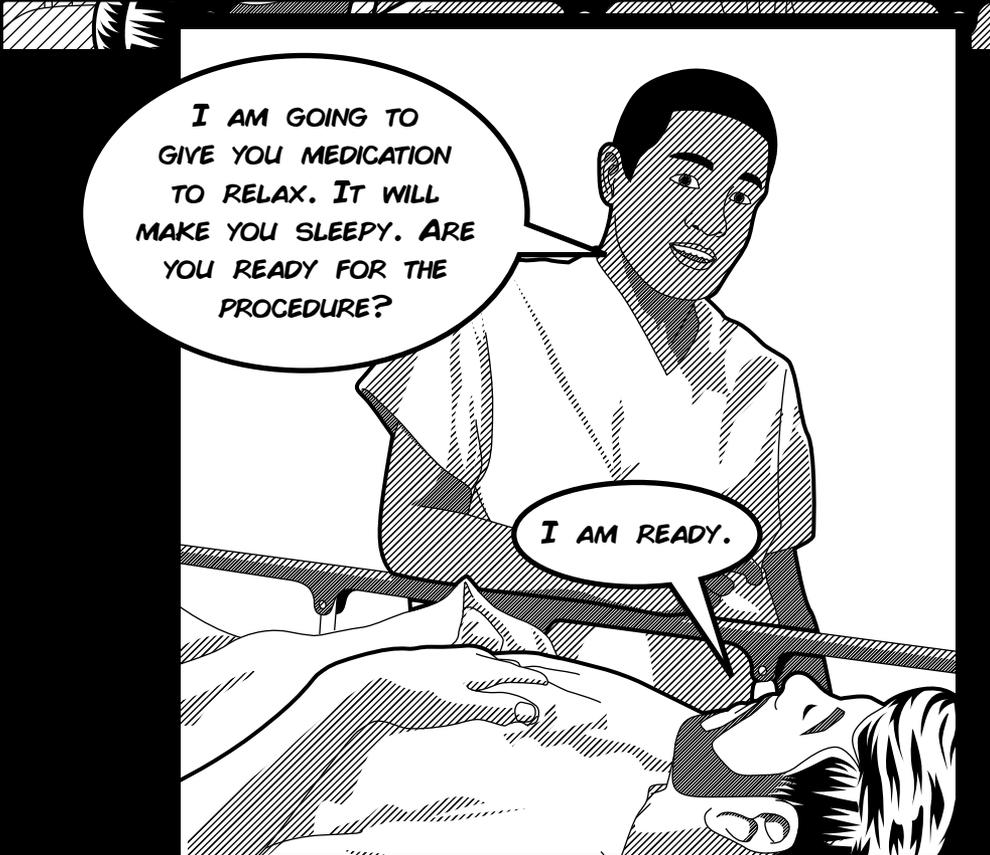
GREAT. LET'S HEAD
TO THE PROCEDURE
ROOM, THEN.



I AM SO GLAD THAT MARK
IS TAKING CARE OF HIS
HEALTH!



I HEARD YOU DID A GOOD JOB ON THE BOWEL PREP. WE SHOULD SEE YOUR CLEAN COLON HERE LATER.



I AM GOING TO GIVE YOU MEDICATION TO RELAX. IT WILL MAKE YOU SLEEPY. ARE YOU READY FOR THE PROCEDURE?

I AM READY.

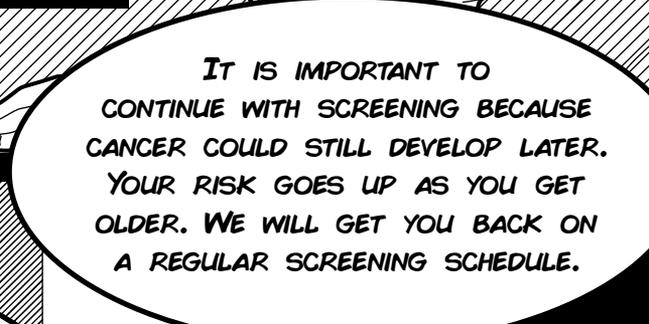
AFTER THE SCREENING



HI MARK. GOOD NEWS! WE DID NOT FIND ANYTHING ABNORMAL IN YOUR COLON.



