

Screening Recommendations

- Average risk patients
- Screening colonoscopy at age 50
- Screening colonoscopy at age 45 for African Americans
- Recommend routine screening at ages 50-75
- Selective screening at ages 75-85, check with your doctor

Any screening is better than no screening.

For people with a first degree relative with colon cancer or high risk polyps, screening colonoscopy should take place 10 years before that relative's diagnosis age.

Open Access Colonoscopy Program

Baptist Health Floyd, in conjunction with Gastroenterology of Southern Indiana physicians, offers an Open Access Colonoscopy program to make the screening procedure more accessible to patients. Patients age 50 and older, without significant illnesses, can schedule a colonoscopy screening usually without a pre-procedure visit.

For additional information about this program, complete our Open Access Questionnaire online at BaptistHealthFloyd.com/Colon. For assistance in completing the form, please call 1.800.4.SOURCE.



Does insurance cover the screening?

Annual screenings could be covered as a preventive service health benefit. Traditional Medicaid covers screening colonoscopies with no age restriction, and HIP plans cover the screening if you are over age 50.*

For additional information, contact Baptist Health Medical Group at 812.949.5575 or Gastroenterology of Southern Indiana at 812.945.0145.

Serving Our Community

As a nonprofit organization, Baptist Health has made a commitment to our community to provide care and services that go far beyond what is expected of a hospital, including charity care, education, community involvement and partnerships. It is a relationship in which the community always wins. Baptist Health admits and serves patients equally, without regard to race, color or national origin, disability, sex or religion.



BAPTIST HEALTH®

FLOYD

1850 State Street
New Albany, IN 47150
812.944.7701

BaptistHealthFloyd.com/Cancer



2630 Grant Line Road
New Albany, IN 47150
812.945.0145

GHPSI.com

11/16 BHF

80% BY 2018

*National Colorectal
Screening Initiative*



BAPTIST HEALTH®

FLOYD



What is 80 percent by 2018?

“80% by 2018” is a National Colorectal Cancer Roundtable initiative in which hundreds of organizations, including Baptist Health Floyd and Gastroenterology of Southern Indiana, have committed to eliminating colorectal cancer as a major public health problem, and are working toward the shared goal of reaching 80 percent of adults aged 50 and older screened for colorectal cancer by 2018.

Colorectal Cancer is a Major Public Health Problem

- Colorectal cancer is the second leading cause of cancer death in men and women in the U.S., and a cause of considerable suffering among more than 140,000 adults diagnosed with colorectal cancer each year.
- When adults get screened for colorectal cancer, it can be detected early at a stage when treatment is most likely to be successful. In some cases, it can be prevented through the detection and removal of precancerous polyps.
- About one in three adults between 50 and 75 years old – about 23 million people are not getting tested as recommended. Risk of developing colorectal cancer increases with age. 90 percent of colon cancers are diagnosed over the age of 50.
- The people less likely to get tested are Hispanics, American Indians or Alaska Natives, rural populations, men, those 50 to 64 and those with lower education and income.
- Screening can save lives, but only if people get tested.
- The best test is the one that gets done.

- *About 90 percent of people live five or more years when their colorectal cancer is found early through testing*
- *About one in three adults (23 million) between 50 and 75 years old are not getting tested as recommended.*
- *10 percent of adults who got tested for colorectal cancer used an effective at-home stool test.*

Who is at high risk?

- Family history of colorectal cancer
- Previous polyps
- Inflammatory bowel disease
- Abdominal radiation as a child
- Diabetes and obesity
- Sedentary lifestyle
- Smoking
- Red meat/high cholesterol intake
- Excessive alcohol use
- Family history of colorectal cancer or polyps

Symptoms

- Blood in the rectum, stool or in the toilet after a bowel movement
- Dark or black stool
- Change in shape or caliber of stool
- Lower abdominal cramping
- Feeling of discomfort or urgency to have a bowel movement but unable to do so
- New onset of constipation or diarrhea
- Unintentional weight loss

Types of Colorectal Cancer Screening

Fecal testing - Safe, available, easy test that can be done at home that may detect bleeding before it is actually visible. It can detect the vast majority of malignancies. It should be done yearly, and any positive results require follow-up with a physician.

- Guaiac fecal occult blood test (FOBT) – needs three tests with three separate bowel movements to be considered accurate
- Fecal immunochemical test (FIT)
- Fecal DNA (Cologuard)
- Endoscopy – The most accurate tests performed in an outpatient setting.
- Flexible sigmoidoscopy – Uses a smaller scope with no sedation. It catches about two-thirds of cancers. Positive findings require a colonoscopy. Should be done every five years.
- Colonoscopy – The gold standard for screening that requires a full bowel prep and sedation for comfort. It is capable of reaching the entire colon. Anything abnormal can be biopsied without a second procedure. This should take place every ten years.



 **EIGHTYBY2018**