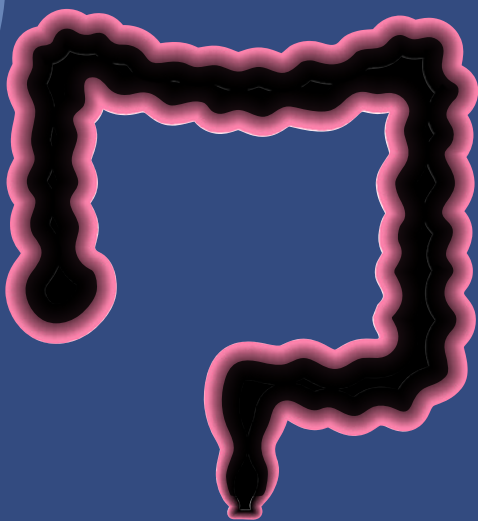


DECISION AID

Colorectal Cancer Screening



TO PARTICIPATE OR NOT TO PARTICIPATE: IT'S YOUR CHOICE!

You are reading this decision aid because you are interested in colorectal cancer screening. The choice of whether to participate in screening or not is up to you. The purpose of this decision aid is to give you information so that you can make an informed decision that best matches your values and preferences.

To be **eligible** for colorectal cancer screening through the fecal occult blood test, you must:

- be between 50 and 74 years of age;
- not have a personal history of colorectal cancer, polyps* or inflammatory bowel disease;
- not have a family history of colorectal cancer or polyps;
- not have symptoms of colorectal cancer such as recent and persistent constipation or diarrhea, blood in your stool (black or bright red stool) or bleeding after a bowel movement.

If you have these symptoms, see a doctor as soon as possible.

*People who had a colonoscopy are eligible for the fecal occult blood test 10 years later, if there were fewer than 20 hyperplastic polyps smaller than 10 mm at the time of colonoscopy.

1. COLORECTAL CANCER

Colon and rectum

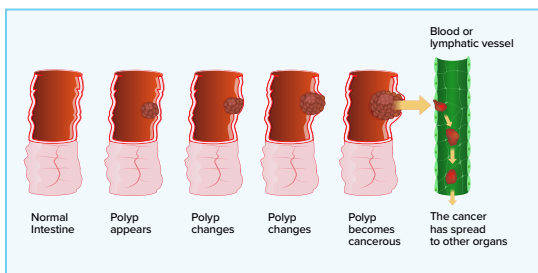
The colon and rectum are part of the intestine. They help digest food and expel solid waste and excess fluid.

Colorectal cancer



Small growths, called polyps, can form on the inner lining of the colon or rectum.

Some of these polyps can very slowly turn into colorectal cancer, in stages, without causing any symptom (see the diagram below). Colorectal cancer treatments may include surgery, chemotherapy and radiation therapy.



Colorectal cancer in Québec

About 1 in 14 men and 1 in 18 women get colorectal cancer over their lifetime. This means that 13 out of 14 men and 17 out of 18 women will never get colorectal cancer. About 95% of cases occur in people who are 50 years or older.

2. COLORECTAL CANCER SCREENING

Screening aims to reduce the risk of dying from colorectal cancer. It detects some colorectal cancers before symptoms appear. The chances of recovery and survival are greater when treatment starts in the early stage of the disease. However, participating in screening does not fully eliminate the risk of developing or dying from colorectal cancer.

Screening test: fecal immunochemical test (commonly called FIT*), also called immunochemical fecal occult blood test (iFOBT).

Colorectal cancer and some polyps may cause bleeding, which cannot be seen with the naked eye. The FIT aims to detect these traces of blood in your stool.

If you are eligible for screening, visit the Québec government's website [Québec.ca/fit](https://quebec.ca/fit) to find out how to get a free test kit.

Possible FIT results:

- **negative (normal):** The test did not detect any traces of blood in your stool. You may still have or develop colorectal cancer. That is why it is recommended to repeat the FIT every two years as long as the result remains negative (normal) and you are still eligible for screening.

* Other screening methods exist, such as colonoscopy, for people with a higher risk of colorectal cancer.

