

SCREENING FOR COLORECTAL CANCER



Embætti landlæknis

Facts about colorectal cancer

Colorectal cancer is the third most common cancer diagnosed in Iceland.¹

Every year, around 190 people are diagnosed with this type of cancer in Iceland, and one out of every 20 people will get the cancer in their lifetime. Most people diagnosed are 60 years old and older, and the average age at diagnosis is 69.²

People aged 60–74 with legal domicile in Iceland receive an invitation to take part in the screening every other year.

Studies have shown that regular screening reduces the mortality from the disease. Screening for colorectal cancer prevents 1 in 6 people who would otherwise have died from the disease.

This pamphlet provides further information on the screening.

Healthcare authorities recommend screening on basis of a comprehensive assessment of benefits and harm.

However, it is important that everyone makes an informed decision about participation.

¹ Source: krabb.is

² Source: Statistics krabb.is

What is a colorectal cancer screening?

A colorectal screening is a test that screens for blood in the stools of asymptomatic individuals. The aim of the screening is to detect pre-cancerous lesions or early-stage cancers, which simplifies treatment and improves life expectancy.

Blood in the stool can indicate pre-cancerous lesions or colorectal cancer. It can be assumed that blood will be found in the stools of almost 1 in 10 who submit a stool sample. Of those diagnosed with blood in their stools, almost half have polyps or a precancerous lesion, and about 1 in 20 have colorectal cancer.

On the other hand, blood in the stool is more commonly associated with harmless causes, such as hemorrhoids or inflammation.

Screening is not a definitive test, so it is important to see a doctor if you develop symptoms that could indicate cancer, regardless of when you were last screened (see the list of symptoms later in the pamphlet).

Screening invitation

People aged 60–74 are invited to participate in colorectal cancer screening.

If you are being treated or monitored for polyps, cancer, or inflammatory bowel disease, you should probably not participate in the screening. If any of the above applies to you, we encourage you to discuss it with your doctor or contact the Cancer Screening Coordination Centre.

You are free to decline the screening invitation.

Participation in screening

Stool examination

A sampling kit is sent by mail so you can take a stool test at home. The sample is then submitted to your healthcare centre or mailed in an envelope that comes with the sampling kit, which is post-marked to Landspítali's laboratory.

The sample is examined at Landspítali Hospital to see if there is blood in it. If no blood is detected in the sample and invitation to participate in the screening will be sent again in 2 years.

Colonoscopy

If blood is detected in the stool sample, you will be offered a colonoscopy. The colonoscopy may reveal whether cancer, or pre-stages that can develop into cancer, is present.

If you decline the colonoscopy, you will be invited to participate in screening with a stool test again in 2 years.

An invitation to the screening is first sent electronically to heilsuvera.is before the sampling kit is sent to your home

Benefits of participation

Preventing cancer

If early stages (polyps) are detected, cancer can be prevented by removing them.

Better prognosis and simpler treatment

If cancer is found early, there is a greater chance that it can be treated only with a colonoscopy or surgery and chemotherapy or radiotherapy may be avoided.

By participating in the screening, you can reduce your chances of dying from colorectal cancer.

However, it should be kept in mind that cancer detected during screening may have progressed to a stage where more complex treatment is needed.

Disadvantages of participation

Discomfort

Some people find the thought of taking a sample of their own stool difficult. Most people find colonoscopy and especially the preparation for it unpleasant. However, the degree of discomfort people experience varies, and some experience little or no discomfort.

Unnecessary concern

Although the result of a stool test shows blood in the stool, it does not mean that it is caused by cancer or another disease in the colon and rectum. Waiting for the test results can lead to worry and anxiety.

False security

Even though the result of a stool test does not show blood in the stool, it is still possible that cancer is present. Participation in the screening does not guarantee that you won't get the disease later in life, so it is important to see a doctor if symptoms that make you suspect cancer are present (see the list of symptoms later in the brochure).

Unnecessary treatment

During the tests, cancer can be revealed that would not have been detected otherwise. Pre-stages could also be discovered that would never have developed into cancer in your lifetime. By participating there is a possibility that you will receive unnecessary treatment, which in exceptional cases can have a harmful effect.

Examination findings

Stool sample results

If no blood is detected in the stool, individuals are invited to screening every 2 years, until the age of 74. It happens occasionally that the sample cannot be analysed, and the sampling must be repeated.

If blood is found in the stool sample, you will be offered a colonoscopy within 4 weeks.

Results from the screenings are sent to you electronically on the website:

- heilsuvera.is

Colonoscopy result

Colonoscopy is normal

Nothing of note was seen in the colon or rectum, and there is probably a harmless reason why blood was detected in the stool, e.g. hemorrhoids. It is very unlikely that you will develop colorectal cancer in the next years. You will next receive an invitation for screening in 8 years if you will be under 75 years of age at that time.

You have polyps

If one or more polyps are found, they are usually removed during the colonoscopy. The polyps are tested, and you will be offered follow-up according to the examination result.

You have cancer

If cancer is diagnosed, you will be offered appropriate treatment and monitoring at Landspítali Hospital.

The colonoscopy needs to be repeated, or a CT scan is needed

In rare cases, clearance is insufficient, and a new colonoscopy appointment is made. In addition, the colonoscopy sometimes does not reach the end of the large bowel, and a CT scan of the colon must then be performed.

The chances of getting colorectal cancer increase:

- with age.
- with chronic inflammatory diseases of the colon and rectum.
- if you have a close relative who has been diagnosed with colorectal cancer.
- if you consume a lot of red meat or processed meat products.
- if you are overweight.
- if you smoke or drink alcohol.

The chances of getting colorectal cancer decrease if you:

- avoid red meat or processed meat products.
- consume fruits, vegetables, and fibre-rich foods.
- exercise regularly and maintain a normal body weight.
- do not smoke and drink alcohol only in moderation.

Since not all cancers can be detected with a stool sample or during a colonoscopy, it is important to see a doctor if you have any of the following symptoms:

- Blood or mucus in stool
- Changed bowel habits for more than 4 weeks in people over 40 years of age
- Anemia or iron deficiency
- The colon does not empty itself sufficiently
- Unexplained fatigue
- Abdominal pain
- Unexplained weight loss

Questions and further information

If you have any questions about colorectal cancer screening, you can find information on the following websites:

www.heilsuvera.is – Primary Healthcare and the Directorate of Health.

www.heilsugaeslan.is - Cancer Screening Coordination Centre.

If you cannot find answers to your questions, you can contact the **Cancer Screening Coordination Centre**:

- Tel.: 513 6700
- Email: krabbameinsskimun@heilsugaeslan.is