OH, THANK GOODNESS. DOES THAT MEAN I AM COMPLETELY DONE WITH SCREENING?



IT IS IMPORTANT TO CONTINUE WITH SCREENING BECAUSE CANCER COULD STILL DEVELOP LATER. YOUR RISK GOES UP AS YOU GET OLDER. WE WILL GET YOU BACK ON A REGULAR SCREENING SCHEDULE.



WHAT A RELIEF. WHAT ELSE CAN I DO TO LOWER MY RISK OF COLON CANCER?





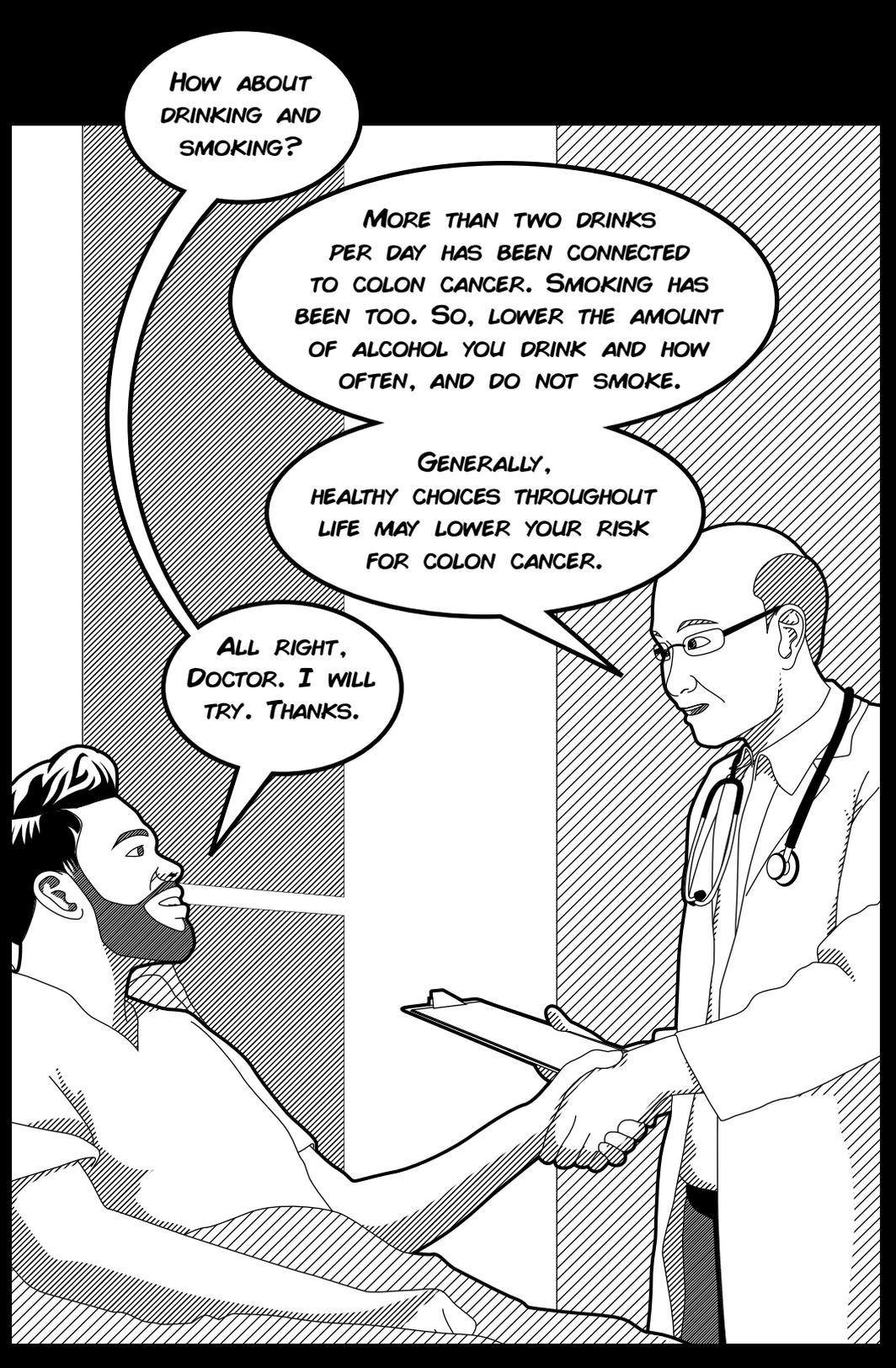
MAKE HEALTHY CHOICES.
RESEARCH SHOWS SOME
BEHAVIORS SEEM TO BE CONNECTED
TO LOWER COLON CANCER RISK.
WE DO NOT ALWAYS KNOW WHY
SOME PEOPLE GET CANCER AND
SOME DO NOT.

