

At age 50 and over,
it's time for me to get informed!

Colorectal Cancer Screening



swiss
cancer
screening

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Colorectal Cancer Screening – At a Glance

This brochure covers the most important information for you on colorectal cancer screening.

What is Colorectal Cancer Screening?

There are screening methods to detect colorectal cancer or precancerous stages of colorectal cancer as early as possible. Two different tests are available.

Who should take part in colorectal cancer screening?

Cancer screening tests are offered for people aged 50 and over.

Why is colorectal cancer screening so important?

- So that less people get colorectal cancer.
- Less treatments are then needed for colorectal cancer.
- Less people die from colorectal cancer.

What are your advantages in taking part in colorectal cancer screening?

- You can be reassured if the test result is negative.
- You will be carefully advised if the test result is positive. Any further procedures will also be discussed with you.
- Precancerous polyps (preliminary stages of cancer) can be removed during a screening test (colonoscopy). This will reduce your risk of developing colorectal cancer.

Why is it important that colorectal cancer is detected early?

- There is a good chance that the cancer is still curable.
- Treatment is less invasive and less stressful than for advanced colorectal cancer.

About Colorectal Cancer

Facts and Figures

In Switzerland, colorectal cancer is the third most common cancer in men and the second most common cancer in women.

How many people get colorectal cancer in Switzerland?

Every year, 4,300 people in Switzerland develop colorectal cancer.

How many people die of colorectal cancer in Switzerland?

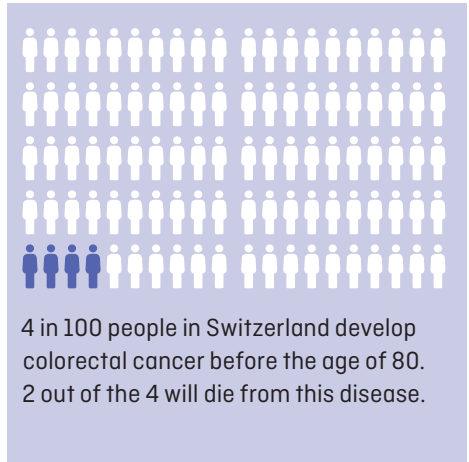
Every year, 1,700 people in Switzerland die of colorectal cancer.

Who can get colorectal cancer?

The vast majority of people who suffer from colorectal cancer is over the age of 50. 4 in 100 people in Switzerland develop colorectal cancer before the age of 80.

Is colorectal cancer curable?

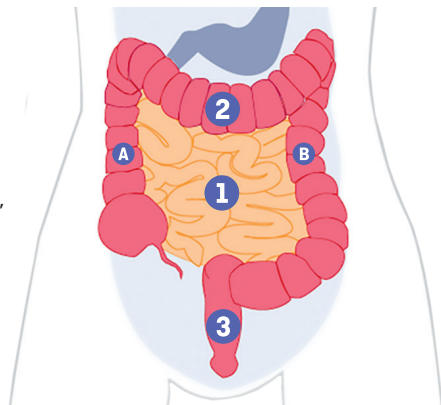
If detected early, there is a great chance that colorectal cancer can be treated successfully.



The Colon

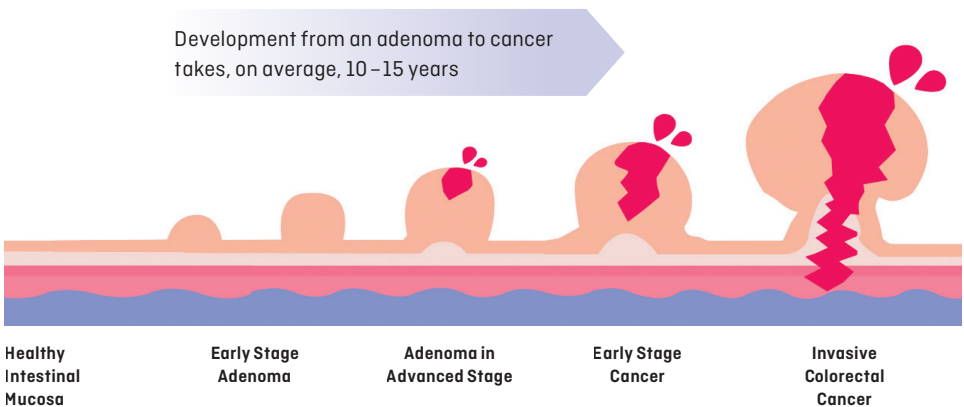
The colon is part of the intestines. The intestines consist of three sections:

