Making A Decision About Colon Cancer Screening
Who is this booklet for?

Men

age

80 - 84

This booklet will help you decide whether getting screened for colon cancer is the right choice for you.
Now, you can see why it’s so important to talk with your doctor about whether or not to choose colon cancer screening.

Next, we would like you to fill out Your Personal Colon Cancer Screening Decision Guide.

You should take your answers into your doctor’s visit. It will help you and your doctor think about what choice is right for you.

What is colon cancer screening?

Colon cancer screening tests look for colon cancer before you have problems.

The American Cancer Society and other groups recommend that as you get older, you should decide whether or not to get screened for colon cancer (cancer of your bowels).
There are two main tests that look for colon cancer

The first test is a **Colonoscopy:**

In this test, the doctor uses a narrow, flexible tube to look at the inside of your colon.

On the day before the test, you drink a medicine to clean out your bowels.

Right before the test, you are given a medicine to help you relax.

During the test, the doctor may remove polyps (abnormal growths).

This test is done at a special doctor’s office.

The doctor has to watch you for a few hours after the test is over.

For a person in **fair health,** it is hard to know whether they will live at least 5 years. For this person, the harms likely equal the benefits from colon cancer screening.

A person in **poor health** is likely to have more harm than benefit from colon cancer screening. This is because they are less likely to live at least 5 years, which means they won’t benefit from screening.
A person in 
**good health**
is likely to have more benefit than harm from colon cancer screening. This is because they are more likely to live at least 5 years during which time colon cancer might cause them problems.

The second test is a *Fecal Occult Blood Test (FOBT) also called “Stool Cards”:*

This test checks for blood in your stool.

You place your stool on special cards and then return them to your doctor’s office or a lab where they are checked for hidden or “occult” blood.

This test is done at home.

An important thing to remember is that if your stool cards are positive for blood, you will need to have a colonoscopy to see where the blood is coming from. Please keep this in mind as you decide about screening.
What happens if they find cancer?

- Most people with colon cancer will need surgery to remove the cancer.
- Some people may need medicines like chemotherapy after surgery.

Now let’s look at how a person’s health problems change the balance between the benefits and harms of colon cancer screening.
How do I balance the benefits and harms of colon cancer screening as I get older?

Why is colon cancer screening different as I get older?

The American Cancer Society and other national organizations recommend that everyone should get regular colon cancer screening starting at age 50 because it decreases the risk that people will die from colon cancer.

It is different as people get older. Doctors don’t know if screening older people for colon cancer really helps them live longer. Other health problems can shorten their lives.

That is why these national organizations recommend that older people should decide for themselves whether they want to have colon cancer screening.
Why do I need to decide for myself about colon cancer screening?

1. The risk of getting a serious health problem goes up as people get older.

- Older people start to have other serious health problems such as heart disease, stroke, diabetes, and other types of cancer.

What is the chance of having serious harms from colonoscopy within the first 30 days?

For every 1000 people who have a colonoscopy about:

3 will have bleeding that requires a transfusion
1 will have perforations or tears in the bowel that need surgery
Less than 1 will die directly from complications.

The box above represents 1000 people. Each o represents 1 person.
What is the chance of having a benefit from screening?

For every 1000 people who are screened about:

5 people will live longer because of screening

The box above represents 1000 people. Each o represents 1 person.

2. Serious health problems may change how long people might live.

- On average, older people with serious health problems usually die sooner than people with fewer or less serious health problems.

- On average, older people without serious health problems have a better chance of living longer.

- Lots of other things such as a family’s medical problems or lifestyle may also affect how long people may live.
3. The risk of getting colon cancer goes up as people get older but colon cancers usually grow slowly.

- The older people get, the more likely they are to develop colon cancer.
- In most cases colon cancer is the kind of cancer that grows very slowly. If a person develops colon cancer today they may not have any problems for at least 5 years, and maybe as long as, 10 years.

What is the chance of dying from colon cancer compared to other common health problems in the next 10 years?

For every 1000 men age 80 about:

- 200 will die of heart disease
- 50 will die of a stroke
- 15 will die of colon cancer

The box above represents 1000 men. Each o represents 1 man.
What should I think about when I decide whether colon cancer screening is right for me?

4. Other serious health problems may lead to death before colon cancer causes any problems.

- People might die from colon cancer, or they might die from many other health problems.
- Colon cancer is just one of many serious diseases that may affect older people.
5. Colon cancer screening will not help all older people.

- People probably need to live at least 5 years for colon cancer screening to help them.
- Depending on older adults’ current health problems, they may not be expected to live 5 years.

6. There is uncertainty about who will benefit from colon cancer screening.

- The problem is that no one can know exactly how long any person will live.