PEOPLE WHO EAT FEWER
PROCESSED MEATS ARE LESS
LIKELY TO GET COLON CANCER.
BEING PHYSICALLY ACTIVE ALSO
SEEMS TO BE CONNECTED TO
LOWER RISK.



PROCESSED MEATS
INCLUDE DELI MEATS,
BACON AND HOT DOGS,
RIGHT?

THAT IS
CORRECT.



HOW ABOUT
DRINKING AND
SMOKING?

MORE THAN TWO DRINKS
PER DAY HAS BEEN CONNECTED
TO COLON CANCER. SMOKING HAS
BEEN TOO. SO, LOWER THE AMOUNT
OF ALCOHOL YOU DRINK AND HOW
OFTEN, AND DO NOT SMOKE.

GENERALLY,
HEALTHY CHOICES THROUGHOUT
LIFE MAY LOWER YOUR RISK
FOR COLON CANCER.

ALL RIGHT,
DOCTOR. I WILL
TRY. THANKS.



I JUST NEED TO KEEP UP WITH SCREENING AND A HEALTHY LIFESTYLE TO LOWER MY RISK OF GETTING COLON CANCER.

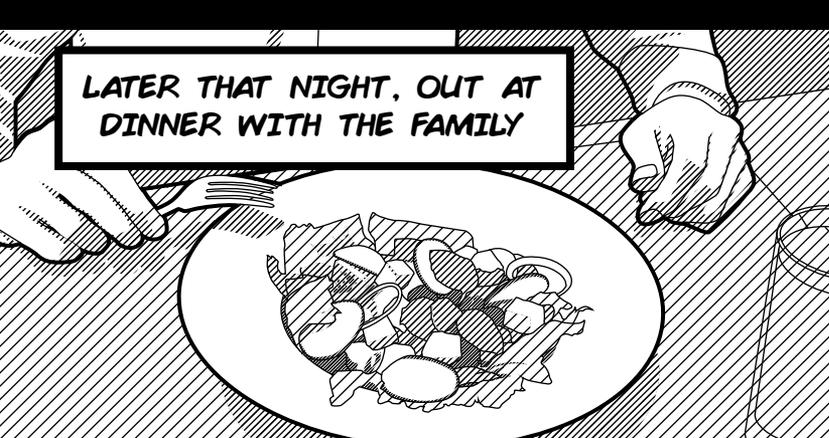
HOW?



MY HEALTH CARE PROVIDER SUGGESTS THAT I EAT HEALTHIER AND HAVE FEWER PROCESSED MEATS. I SHOULD BE PHYSICALLY ACTIVE, DRINK LESS ALCOHOL AND NOT SMOKE. IT IS ALSO IMPORTANT TO HAVE MY NEXT SCREENING ON TIME.

WE WILL ADOPT THESE CHANGES TOGETHER! MARK, YOU WILL NOT BE ALONE.

YOU ARE THE BEST!