- 1 The small intestine (small bowel)
- 2 The large intestine (colon, large bowel),
A ascending B descending
- 3 The rectum



How does colorectal cancer develop?

- The mucus membranes in (the inner lining of) the colon (large intestine) and rectum can change. This can lead to small growths. These growths are also called polyps.
- Polyps occur frequently. More than 30 in 100 people over the age of 65 have intestinal polyps.
- Many polyps are not detrimental to health. They are caused by malformations, the accumulation of fat or small inflammations.
- Other polyps are caused by benign tissue growth (when cells grow and divide more than they should). This means that these polyps grow out of the intestinal mucus membrane. These special polyps are called adenomas.
- Cancer can develop from these adenomas.
- It usually takes 10 to 15 years for an adenoma to develop into cancer. Although, it can also take only a few years until cancer develops.
- Out of 100 adenomas, less than 5 develop into cancer.
- Large adenomas often bleed. However, to the naked eye, this blood is not visible in the stools.



How do you know if you have colorectal cancer?

You have an exam, because you notice the following symptoms:

- Blood in your stools
- Unusual gastrointestinal problems
- Changes in stool (bowel) habits
- Unexplained weight loss
- Persistent fatigue

In most cases, colorectal cancer is already advanced. That is why colorectal cancer screening is important. Talk to a medical specialist such as your family doctor if you have any of these symptoms.

Colorectal Cancer Prevention

Is there any way to prevent colorectal cancer?

There is no guaranteed way to prevent it. However, you can reduce your risk of developing colorectal cancer.

What can you do to reduce your risk of developing colorectal cancer?

Be sure to maintain a healthy lifestyle:

- Eat fruits and vegetables every day.
- Limit your consumption of processed meat. For example less sausages.
- Get plenty of exercise regularly.
- Maintain a healthy weight.
- If you drink alcohol, do so in moderation. Avoid tobacco use.

You can find further tips and information on the Swiss Cancer League's website, under the heading, "Prevention": www.krebsliga.ch/krebs-vorbeugen.

Colorectal Cancer Screening

What is colorectal cancer screening?

These are tests that can show early whether someone has colorectal cancer. Changes in the intestines can also be seen, which could later turn into colorectal cancer. Such screening tests have to be repeated on a regular basis.

Who should take part in colorectal cancer screening?

Colorectal cancer screening is for people at the age of 50 who have no symptoms.

Why is there a need for colorectal cancer screening?

The earlier colorectal cancer or a colorectal cancer precursor, known as an adenoma polyp, is detected, the better the chances for a cure. Thanks to screening:

- Less people die from colorectal cancer.
- Colorectal cancer can be identified and treated at an early stage.
- Precancerous conditions (polyps) can be removed, thus preventing the development of colorectal cancer.

Colorectal cancer screening is effective. This has been verified by scientific studies.

Are there any limitations of colorectal cancer screening?

Colorectal cancer can be detected early on or prevented in most people by colorectal cancer screening. However, no examination or test exists that detects all very early stages of cancer diseases with 100% accuracy.

There is always a risk of colorectal cancer occurring in the time between two screenings. That is why it is important that you always consult with your doctor if you have any symptoms.

Screening Test Methods

There are two important examination methods that are recommended in Switzerland:

- Stool Testing for Blood (the abbreviation for this is: FIT – Faecal Immunological Test)
- Colonoscopy (the medical terms are: Endoscopy, Colonoscopy, Coloscopy)

What is the Faecal Immunological Test (FIT)?

