

What Should I Do About Colorectal Cancer Screening?

At MGH, several thousand colonoscopies have been delayed due to COVID-19. This sheet describes three screening options that are reasonable for most people: take the next available colonoscopy, have a stool-based test, or delay your colonoscopy for a year.

Purpose

The goal is to help people make an informed decision about colon cancer screening during COVID. The tests differ in how they are done, how often they are done, and how you prepare for them. Your preferences are important in choosing what test to have.

Key points

- Colorectal cancer screening can help prevent cancer and find cancer early when it may be easier to treat.
- Both colonoscopy and stool tests are good options and will help lower your risk of getting and dying from colorectal cancer, but colonoscopy is better at finding polyps.
- For some patients at low risk of colon cancer, waiting to have your colonoscopy until next year is also reasonable.
- We recommend getting a colonoscopy if you or your family have a history of colon cancer or if you have a personal or family history of colon polyps, specifically pre-cancerous adenomatous type polyps.
- The hospital has put many new procedures in place to ensure the safety of patients and employees and to prevent COVID-19 infections. View here for more information of our efforts:

<https://www.massgeneral.org/medicine/gastroenterology/news/patient-care-during-covid-19>

Medical Terms Used in This Sheet	
Colorectal	Refers to the large intestine (colon) and the end of the large intestine (rectum).
Colonoscopy	Screening test where a long, flexible tube is inserted into the rectum. A tiny video camera allows the doctor to see polyps or cancer inside the entire colon.
Colonoscopy Preparation	Drinking a laxative to cleanse the intestines before a colonoscopy.
Diagnostic colonoscopy	A test done to follow-up on symptoms or abnormal results from a stool-based test.
Polyp	A growth in the colon that might turn into cancer.
Screening colonoscopy	A test done to look for disease before there are any symptoms or signs of the disease.
Stool-based tests	A test that checks waste from a bowel movement for blood and other changes that could be signs of cancer. Two common types are Cologuard and FIT test (fecal immunochemical test).

Who Should Get a Colonoscopy?

- Do you or your family have a history of colon cancer?
- Do you or a first-degree relative (siblings, parents and children) have a history of polyps?
- Do you have a personal history of inflammatory bowel disease (ulcerative colitis or Crohn’s disease)?
- Have you had a confirmed or suspected hereditary colorectal cancer syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer)?

If you answered yes to any of the above questions, you may be at increased risk for colorectal cancer and we recommend that you get a colonoscopy.

Comparing the Three Options:

What are the options?		
1. Delay colonoscopy a year: <ul style="list-style-type: none"> • Nothing to do now. • Contact your doctor if you notice any changes in your bowel habits or blood in your stool. 	2. Stool-based test: <ul style="list-style-type: none"> • Collect a sample of stool at home and mail it back to the lab to be tested. • If the test result is abnormal, you will need to have a colonoscopy. • You will need to repeat the stool test every 1-year for FIT or 3 years for Cologuard. • Talk to your PCP if stool-based testing is right for you 	3. Next available colonoscopy: <ul style="list-style-type: none"> • Call MGH GI department to schedule: 617-726-7663. • There are new requirements, such as getting a COVID test 48 hrs before the procedure.
What are the main benefits?		
Delay colonoscopy a year: <ul style="list-style-type: none"> • You can avoid going to the hospital now. • You do not need to collect a stool sample. 	Stool test: <ul style="list-style-type: none"> • A small number of people may be prevented from dying of colorectal cancer. • You can collect the stool sample at home. • You can avoid the preparation. 	Next available colonoscopy: <ul style="list-style-type: none"> • A small number of people may be prevented from dying of colorectal cancer. • Some cancers are found early, when it may be easier to treat. • During the procedure, polyps can be removed.
What are the main harms or downsides?		
Delay colonoscopy a year: <ul style="list-style-type: none"> • You may find cancer or a polyp at a later stage. • You and your doctor will need to remember to schedule your colonoscopy about a year from now. • It is possible that the pandemic will continue and 	Stool test: <ul style="list-style-type: none"> • If the test result is abnormal, you will need to have a colonoscopy. • If you need to have a colonoscopy, it is considered a diagnostic test (not screening) and the 	Next available colonoscopy: <ul style="list-style-type: none"> • Some people have difficulty with the colonoscopy preparation. • Small chance of serious complications such as a tear in the colon, bleeding or infection that may require hospitalization.

there will still be delays a year from now.	insurance coverage may differ (this varies by insurer).	
What are the COVID-19 related issues?		
Delay colonoscopy a year: <ul style="list-style-type: none"> You do not need to come in for any screening tests or procedures. The risk of COVID-19 may be lower a year from now. 	Stool test: <ul style="list-style-type: none"> The test is done at home, so no increased risk of COVID-19 exposures. If the stool test result is abnormal, you will have to get a diagnostic colonoscopy within a few months. 	Colonoscopy: <ul style="list-style-type: none"> A caregiver may not be able to accompany you inside the hospital to the procedure. You will need to get tested for COVID-19 before the procedure. There may be a small risk of COVID-19 exposures.

People make different choices based on their situation and goals.

Here are some quotes from our patients discussing choices they have made:

“I am at low risk and would rather wait another year. Relieved to not have to go in now.”

“I didn’t know about the stool tests—that seems like an easier way to test right now.”

“Given my family history, I want to keep going with the colonoscopy as soon as I can get in.”

More about stool-based tests

Stool-based tests involve checking your stool for tiny amounts of blood or abnormal DNA, which could be signs of colorectal cancer.

You can get an order for an at-home stool test from your doctor. These tests are mailed to you, can be done in your home, and mailed back either to the hospital or the testing laboratory. You will receive notification from your doctor’s office about your results.

There are different types of stool-based tests:

- **Fecal immunochemical test (FIT).** This test checks for blood in the stool. The test kit contains the things that you need for collecting small samples of stool. This test needs to be done every year.
- **Stool DNA (sDNA/Cologuard).** This test checks the stool for blood and genetic changes in DNA that could be signs of cancer. The test kit has a container for collecting an entire bowel movement. This test needs to be done every 3 years.

Are stool-based tests as good as colonoscopy at finding colon cancer?

For routine screening, stool-based tests are about as good as colonoscopy as long as you do the stool-based tests on the recommended schedule and follow-up with colonoscopy for any abnormal result.

Do the stool-based tests work for patients who have had prior polyps?

Studies suggest that colonoscopy is a better cancer screening test for patients with prior polyps to find new polyps as well as cancer. However, stool-based tests are an option for people who are not comfortable coming into the hospital at this time due to COVID-19 and are better than no screening at all at finding signs of colon cancer.

How long does it take to get my results?

The sooner you complete your test, the sooner you will get results. You can expect results in your mail or via Patient Gateway about 2 weeks after you return it.

Are these tests covered by insurance?

Yes, these tests are covered by insurance when done for colon cancer screening purposes. If a colonoscopy is ordered to follow-up on an abnormal stool test, it is considered a diagnostic colonoscopy, and you may be responsible for a portion of the charge.