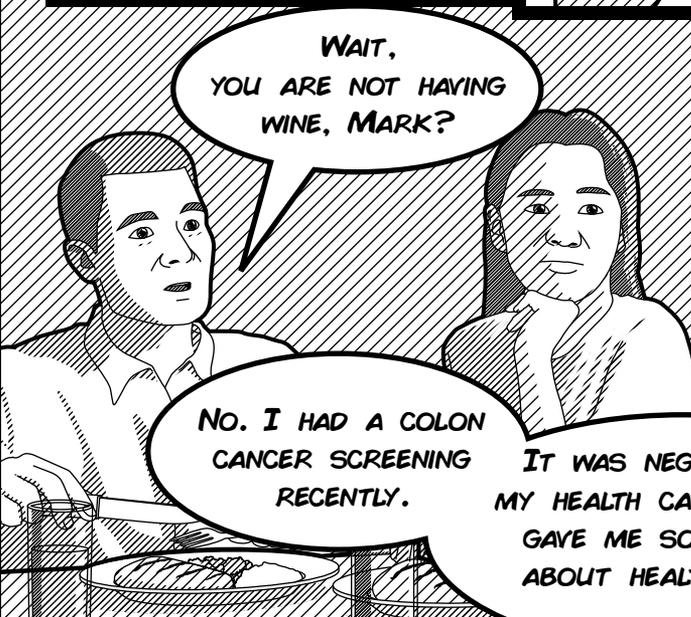
LATER THAT NIGHT, OUT AT DINNER WITH THE FAMILY



WOULD YOU LIKE SOME WINE, SIR?



NO, THANK YOU.



WAIT, YOU ARE NOT HAVING WINE, MARK?

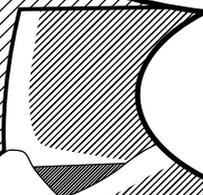
NO. I HAD A COLON CANCER SCREENING RECENTLY.



IT WAS NEGATIVE, BUT MY HEALTH CARE PROVIDER GAVE ME SOME ADVICE ABOUT HEALTHY LIVING.



AS YOUR BROTHER, I CARE A LOT ABOUT YOUR HEALTH. BOTH OF YOU SHOULD START TO DISCUSS COLON CANCER SCREENING WITH YOUR HEALTH PROVIDER.



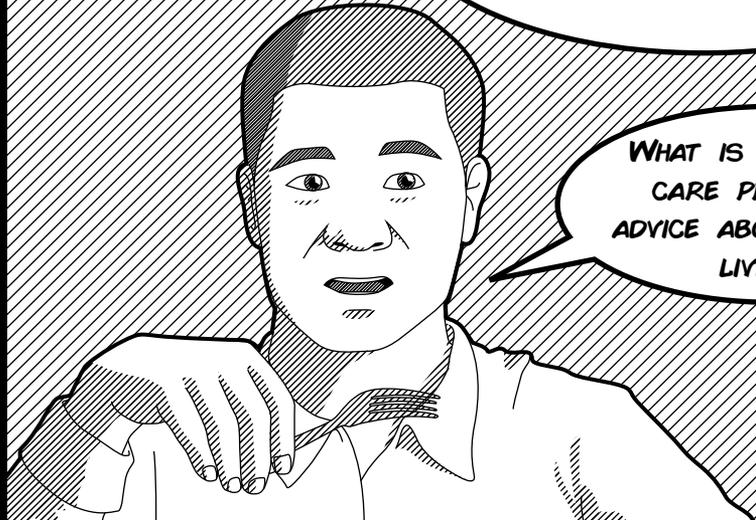
SINCE WE ARE ALL AROUND THE SAME AGE, SOONER IS BETTER THAN LATER.



WHAT SCREENING TEST DID YOU TAKE?



I DID THE STOOL-BASED TEST FOR THREE YEARS. IT WAS QUICK AND EASY. THIS YEAR MY RESULT WAS ABNORMAL, SO I HAD A FOLLOW-UP COLONOSCOPY.



WHAT IS THE HEALTH CARE PROVIDER'S ADVICE ABOUT HEALTHY LIVING?



START WITH A HEALTHY DIET AND REGULAR PHYSICAL ACTIVITY. LIMIT YOUR DRINKING, AND DO NOT SMOKE.

THE MOST IMPORTANT THING TO DO IS TO GET SCREENED.



I DO NOT WANT TO GET CANCER! I WILL TRY TO QUIT SMOKING.