Early stage colorectal cancer often bleeds a bit. However, the blood in the stools is not visible to the naked eye. That's why there's FIT. This makes it very easy and efficient to measure traces of blood in the stools. In order to do the test, a small stool sample must be taken. The test can be done at home.

What is a Colonoscopy?

The colonoscopy is performed by a doctor specializing in gastrointestinal diseases. The technical term for this type of doctor is: Gastroenterologist. A gastroenterologist specializes in diseases of the stomach and intestines. For the procedure, the doctor inserts an elongated flexible fiber optic tube through the anus into the intestine. A very small camera is fitted on the tip of this tube. This tube is called a coloscope and permits the doctor to conduct a careful visual examination of the entire intestine.

Comparison of Both Screening Methods

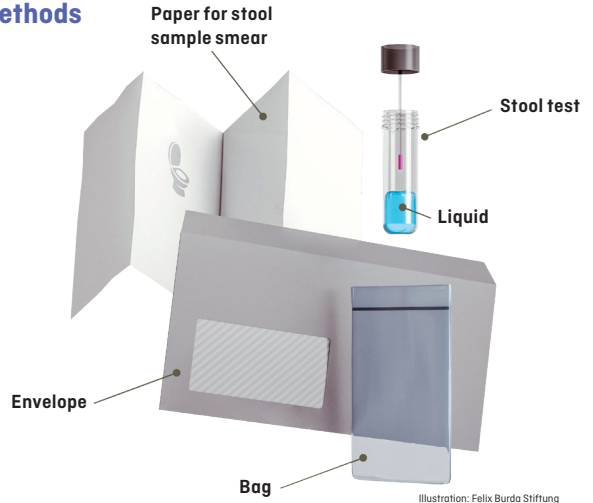


Illustration: Felix Burda Stiftung

Faecal Immunological Test (FIT)

How often should the test be done? The test has to be repeated every 2 years.

How is the test performed?

- A small stool specimen is taken at home through the use of a specially provided kit.
- The stool sample is sent by post to a laboratory.
- A laboratory analyses the sample.
- If blood is found, a colonoscopy is performed for clarification.

What does it cost? The test is inexpensive.

What are the advantages?

- No preparation is required.
- The test can be done easily and quickly.
- Fewer unnecessary colonoscopies are done.



How reliable is this test? The reliability is high if the test is done regularly, every 2 years.

What are the drawbacks?

- The test has to be repeated at least every 2 years
- It could be that blood may be found, but it is not from cancer or an adenoma.



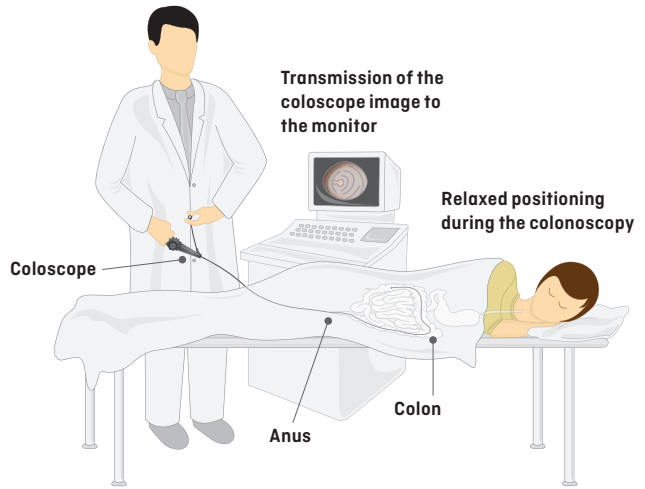


Illustration: Felix Burda Stiftung

Colonoscopy

How often should the test be done?

A colonoscopy has to be done every 10 years.

How is the test performed?

