Vaud Colon Cancer Screening Programme

Colon cancer screening:

age 50 or over

I'll talk to my doctor about it

Dépistage du cancer du colon
Canton de Vaud

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Your family doctor can:

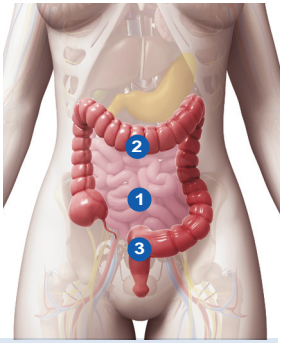
- Explain to you the benefits and drawbacks of the colon cancer screening tests
- Help you to make a decision

If you do not have a family doctor, phone **021 314 14 36:** you will be given contact details of a doctor who will be able to advise you.

Colon cancer: what is it?

Colon

The colon is a portion of the intestine. The intestine is in the abdomen and is made up of three parts: the small intestine (or small bowel), the large intestine (colon or large bowel) and the rectum, which ends with the anus.

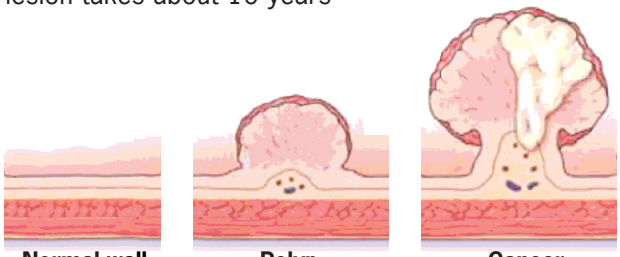


1. Small intestine (small bowel)
2. Large intestine (colon, large bowel)
3. Rectum

Colon cancer

Colon cancer (also known as bowel cancer) affects about 5 in 100 people before the age of 80 in Switzerland. The vast majority of these people suffer from colon cancer after the age of 50.
This colon cancer mostly develops from precancerous lesions known as polyps:

- Over the age of 50, more than 1 in 4 people develop intestinal polyps
- Only some of these polyps change into cancer
- The progressive transformation of a polyp into a cancerous lesion takes about 10 years



Prevention

Unfortunately, there is no absolute protection against colon cancer.
To reduce your risk of developing this disease:

- Make sure you eat enough fruit and vegetables every day
- Limit your consumption of red meat
- Make sure you regularly do enough exercise and try to keep your weight under control
- Avoid excessive alcohol consumption and do not smoke

To find out more: www.liguecancer.ch/prevention

Colon cancer screening

Why do screening?

Colon cancer is:

- Generally preceded by precancerous lesions (polyps)
- Silent for a very long time (no warning signs)
- Too often discovered late, at an advanced stage

Its late diagnosis makes it difficult to treat and reduces the chances of recovery.
Having a cancer screening test reduces the risk:

- Of developing cancer (polyps are removed)
- Of dying from colon cancer (early treatment)

How effective is screening at reducing mortality?

The vast majority of colon cancers occur after the age of 50. About 2 in 100 people die from this cancer despite treatment. A screening programme can reduce the number of these deaths by 25% to 50%. This situation has prompted the health authorities to develop a cantonal colon cancer screening programme.

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

With regular screening,
about 1 in 100 people will die from colon cancer before the age of 80 in Switzerland.

When should you think about screening?

- For people with a history of colon cancer or intestinal polyps in their immediate family: screening should generally be started before the age of 50. If anyone in your close family has already had colon cancer or polyps, you should talk to your family doctor about screening.

- For all men and women with no known family history of colon cancer or polyps: screening is recommended from the age of 50, which is when the risk increases because of the ageing process.

Important:

Whatever age you are, you should see your doctor for a check-up if you:

- Notice blood in your stools
- Have any unexplained weight loss
- Experience unusual gastrointestinal problems (pain, diarrhoea or constipation)

Limitations of colon cancer screening tests

In the majority of cases, colon cancer screening tests will detect this disease before any symptoms are noticed.
However:

- No test is capable of definitely detecting all cancers and all polyps : therefore there is a risk of a result giving a false sense of security
- It is possible that polyps discovered and removed during the screening process would never have developed into cancer

You therefore need to be aware that routine screening for colon cancer might not bring any individual benefit and may even have some drawbacks. However, all the individuals who undergo screening are giving themselves the best chance of reducing their risk of dying from this disease. Whether or not you take part in the screening programme remains a personal and free decision.