ANDREW, REMEMBER
TO GET A COLON
CANCER SCREENING TEST
WHEN YOUR PROVIDER
RECOMMENDS IT.

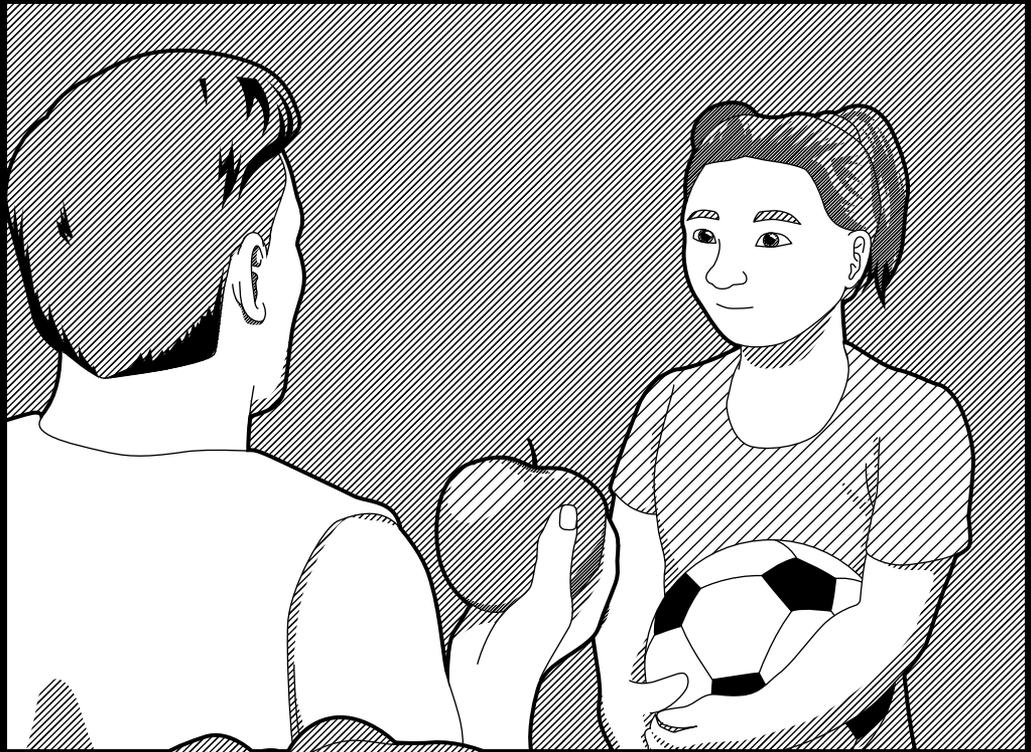
I WILL, DAD.