- Prior to the examination, a special diet has to be followed and medication must be taken. This is to “clean out” the intestines and is done at home.
- The procedure is performed in a gastroenterologist’s office or in a hospital.
- You will generally be given a sedative so that you can relax and lightly sleep during the colonoscopy.
- The examination usually takes 30–45 minutes. If polyps need to be removed, the colonoscopy may take longer.

What does it cost?

The examination is expensive.

What are the advantages?



- This is the better test at detecting polyps before they develop into cancer.
- Polyps are removed directly during the examination.

How reliable is the examination?

Excellent reliability if the “at home” preparation has been done correctly.

What are the drawbacks?



- There is a very low risk of severe complications (perforation of the bowel or significant bleeding): in about 2 cases in 1000 colonoscopies performed.
- If you are given a sedative, you will not be able to drive for 12 to 24 hours (due to the effects of the sedative).

How Effective is Colorectal Cancer Screening?

Colorectal cancer screening's effectiveness is scientifically proven. With regular screening, less than half as many people die of colorectal cancer.

This means:

Without screening: 2 in 100 people will die from colorectal cancer before the age of 80 in Switzerland.

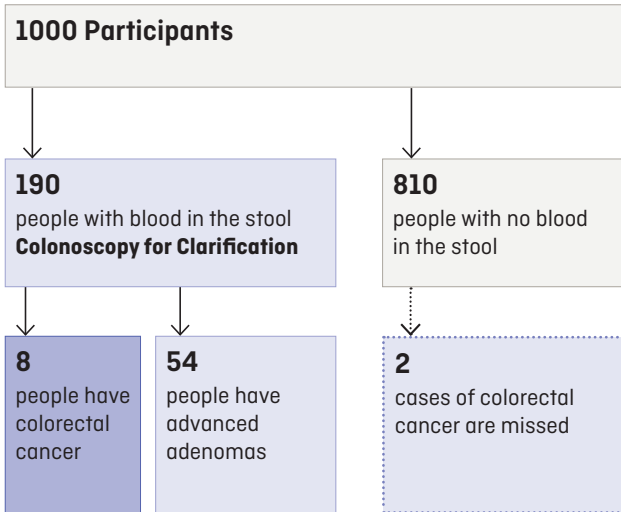
With regular screening: About 1 in 100 people will die from colorectal cancer before the age of 80 in Switzerland.

These figures are based on research, so they are only estimates. Scientific studies try to make these estimates more accurate. Therefore, it is important to know that it is never possible to predict with certainty whether an individual will become ill or not.



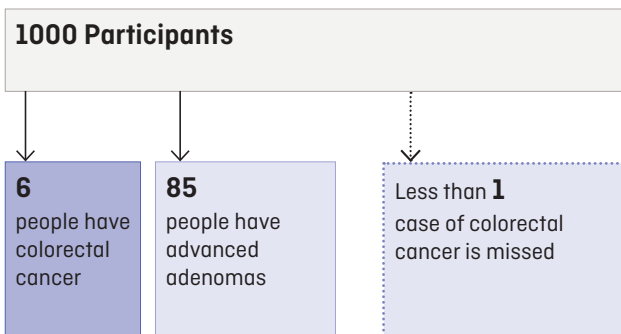
Faecal Occult Blood Test Effectiveness

(With regular participation during a period of 10 years)



Colonoscopy

(one-time participation)



The data above is from E. J. Grobbee et al., published 2019 in Clinical Gastroenterology and Hepatology [DOI: <https://doi.org/10.1016/j.cgh.2019.08.015>].

Taking Part in Colorectal Cancer Screening

If you would like to take part in colorectal cancer screening, here are some steps to follow:

1. Get Informed

Inform yourself about the possibilities of colorectal cancer screening. Read about the possible methods, the advantages and drawbacks. If you have any questions, consult with your doctor or pharmacist.

