

What is colorectal cancer?

Colorectal cancer is cancer that starts in the colon or the rectum, also known as the large bowel or large intestine. Because cancers of the colon and rectum are alike they're called colorectal cancer.

Colorectal cancer can develop from abnormal tissue, called polyps that grow on the inner wall of the colon and rectum. Not all polyps are cancerous, but some polyps can turn into cancer. Pre-cancerous polyps can be removed if caught early. This is why it is important to get screened early so that the polyps are found and removed and do not turn into cancer.

Colorectal cancer often has no warning signs or symptoms until it is advanced. Common signs of colorectal cancer are: Rectal bleeding, or any sign of blood after bowel movements, lasting change in bowel habits such as: diarrhea or constipation for more than a few weeks, stools (poops) that are consistently more narrow than usual, feeling that you cannot completely empty your bowel, or unexplained weight loss, tiredness, or exhaustion.

For more information, contact your health care provider or visit: cancerwt.ca

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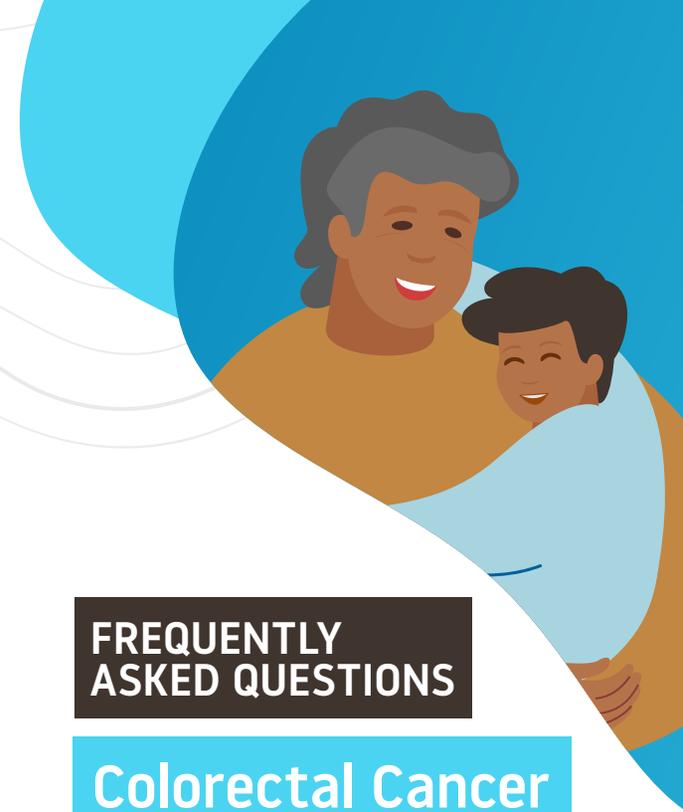
Who should be screened for colorectal cancer?

Colorectal cancer screening is recommended every 1 to 2 years for average risk people aged 50-74 years. If you're under 50 or over 74 years talk to your health care provider about the benefits and risks of screening.

Those who are screened with the stool test should have:

- No signs and symptoms of colorectal cancer
- No personal history of colorectal cancer
- No immediate family with colorectal cancer
- No genetic syndromes
- No inflammatory bowel disease: ulcerative colitis and Crohn's disease

If colorectal cancer is part of your immediate family history, you are considered high risk of developing it. You should begin screening at age 40, or ten years earlier than the youngest age that colorectal cancer was diagnosed in your family, whichever comes first. When you have a family history of colorectal cancer the screening tool is a colonoscopy instead of FIT. Colonoscopy lets the physician check for abnormal tissue growths (polyps) in your colon using a thin, flexible tube with a tiny camera on the end. Those with genetic syndromes or inflammatory bowel disease would be considered at special risk and will need to be referred to a specialist for screening.



FREQUENTLY ASKED QUESTIONS

Colorectal Cancer

Screening

and the Fecal

Immunochemical

Test (FIT)

But I'm healthy, why

should I be screened?

In Northwest Territories (NWT), colorectal cancer rates are higher than the rest of Canada, accounting for 20% of all cancers. Colorectal cancer is the most common cause of cancer-related death in the NWT. Half of colorectal cancer cases in the NWT are diagnosed in late/advanced stages 3 or 4, leading to poorer results. Death rates from colon cancer in the NWT are almost twice as high as the rest of Canada.



Screening is the only way to find colorectal cancer early.

Screening using FIT can detect colorectal cancer at an earlier stage. Cancers diagnosed in earlier stages are easier to treat than cancers found in advanced stages. Nine out of 10 colorectal cancer cases can be prevented or treated if found early.

About FIT:

The Home Stool (Poop)

Test for Colorectal Cancer

What is the FIT and how does it work?

Fecal Immunochemical Test (FIT) is a home poop test to screen for colorectal cancer for persons of average risk of developing colorectal cancer. Cancerous tumors and other growths in the lining of the colon or rectum have blood

vessels on their surface that can release a small amount of blood into the poop. FIT detects the small amount of blood in the poop that is not always visible to the eye.

How can I get the FIT?

FIT is available across the NWT. You can talk with your healthcare provider about getting this test.

The test may also be mailed directly to you, as part of a Territorial screening program.

In communities with hospital laboratories (Fort Smith, Hay River, Inuvik, Yellowknife) your healthcare provider will give you a lab requisition to take to the lab to pick up a FIT. Once you've done the FIT at home you need to bring it back to the lab within 7 days. In the communities without laboratories the FIT will be provided from the Health Centre or Health Cabin. Once you've done the FIT at home you need to bring it back to the Health Centre within 7 days.

What do I need to do to prepare for a FIT?

There are no dietary restrictions, medication changes, or preparation required for the FIT.

How do I do the FIT?

The FIT comes with instructions and pictures showing how to complete the test, refer to these instructions.

TIP: Place plastic wrap over your toilet under the seat but over the bowl, toilet paper can then be layered on top of the plastic wrap to help with clean up. After pooping and taking the sample, the toilet paper can be pushed into the toilet and flushed. The plastic wrap will be clean without poop on it, and can be thrown in the garbage.

Is this different from how the FIT was previously done?

The old FIT required 3 separate poop samples over a period of 3 days and smeared on a paper. People told us that they did not like the 3 day poop sampling. The new FIT requires only 1 sample. Rather than smearing the sample on a paper, a small sample is taken with the collection stick and placed in a collection container. The new testing method is just as accurate as the old one, and easier to complete.

Is the collection container meant to have liquid in it?

Yes, the liquid in the container is a special solution required for proper transport and analyzing of your sample.

How long do I have to do the FIT?

Each FIT has an expiry date on the collection container; do not use an expired collection container. Once you have completed the sample it needs to be returned to the lab or health centre/cabin within 7 days to be sent out for testing.

What do the test results mean?

A positive (abnormal) FIT result means that blood was found in your poop, this doesn't necessarily mean you have cancer. A positive (abnormal) result tells your health care provider that you should have follow up investigations, which can involve a direct look inside of your colon and rectum with a colonoscopy to find out why you have blood in your poop.