- **positive (abnormal):** The test has detected traces of blood in your stool. You will be invited to take a complementary test, the colonoscopy. This test involves using a small camera to look inside the intestine in order to see where the blood is coming from. If polyps are found, they can be removed during this procedure. If early signs of cancer are detected, you will be referred to a medical team. If colonoscopy does not detect any polyp or cancer, it is recommended to repeat the FIT 10 years later and then to repeat the FIT every two years thereafter.
- **inconclusive:** The test was not performed properly or too much time elapsed between the test and the analysis. You will be asked to redo it.

Colorectal cancer screening has benefits and harms. Your participation is voluntary and must fully respect your values and preferences, in other words, what is most important to you.

When you are eligible, **you can decide:**

- **to participate** in colorectal cancer screening by completing the FIT every two years;
- **not to participate** in colorectal cancer screening.

It is normal to hesitate when faced with an important decision. Whatever decision you make, you can change your mind at any time, that is, you can stop, postpone or resume your participation in screening.

To make the best decision for you, it is important to understand the benefits and harms of each of the two options. This decision aid helps you think about this.

3. BENEFITS AND HARMS

The benefits of participating in screening:

When you participate in screening:

- You can **reduce your risk of developing** colorectal cancer, compared with people who do not participate in screening. Colorectal cancer is prevented in 3 out of 1000 people who get screened.
- In fact, when the FIT result is positive, a colonoscopy is recommended. If polyps are seen during the colonoscopy, they can be removed, preventing future cancer.
- You can **reduce your risk of dying** from colorectal cancer, compared with people who do not participate in screening. Screening prevents the deaths in 2 out of 1000 people.

The FIT:

- is quick and easy to use at home;
- does not require any preparation (e.g. changing your diet or medication);
- does not cause any side effects.

The harms of participating in screening:

No screening is perfect.

When you participate in screening:

- You may receive a **false positive result**, i.e.: a false alarm, when blood is detected in your stool even though there is no cancer. This occurs in **5.6%** (or 56 out of 1000) of people who participate in screening.
- You may receive a **false negative** result, that is, no blood is detected in your stool but you do have colorectal cancer, so you will be falsely reassured. This occurs in **0.1%** (or 1 out of 1000) of people who participate in screening.

If the FIT result is positive, a colonoscopy will be recommended. This test may be the source of some downsides, such as:

- overdiagnosis: this involves the detection of polyps or even a slow-growing cancer, which might never have caused illness throughout a person's life or led to death;
- bleeding, which occurs in approximately **3 out of 1000** people who have a positive FIT and undergo a colonoscopy;
- the risk of bowel perforation potentially requiring surgery in around **0.1 out of 1000** people who have a positive FIT and undergo a colonoscopy.

The benefits of not participating in screening:

When you do not participate in screening, you avoid the harms associated with screening, that is, false-negative results or false-positive results leading to undergoing a colonoscopy and experiencing its downsides and potential complications.

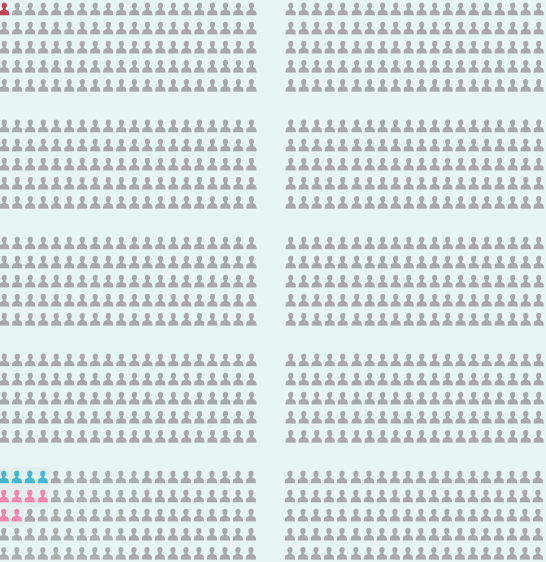
The harms of not participating in screening:

When you do not participate in screening, you risk finding out later that you have cancer, requiring more intensive treatment and possibly reducing your chances of survival.

The next page presents two diagrams showing the results of 1000 people who did and did not participate in colorectal cancer screening over an 11-year period. The figures presented are drawn from a recent European study (Baldacchini et al., 2022) and could be different if participation in Québec varies from that reported in this study.