2. Check and Verify

Check and consider whether the range of colorectal screening options are suitable for you, from a medical point of view. It could prove helpful to answer the following questions:

| Part 1: Do you have any of the following symptoms? | Yes | No |
|--|--------------------------|--------------------------|
| You have lost weight and don't know why. | <input type="checkbox"/> | <input type="checkbox"/> |
| You have unusual gastrointestinal problems (for example: pain, diarrhoea or constipation). | <input type="checkbox"/> | <input type="checkbox"/> |
| Your stool/bowel habits have changed. | <input type="checkbox"/> | <input type="checkbox"/> |
| You have blood in your stools. | <input type="checkbox"/> | <input type="checkbox"/> |
| You are often very tired but don't know why. | <input type="checkbox"/> | <input type="checkbox"/> |
| Part 2: Do any of the following risk factors apply to you? | Yes | No |
| You yourself have or already had colorectal cancer or polyps and must have regular colonoscopy procedures performed for monitoring purposes. | <input type="checkbox"/> | <input type="checkbox"/> |
| You have an increased hereditary risk of colorectal cancer (for example: Lynch syndrome). | <input type="checkbox"/> | <input type="checkbox"/> |
| You suffer from a chronic inflammatory bowel disease (for example: ulcerative colitis or Crohn's disease). | <input type="checkbox"/> | <input type="checkbox"/> |

Did you answer YES to one or more of these questions?

Then talk to your family doctor about the necessary measures to take.

Did you answer NO to all of these questions?

If you are from 50 to 69 years old: Take part in a colorectal cancer screening programme. This way, there is a good chance that you will not develop colorectal cancer or die from it.

3. Decide

Check and decide which colorectal screening test you would like to have done. Taking part in a screening programme is a personal and free decision. If you are uncertain or have any concerns, consult with your doctor or pharmacist.

4. Take Part

On pages 14 to 15, you can read about the next steps concerning the screening method you have chosen.

Organized Colorectal Cancer Screening Programmes

Some cantons and regions in Switzerland have organized colorectal cancer screening programmes. In these cantons and regions, people from 50 to 69 years old are usually automatically invited to participate in these programmes.

Here's the link where you can check if there is an organized programme in your canton:

www.swisscancerscreening.ch/angebote-in-ihrem-kanton

What does a screening test cost?

In principle, the cost of both screening tests is reimbursed by basic health insurance.

If you live in a canton with an organized programme:

You will benefit from an excess waiver from your health insurance company.

Although in most cases, you will have to pay a 10% participation yourself.

If you live in a canton without an organized programme:

As is the case with any appointment with a doctor, you must pay the franchise and a 10% participation yourself.

What is the screening process?

Have you decided which screening test you would like to do?
Below, you can see how each test proceeds.

You have decided to take the Fecal Immunochemical Test (FIT)



Go to the pharmacy and ask for advice:

- You will be registered for the screening test.
- The test will be explained to you.
- You will be given the test and instructions to take home with you.

OR



Make an appointment with your family doctor who will advise you:

- You will be registered for the screening test.
- The test will be explained to you.
- You can get the test and instructions at your pharmacy or from your family doctor to take home with you.



Collect the stool sample at home and post it to the laboratory.

Important: Women should not perform the test during menstruation. The result could be interpreted inaccurately.

The result will be sent to you by post.

The test shows **NO** blood in stools.

This is a **negative result**.

93 in 100 people receive a negative result.

- Repeat the test every 2 years.
- Go to your doctor if you experience any symptoms before the next test.

The test shows **blood** in stools.

This is a **positive result**.

Approximately 7 in 100 people receive a positive result.

- Make an appointment with your doctor.
- A colonoscopy will be recommended.
- Bleeding often has a different cause other than cancer.

You have decided to have a colonoscopy



Make an appointment with your family doctor:

- You will receive advice.
- You will be registered for screening.

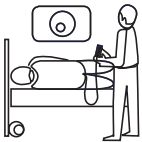


You will then have an appointment with a gastroenterologist for a colonoscopy.



Prepare your colon for the colonoscopy:

- Maintain the prescribed diet before the examination.
- Take the special cleansing solution the evening before the examination and on the day of the examination.
- It is very important that your colon is “cleaned out” correctly before the examination.