Screening tests

Testing for blood in stools and colonoscopy are the two tests being used for the Vaud colon cancer screening programme.
The tests can be reimbursed under basic health insurance.
If you have the tests as part of the screening programme, you will benefit from :

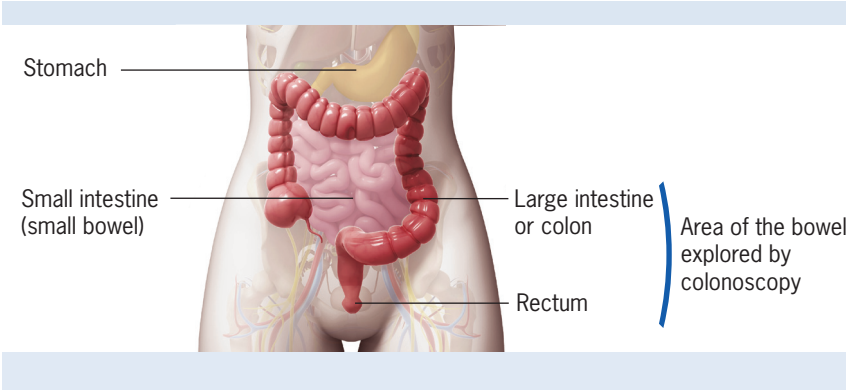
- An excess waiver
- Guaranteed quality of testing :
  – faecal occult blood test analysed by a specific, accredited laboratory
  – colonoscopies performed by experienced and accredited gastroenterologists

Faecal occult blood test (chemical analysis of stools)

Colon cancer and polyps tend to bleed before they cause any symptoms. Blood is found mixed in with stools, initially in very small quantities. This means it is not visible to the naked eye (which is why this is called « occult bleeding »). There are various tests used to detect traces of blood. The test adopted for the Vaud screening programme is a latest-generation immunochemical test that is more efficient than tests used in the past. It means you only need to collect one stool sample per test.

Endoscopic exploration of the colon (colonoscopy)

This examination, performed by a doctor specialising in gastrointestinal diseases (gastroenterologist), explores the whole of the colon by means of a flexible tube fitted with a camera. Possible polyps or cancer can be visually detected by colonoscopy. This examination is offered either as a screening test straight away (screening colonoscopy) or at a later stage if a faecal blood test gives a positive result.



What patients think

André (age 65) *«No one in my family has had colon cancer. I chose to do a faecal occult blood test every two years. I prefer that to a more invasive examination.»*

Angela (age 52) *«If I actually need to have an embarrassing examination, I'd prefer to have it done every 10 years. What's more, colonoscopy shows the whole of the bowel, which seems more effective to me.»*

Why offer two screening methods?

Both the screening methods have confirmed their effectiveness within an entire population invited to take part in colon cancer screening. However, each of the tests has its specific advantages and drawbacks, as shown in the table on pages 12 and 13.

How should you decide?

Stage 1

The first decision to take is whether or not to have a colon cancer screening test done. Some people consider it important to do the screening, while others think the risk of dying from this cancer is low and does not justify taking any particular measures.

Stage 2

If you plan to do a screening test, the second step is to choose which one.

What screening involves - Advantages and drawbacks

Faecal occult blood test

How is the test performed?	➜ Small stool specimen taken at home using a specially provided kit ➜ Sample sent by post and analysed in a specialist laboratory
Receiving the results	➜ Results returned by post to your home and to your doctor
Reimbursement of test costs	➜ Between age 50 and 69 reimbursed by basic insurance with excess waiver 10% contribution (CHF 4.60 payable by you)
Regularity of screening	➜ **Every two years**
What are the advantages?	➜ No preparation required ➜ Easy to do
Reliability in detecting colon cancer	➜ Good if done regularly, every 2 years
What are the drawbacks?	➜ Risk of a «false negative» result: polyps and cancers do not always bleed. This is why the test has to be repeated at least every two years ➜ Risk of a «false positive» result: gastrointestinal bleeding may be observed without the presence of a polyp or cancer ➜ If the test is positive, **a colonoscopy should always be performed**

# of screening tests

Screening colonoscopy

- «At-home preparation»: dietary restrictions for 48 hours and taking a special solution to «clean out» your bowel the day before
- Procedure performed in a gastroenterology clinic or in hospital
  - You will generally be given a sedative to send you into a light sleep
  - The examination usually takes 30-45 minutes, sometimes longer if there are polyps that need to be removed

- Results of your examination given verbally the same day, final report sent by post to your home and to your doctor