SCREENED:

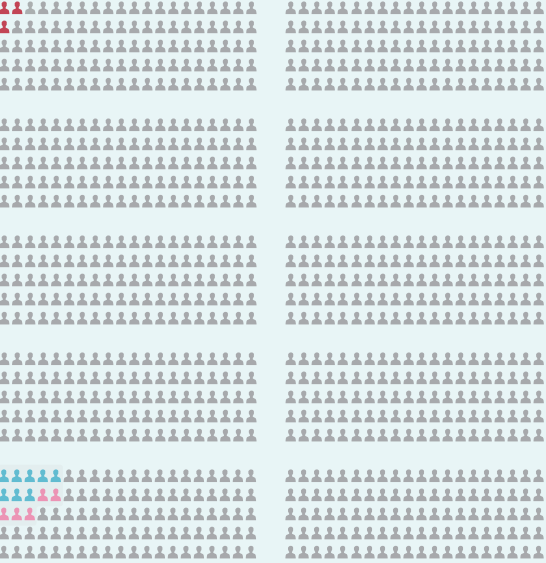
Out of 1000 people



- 10** cases of colorectal cancer were detected, including:
 - 4** cases detected late
 - 6** cases detected early
- 1** death from colorectal cancer
- 2** deaths from colorectal cancer prevented by screening

NOT SCREENED:

Out of 1000 people



- 13** cases of colorectal cancer were detected, including:
 - 8** cases detected late
 - 5** cases detected early
- 3** deaths from colorectal cancer

4. YOUR DECISION

- To participate in colorectal cancer screening by completing a FIT every two years.
- Not to participate in colorectal cancer screening.
- Postpone the decision.

5. KNOWING YOUR LEVEL OF COMFORT WITH YOUR DECISION

1. Do you know what colorectal cancer screening is?

Yes No

2. Are you sure that you know what the best decision is for you: whether to participate or not to participate in screening?

Yes No

3. Do you know the benefits and harms of participating and not participating in this screening?

Yes No

4. Do you feel that you know what is most important to you when considering the benefits and harms of participating and not participating in this screening?

Yes No

5. Do you have enough support or information to make your decision?

Yes No

If you answered “no” to any one of the questions above, we invite you to discuss your concerns with a health professional.

6. OTHER PIECES OF ADVICE TO REDUCE THE RISK OF COLORECTAL CANCER

You can immediately start to adopt healthy habits in order to reduce the risk of colorectal cancer, such as the following:



- quit smoking;



- limit your intake of processed meat (e.g., cold cuts) and red meat;



- decrease or avoid alcohol intake;



- increase your intake of fruits, vegetables, whole grains, legumes and dairy products;



- be physically active and limit sedentary behaviour (e.g.: screen time);



- maintain a healthy weight.

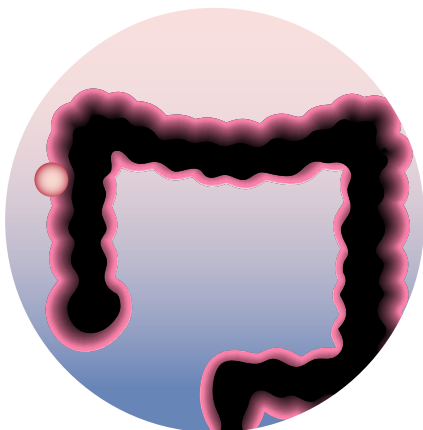
7. OTHER INFORMATION

This decision aid was developed in May 2023.

It will be updated when:

- new evidence and recommendations on colorectal cancer screening are produced by Québec, Canadian or international institutions;
- the current screening process is evolving toward a provincial screening program with a personalized invitation (currently under development).

This document does not replace a discussion with your health professional.



This decision aid was made possible through a funding agreement between the *ministère de la Santé et des Services sociaux* (MSSS) and the *Centre intégré universitaire de santé et de services sociaux de la Capitale-Nationale* (CIUSSS-CN), VITAM – *Centre de recherche sur la santé durable*, the Canada Research Chair in Shared Decision Making and Knowledge Mobilization in collaboration with the *Unité de soutien système de santé apprenant Québec* (*Unité de soutien SSA Québec*) and members of the steering committee to develop this decision aid.

Visit [Québec.ca/ColorectalCancerScreening](https://Quebec.ca/ColorectalCancerScreening) to find out more about colorectal cancer screening and the development of this decision aid.