You will be examined and the result will be discussed with you.

The doctor did not find anything.

The colonoscopy findings were **normal**. Approximately 70 in 100 people receive normal results from a colonoscopy.

- Have another colonoscopy in 10 years.
- If you experience any symptoms before the next test, contact your doctor.

The doctor has discovered polyps or cancer.

This is a **conspicuous** colonoscopy. Approximately 30 in 100 people have a conspicuous colonoscopy.

- The polyps are removed and examined.
- If cancer is diagnosed, further clarification and tests are necessary.
- The doctor will discuss the next steps with you.

Glossary

| | |
|---|---|
| Adenoma | An adenoma is a polyp that can develop into cancer. |
| Benign Change | A benign change that is not dangerous to health. |
| Colon | The colon is part of the intestine; also known as the large intestine. It lies between the small intestine and the anus. The colon is the area of the gastrointestinal tract where cancer develops most frequently. |
| Colorectal Cancer | This is cancer located in the colon or in the rectum. |
| Coloscope | This is a flexible tube with a camera at its tip. The coloscope is used to examine the colon during a colonoscopy. |
| Colonoscopy | An endoscopic examination of the colon using a special flexible tube. There is a camera fitted on the tip of the tube. This tube is called a coloscope. The medical terms are: colonoscopy or coloscopy or endoscopy. |
| Crohn's Disease | A chronic inflammatory disease of the intestine. |
| Digestive Problems or Bowel Transit Problems | Are gastrointestinal problems, such as diarrhoea, constipation, flatulence or abdominal pain. |
| FIT, also FOBTi or FiOBT | An abbreviation for the: Faecal Immunochemical Test. This is a test for the detection of blood in the stools, which is not visible to the naked eye. |

| | |
|---------------------------------|--|
| Gastroenterologist | A doctor specializing in diseases of the gastrointestinal tract. |
| Lynch Syndrome | A hereditary disease that can cause cancer in the colon and other organs in young people. |
| Malignant Transformation | A malignant transformation is dangerous to one's health. This is cancer. |
| Polyp | A growth on the intestinal mucosa (the inner wall of the intestine). Many polyps are not dangerous to health. These are only small changes in the tissue, an accumulation of fat or small inflammations. |
| Stool | Faecal matter, excrement. |
| Symptom | A symptom is a sign or manifestation caused by a more serious problem or disease. |
| Ulcerative Colitis | A chronic inflammation of the intestines. |

Further Information

If you would like to know more, you can find further information from:

- **Swiss Cancer Screening**
Swiss Cancer Screening, Information on early detection of cancer and services available throughout Switzerland: www.swisscancerscreening.ch
- At your cantonal **programme**: www.swisscancerscreening.ch/angebote-in-ihrem-kanton
- **Swiss Cancer League**: www.krebsliga.ch
- **PharmaSuisse**: www.nein-zu-darmkrebs.ch
- **Swiss Gastrointestinal League**: www.gastromed.ch
- **Directly at your Family Doctor's Practice or your Pharmacy**

References

- The Swiss Federal Statistics Office: www.bfs.admin.ch/bfs/en/home.html
- www.iarc.fr
- cancer-code-europe.iarc.fr/index.php/en

Patients' Rights

The quality of our services is continuously evaluated and monitored. For this purpose, test results are regularly evaluated at a central location. Personal data, such as name or address, are not required for these evaluations and are not shared. Therefore, the evaluations cannot refer to any specific individual. The handling of personal data is subject to the Data Protection Act. Confidentiality applies to all medical personnel.

Quality Criteria

This brochure was developed and discussed in accordance with the patient information quality criteria (PIM+), from the Ethics Dialogue and the Swiss Medical Association (FMH), along with the Swiss Academy for Quality in Medicine (SAQM).

Languages

You can find the brochure in other languages at www.swisscancerscreening.ch.

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1701 Freiburg
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Program Genf

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Program Jura/Neuenburg

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Program Uri

Kantonsspital Uri
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Program Waadt

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