

From the age of 50,
I should seek information!

Colon Cancer Screening

Information on the screening
programme in Geneva

What should I know about colon cancer?

It is the third most common cancer in Switzerland. Each year in Switzerland, colon cancer affects approximately 4,500 people, and 1,670 people unfortunately die from this cancer. The majority of colon cancer cases occur after the age of 50.

With age, small growths may appear in the colon. They are called polyps. The majority of polyps are harmless to the health. Only a few of them slowly develop into cancer. This type of polyp is called an adenoma.

Why is colon cancer screening so important?

Colon cancer screening helps to:

- decrease the number of colon cancer cases;
- decrease the number of deaths from colon cancer.

Why is it important to detect colon cancer early?

Early detection of colon cancer:

- gives an increased chance of recovery;
- allows lighter treatment if colon cancer is detected at an early stage.

What is the screening process?

1. Choice of screening test

In Geneva, you have the choice between the following two examinations:

- a faecal occult blood test (called FIT);
- a colonoscopy.

FIT (Faecal Immunochemical Test)



At an early stage, colon cancer often causes light bleeding. But this blood is not visible to the naked eye in the stools, this is called "occult blood". The FIT measures traces of blood in the stool.

Colonoscopy



During the examination, a specialised doctor (gastroenterologist) introduces a tube into the intestine through the anus. The tube is equipped with a small camera that allows the doctor to observe the entire colon.

2. Screening process

You choose to do the faecal occult blood test.

FIT



- Go to an approved pharmacy* and seek advice.
- You are included in the screening programme if it is suitable for you.
- The test is explained to you and you carry out the test in your own home.

OR



- Make an appointment with an approved family doctor* and seek advice.
- He or she includes you in the screening programme if it is suitable for you.
- He or she explains the test that will be sent to your home.

At home, follow the instructions on how to take a stool sample and send it to the laboratory.

Important: the test should not be carried out if you have bleeding haemorrhoids. Women should not perform this test during menstruation as the result could be misinterpreted.

The result will be sent to you by post.

There is **NO** blood in the stools.

It is a **negative result**, which means that there are no signs of cancer with this test. 93 out of 100 people receive a negative result.

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

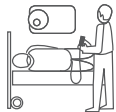
There is **blood** in the stools.

It is a **positive result**. The cause of the blood in the stools should be investigated. About 7 out of 100 people test positive.

- Make an appointment with your doctor.
- He or she will recommend a colonoscopy.
- Bleeding is not necessarily a sign of cancer.

* The lists of approved doctors and pharmacies (recognised by the

Colonoscopy



- Make an appointment with an approved family doctor* and seek advice.
- He or she includes you in the screening programme if it is suitable for you.



For the colonoscopy, make an appointment with an approved gastroenterologist*.



Before the colonoscopy, prepare your bowels carefully:

- before the examination, follow the prescribed diet;
- drink the liquid (laxative) prescribed to cleanse the bowels the evening before the examination and on the day of the examination.

Proper bowel cleansing is very important for the examination. If the colon is not clean, the colonoscopy will have to be re-carried out at your expense.

You are examined and then you are given the result.

The doctor did not find anything.

This is a **normal** colonoscopy. Approximately 70 out of 100 people receive normal results from a colonoscopy.


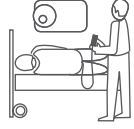


- Have another colonoscopy in 10 years.
- Contact your doctor if you experience any **symptoms** before the next colonoscopy

The doctor found polyps or cancer.

This is an **abnormal** colonoscopy. Approximately 30 out of 100 people have an abnormal colonoscopy.

- The polyps are removed and then examined by a specialist (pathologist).
- If cancer is diagnosed, further clarification and tests will be necessary.
- Your doctor will explain the next steps to you.

What are the advantages and disadvantages of both tests?

	FIT	Colonoscopy
		
Advantages 	<ul style="list-style-type: none"> • There is no need for preparation. • It is a test that can be easily and quickly carried out at home • Unnecessary colonoscopies are avoided. 	<ul style="list-style-type: none"> • This is the reference method for detecting polyps. • The doctor can remove the polyps directly during the operation before they develop into cancer.
Is this test reliable?	If the test is repeated every 2 years, it is reliable.	The results are reliable if the preparation procedure has been correctly adhered to.
Disadvantages 	<ul style="list-style-type: none"> • The test must be repeated every 2 years. • If blood is found, a colonoscopy should be carried out to verify. The bleeding may have a benign cause. The waiting time until your check-up can be a cause of concern. 	<ul style="list-style-type: none"> • There is a small risk of severe complications (perforation of the bowel or heavy bleeding). This happens in about 2 out of 1,000 colonoscopies. • If you are given a sedative, you will not be allowed to drive for 12 to 24 hours afterwards.

Limitations

No examination or test exists that detects all types of cancer at an early stage with 100% accuracy. There is always a risk of developing cancer in the period between two screening examinations. That's why it's important to consult your doctor if you have **symptoms**, such as:

- blood in the stools;
- digestive disorders, transit disorders;
- you have a bowel movement more or less often than usual;
- unexplained weight loss;
- long-lasting tiredness.

Who can benefit from the programme?

Both women and men aged between 50 and 69, residing in Geneva or cross-border workers working in Geneva and insured with LAMal, who have no symptoms. Consult your doctor if you have any symptoms.

How much does the screening examination cost under the programme?

Basic health insurance (LAMal) covers 90% of the cost of colon cancer screening examinations¹.

Non-excess benefits

	You only pay the 10% share
	CHF
Inclusion consultation with the approved doctor*	from 7.30 to 13
Consulting meeting at the approved pharmacy*	0
FIT: supply of the test by an approved pharmacy* and analysis	4.60
Screening colonoscopy (mainly)	from 59 to 140
Control colonoscopy if the FIT is positive (mainly)	from 59 to 140
Polyp analysis	10% of the cost of the analyses

Benefits within the usual framework of the excess

Colonoscopy preparation products (laxative)

Consultation with the doctor following a positive FIT

If his or her presence is necessary, services of the anaesthetist

¹For international insurance outside the UN, WHO, CERN and ILO, contact the programme on 022 708 10 90 for the conditions of coverage.

For more information

- Your family doctor or pharmacy
- Fondation genevoise pour le dépistage du cancer:
www.depistage-ge.ch, 022 708 10 90
- Swiss Cancer Screening: www.swisscancerscreening.ch
- Ligue genevoise contre le cancer: www.lgc.ch
- Ligue contre le cancer: www.liguecancer.ch



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