

Good to know ABOUT COLORECTAL CANCER SCREENING

Screening helps to detect colorectal cancer at an early stage, before there are any symptoms. The aim of screening is to reduce deaths caused by colorectal cancer.



Colorectal cancer is the general term used for colon and rectal cancers. In Finland, only prostate cancer and breast cancer are more common malignant diseases than colorectal cancers.

ORIGIN OF COLORECTAL CANCER

Colorectal cancer occurs when cells of the intestinal mucous membrane turn malignant and begin to multiply uncontrollably. The majority of colorectal cancers develop from benign

intestinal mucosal protrusions, or polyps, which are also called adenomas. The growths usually become malignant unnoticed, as polyps seldom cause symptoms of any kind.

RISK FACTORS

Risk factors for colorectal cancer are individual factors that increase the likelihood of developing the disease in question. Not all causes of colorectal cancer are known in detail, but both

environmental factors and heredity affect the emergence of a tumour.

The likelihood of developing the disease is increased by:

- Age (eight out of ten who get the disease are over 60 years)
- Immobility
- Smoking
- A diet rich in processed and red meat
- Heavy use of alcohol
- Overweight
- Colorectal cancer of a close relative



A high intake of dietary fibre and the consumption of vegetables and fruits as well as physical activity reduce the likelihood of colorectal cancer.

SYMPTOMS

At the outset, symptoms of colorectal cancer are often completely absent or they are vague. The most common symptoms are various changes in bowel function, such as abdominal pain, constipation, variable diarrhoea, bowel movement difficulties and bloody stools. Also, the stools may have mucous or be scant, and abdominal swelling and cramps may occur. Sometimes anaemia and fatigue or unexplained weight loss can be indicative of colorectal cancer.

they are not thought to be serious. Many may also be ashamed of the symptoms, for which reason going for tests is often delayed.

If a symptom persists without any clear cause, contact your doctor. Do this even if you have just taken part in screening or were going to take part in screening in the near future. In most cases, examinations reveal that the symptoms are caused by something other than cancer.

Because the symptoms associated with colorectal cancer appear gradually and similar stomach complaints may have occurred years earlier, often

COLORECTAL CANCER SCREENING

The purpose of screening for colorectal cancer is to detect colorectal cancer at an early stage, when it is more likely to be cured. The aim of screening is to reduce deaths caused by colorectal cancer.



Screening can also detect polyps which are not cancers but some of which may develop into cancers. Polyps can be removed, in which case cancer does not develop. Thus, screening can also prevent cancer.

At the outset, a colorectal tumour may bleed slightly, which isn't visible to the naked eye. The screening test can reveal hidden blood in stool. In consequence, the disease can be detected at an early stage and treated before the cancer develops further. The target group for colorectal cancer is people 60–74 years old, because colorectal cancer is the most common in this age group. Screening begins in 2019 with the youngest age groups and is gradually expanded to cover the entire target group. An invitation to screening is sent every two years. Screening should be repeated regularly, as one test only reflects the current situation. Screening is part of your own municipality's health care.

SCREENING TEST

The test used for colorectal cancer screening is called FIT. It is an immunochemical test used to find hidden blood in stool. Those invited to screening get an invitation letter, a sampling tool and detailed instructions for taking the sample. The screening sample is taken at home by brushing the test stick in the stool. The sample for examination is posted to the screening laboratory

in the prepaid cardboard envelope enclosed in the package. The screening centre examines the sample in the laboratory.

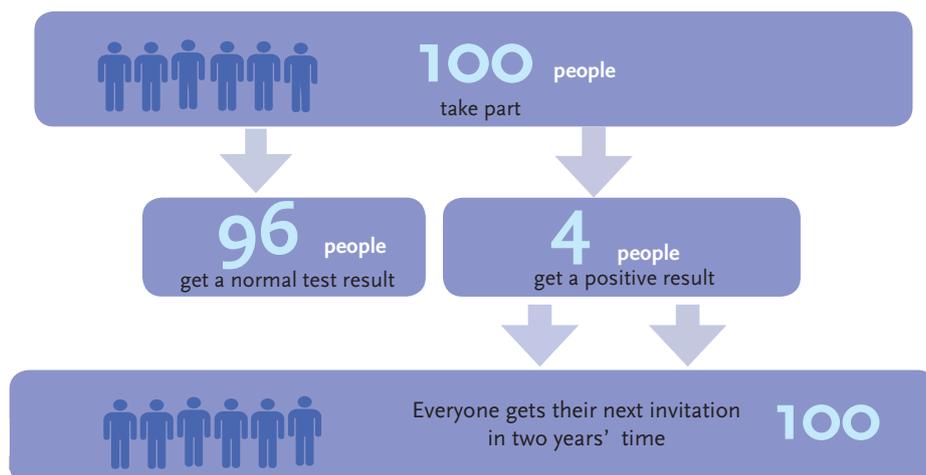


The screening test is free of charge.

SCREENING TEST RESULT

The screening test result is posted to the participant within about one month of returning the sample. The result can be negative or positive. A negative or normal result means that no blood was detected in the sample. A positive result means that the screening sample contained blood.

The result is normal in over nine out of ten tests. The result does not warrant further examinations. The next invitation to screening will come in two years until you are 74 years of age. However, a doctor should always be contacted if any continuous symptoms in bowel function are noticed.



About four out of a hundred participants get a positive test result. This is not necessarily a sign of cancer, but closer examination is needed to determine the cause. The letter with the positive result

contains instructions on how to contact the screening nurse of your own municipality. Further examination is agreed with the screening nurse.

COLONOSCOPY

If blood is detected in the screening sample, colonoscopy is done in most cases. Colonoscopy uses a flexible endoscope. Biopsies can be taken during the examination, and changes in a mucous membrane that can develop into cancer, called polyps, can be removed.

Colonoscopy requires that the bowels are emptied in advance. The examination site will

provide detailed preparation instructions. Colonoscopy takes about half an hour. You can go home after the examination.

The colonoscopy examination may feel uncomfortable. As a medical procedure, colonoscopy also involves the possibility of harms, such as bleeding. Such occurrences, however, are very rare. Serious harms occur to about one in a thousand.

BENEFITS AND HARMS OF COLORECTAL CANCER SCREENING

As with other screenings, colorectal cancer screening also has its harms in addition to its benefits.

Benefits

Screening reduces deaths caused by colorectal cancer. According to current knowledge, screening can reduce colorectal cancer mortality by about one-sixth (15%) among those invited to screening.

Screening detects cancer at an earlier stage than without screening, in which case treatments are often easier.

Screening can reveal a precancerous lesion, and its removal can prevent colorectal cancer.

The screening test is done by yourself at home. You can decide on the time freely.

Harms

- Screening does not reveal all cases of cancer.
- A normal screening result does not always guarantee that cancer won't develop later.
- Changes can also occur between screenings.

DID YOU KNOW?

The FIT colorectal screening test only detects blood, and not all polyps & cancers bleed all the time. For this reason, it is important to repeat the test every other year, and to contact the doctor if you notice any symptoms.

- Screening also detects polyps that would not be harmful in the future.
- Most of the positive results are caused by something other than cancer. Waiting for further examination and the results can be burdensome.

MORE INFORMATION:
www.colorectalscreening.fi
www.allaboutcancer.fi