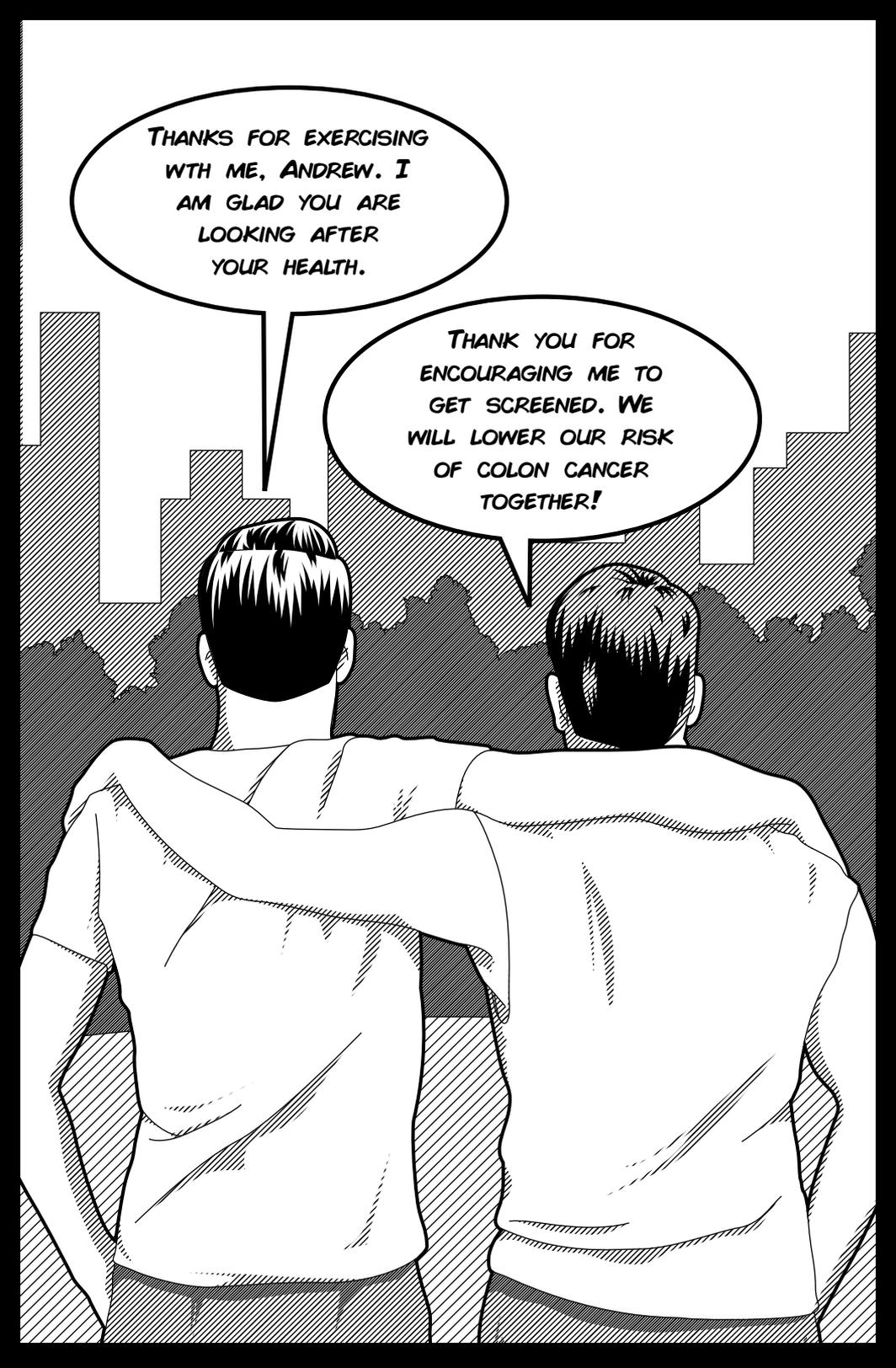
LET'S STOP
AHEAD AND TAKE A
QUICK BREAK.



HEY LILY.
DO YOU WANT
A SNACK?

YEAH!





THANKS FOR EXERCISING
WITH ME, ANDREW. I
AM GLAD YOU ARE
LOOKING AFTER
YOUR HEALTH.

THANK YOU FOR
ENCOURAGING ME TO
GET SCREENED. WE
WILL LOWER OUR RISK
OF COLON CANCER
TOGETHER!

Facts About Colon Cancer Risk

Risk factors for colon cancer include:

- Being older — about 90% of cases occur in people age 50 and older*
- Having a personal or family history of colon cancer or adenomatous polyps
- Having an inherited syndrome such as Lynch syndrome or familial adenomatous polyps (FAP)

These lifestyle changes may lower your risk of colon cancer:

- Lowering your weight if you have overweight or obesity
- Increasing your physical activity by sitting less and moving more
- Eating fewer processed meats and more fruits and vegetables
- Drinking fewer alcoholic drinks
- Reducing or stopping tobacco use. For support to quit smoking or vaping, call 866-NY-QUITS (866-697-8487).

Talk to your health care provider today about your risks and screening for colon cancer.

To learn more, visit nyc.gov/health/coloncancer. For related stories about screening, click on **Sandra's Story** and **How To Do an At-Home Colon Cancer Test**.

*People without risk factors should start screening at age 45, as colon cancer cases have been increasing among people younger than age 50. People with risk factors may need to start screening even earlier.