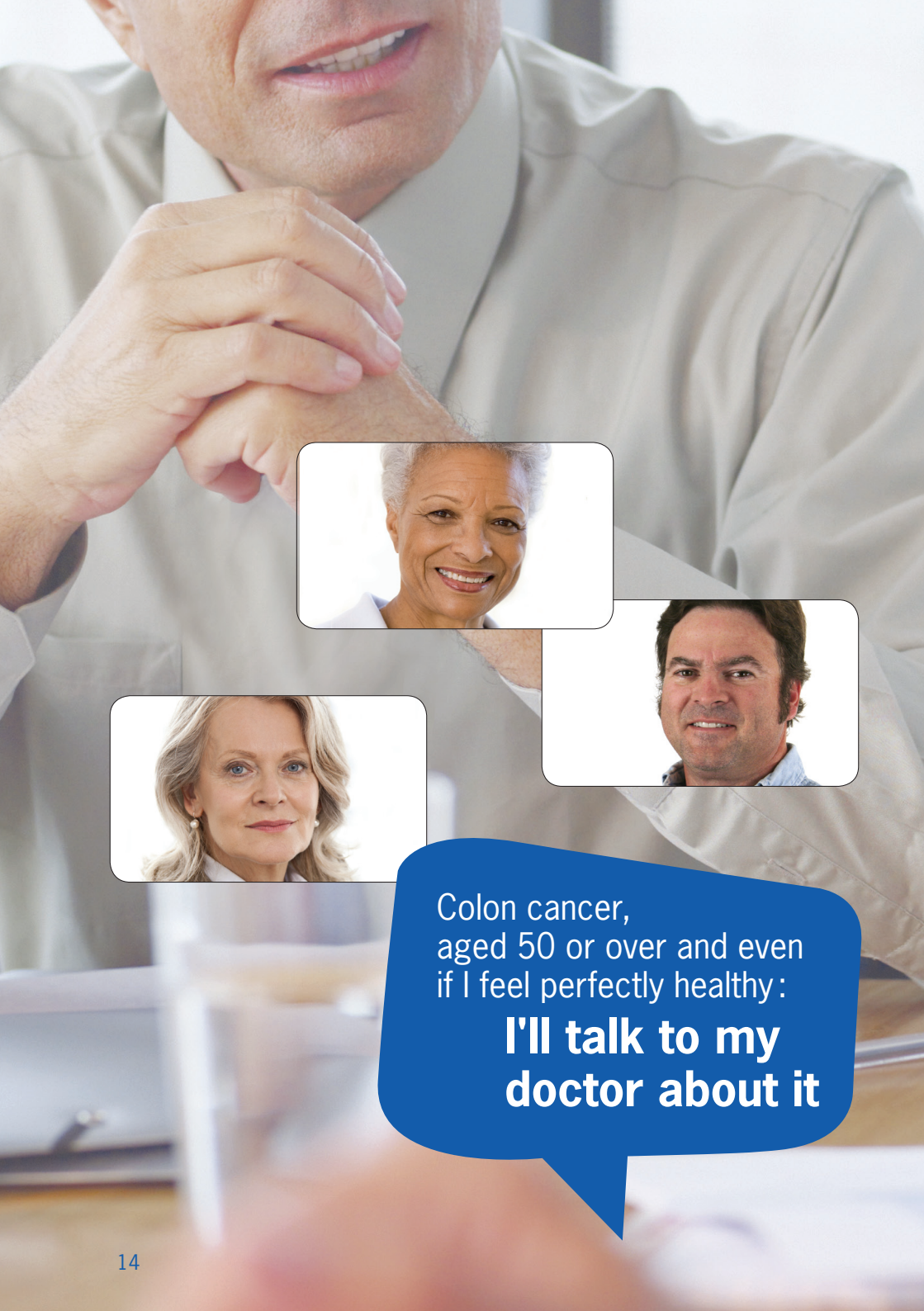
- Between age 50 and 69 reimbursed by basic insurance with excess waiver
  10% contribution (between CHF 80 and 160 payable by you)

- **Every ten years**

- Better test at detecting polyps before they develop into cancer
- Polyps are removed immediately during the examination

- Excellent, if the «at-home preparation» is carried out properlye

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


Colon cancer,
aged 50 or over and even
if I feel perfectly healthy:
I'll talk to my
doctor about it

Screening procedure

How can residents of Vaud canton aged between 50 and 69 take part in the colon cancer screening programme?

The point of access to colon cancer screening is to attend a family doctor consultation.

When should you make an appointment with a family doctor for this consultation?

Everyone covered by this screening programme will receive an invitation to attend a consultation with a family doctor. This invitation procedure organised by the Fondation vaudoise pour le dépistage du cancer will be spread over a number of years. If you wish to have personalised advice on this subject without waiting to be invited, you can contact your family doctor straight away.

Why arrange a personal consultation with a view to taking part in screening for the first time?

A family doctor will be able to advise you and enable you to decide about colon cancer screening, taking into consideration your personal and family history and your current state of health. He will also be able to answer your questions about the screening tests.

«Screening

I have decided to take

Consultation with

Choice of faecal occult blood test

Test kit obtained from pharmacist

Stool sample collected at home and posted to the laboratory

Result by post within one week

Presence of blood in stools

Result positive (7 cases per 100): Family doctor referral for a colonoscopy

- ➜ Colonoscopy with abnormality: medical follow-up
- ➜ Colonoscopy negative: re-invited for screening ten years later

No blood in stools

Result negative - means normal - (93 cases per 100):

Voucher received automatically every two years to obtain test kit **directly from pharmacist**

Important: Every time you are different screening test (occult

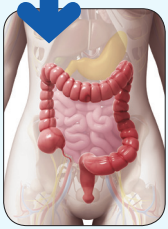
process»

part for the first time

your family doctor

Choice of colonoscopy

«At-home preparation» of the bowel:
laxative the day before the examination



Colonoscopy performed by
a gastroenterologist

Colonoscopy with abnormality:

Result abnormal (30 cases per 100):

➜ Polyps removed or treatment started if cancer is confirmed

➜ Surveillance arrangements to be decided with your gastroenterologist

Colonoscopy normal:

Result normal (70 cases per 100):

Automatically re-invited every ten years to have another colonoscopy. A consultation with your family doctor is necessary every time you take part in this screening test.

re-invited, you can choose to have a blood test or colonoscopy)

Medical terms

Bowel transit problems	Diarrhoea, constipation, alternating diarrhoea/ constipation, i.e. signs of disturbed passage of stools through the bowel.
Colon	Large intestine, last part of the gastrointestinal tract. Area of the gastrointestinal tract where cancers develop.
Colonoscopy	Endoscopic examination of the colon via the rectum. Coloscopy and colonoscopy are synonyms.
Diagnosis	Performing an examination to find out the cause of a symptom (gastrointestinal bleeding, bowel transit problems, etc.).
Endoscopic examination	Visual examination of the inner wall of the gastrointestinal tract via a camera placed at the end of a thin, flexible tube (endoscope).
Gastroenterologist	Doctor specialising in diseases of the gastrointestinal tract.
Intestinal (bowel) cancer	Same disease as colon cancer.
Intestine	Digestive tract between the stomach and the anus. The most common cancer of the intestine (bowel) is that which develops in the large intestine, called the colon. When people talk about intestinal (or bowel) cancer, they are generally referring to colon cancer.
Mortality	Number of deaths per year (or some other specified period of time).
Occult bleeding	Bleeding that is not visible to the naked eye.
Polyp	Growth from the inner wall of the intestine, a precursor lesion of colon cancer.
Screening	Performing a test that can detect the possible presence of a cancer or a precancerous lesion while there are no indicative symptoms.
Sedation	State of light sleep induced by a medication (sedative).
Stools	Faecal matter, poo.
Symptoms	Pains, diarrhoea, constipation, bleeding or other manifestations of a disease.

For further information

Fondation vaudoise pour le dépistage du cancer
4, route de la Corniche
1066 Epalinges
Tel. : 021 314 14 36
Fax : 021 314 14 46
E-Mail : fvdc.contact@chuv.ch

Swiss cancer screening :
Information site for screening programmes :
http://www.swisscancerscreening.ch/ *(colon cancer section)*

Swiss Cancer League :
http://www.liguecancer.ch/prevention

This booklet is available in several languages :
- Request from the Fondation vaudoise pour le dépistage du cancer (Tel. 021 314 14 36, e-mail: fvdc.contact@chuv.ch) or
- Download the PDF from the website: www.swisscancerscreening.ch *(colon cancer section)*

References
The references used in preparing this publication are not specified in the document in order to aid the readability of the booklet. Complete references are available on the website of swiss cancer screening (Swiss Federation of cancer screening programmes) at the following address:
www.swisscancerscreening.ch/

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IUMSP – Institut universitaire de médecine sociale et préventive
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Fondation vaudoise pour le dépistage du cancer

canton de vaud
LIBERTÉ ET PATRIE

ligue suisse contre le cancer

ligue vaudoise contre le cancer

swiss cancer screening
Schweizerischer Verband der Krebs-Früherkennungsprogramme
Fédération suisse des programmes de dépistage du cancer
Federazione svizzera dei programmi di screening del cancro

IUMG
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Faculté de Biologie et de Médecine
Université de Lausanne

SOCIÉTÉ VAUDOISE DE PHARMACIE

Médecins de famille Vaud
Association Vaudoise des Médecins de famille

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Canton de Vaud