

# Colorectal Cancer Awareness

## Early Detection is Key

**Regular screenings for colorectal (colon) cancer are highly recommended once you reach age 45 — or earlier if you have a personal/family history or other risk factors. Learn more about colorectal cancer, including risk factors, symptoms and screening options that are available to you.**

### Risk Factors

- Age—your risk increases as you get older
- Personal health history of colorectal polyps, colorectal cancer, or inflammatory bowel disease (e.g., Crohn's Disease or ulcerative colitis)
- Family history of colorectal cancer and/or colorectal polyps or certain inherited genetic syndromes

Other factors that also play a role in increasing your risk include being overweight or obese, eating a diet high in red and/or processed meats, tobacco use, and alcohol use. For more information on reducing your risk, please visit the resources below.

### Symptoms

Colorectal cancer and colorectal polyps (abnormal growths in the rectum or colon that can turn into

cancer if not removed) don't always cause symptoms, which is why you should get screened regularly.

Symptoms may include:

- A change in bowel habits (diarrhea, constipation, or narrowing of the stool) that lasts more than a few days
- Rectal bleeding with bright red blood, or blood in the stool that might make the stool look dark brown or black
- Feeling that the bowel doesn't empty fully, or abdominal pain, aches, or cramps that won't go away
- Weakness/fatigue, or unintended weight loss
- For a list of possible symptoms, visit [CDC.gov/colorectal-cancer/symptoms](https://www.cdc.gov/colorectal-cancer/symptoms)

Many of these symptoms can be caused by something other than cancer, but if you have any of these problems, make sure to see your doctor right away.

### Talk to Your Primary Care Provider (PCP) About Your Risks

Schedule an appointment with your PCP at least once per year, or sooner, if you have any concerns or symptoms of colorectal cancer. Many providers offer telehealth visits as an alternative to a face-to-face visit. Ask your provider about your options. If you don't have a PCP, log in to My Health Plan at [MedMutual.com/Member](https://www.MedMutual.com/Member) and use the Find a Provider tool found under the Resources & Tools tab.

#### Learn more about colorectal cancer and your risks at:

- [CDC.gov/colorectal-cancer](https://www.CDC.gov/colorectal-cancer)
- [Cancer.org/Cancer/Colon-Rectal-Cancer](https://www.Cancer.org/Cancer/Colon-Rectal-Cancer)

## Colorectal Cancer Screenings and Tests Available to You

Your personal and family health history will determine what type of test and the frequency of testing that is right for you.

**All of the tests listed below are covered by your Medical Mutual plan when using in network providers:**

Test Type	Test Description and Preparation	Where Test is Performed	Test Frequency
<b>Stool Test</b> Guaiac-based fecal occult blood test (gFOBT)	Uses a chemical to detect blood in the stool. Ask your doctor how to prepare for the test. You may need to avoid certain medications and foods prior to the test.	Stool collected at home and returned as instructed by your doctor	Yearly
<b>Stool Test</b> Fecal immunochemical test (FIT)	Uses antibodies to detect blood in the stool. No bowel preparation is needed prior to the test.	Stool collected at home and returned as instructed by your doctor	Yearly
<b>Stool Test</b> Stool DNA test (FIT DNA Test / Cologuard)	Detects altered DNA and the presence of blood in the stool. No bowel preparation is needed prior to the test.	Stool collected at home and returned as instructed by your doctor	Every 3 years
<b>Procedural exams</b> Computed Tomography (CT) Colonography	A small tube is inserted into the rectum. X-rays and computers are used to produce pictures of the inside of the colon or rectum. Your doctor will advise you on how to prepare for the test.	In a hospital or outpatient setting	Every 5 years
<b>Procedural exams</b> Flexible Sigmoidoscopy*	A doctor inserts a short, thin, flexible, lighted tube into your rectum to check for polyps or cancer inside the rectum and lower third of the colon. Your doctor will advise you on how to prepare for the test.	In a hospital or outpatient setting	Every 5 years
<b>Procedural exams</b> Colonoscopy *	A doctor inserts a longer, thin, flexible, lighted tube into your rectum to check for polyps or cancer inside the rectum and the entire colon. Your doctor will advise you on how to prepare for the test.	In a hospital or outpatient setting	Every 10 years or as determined by your doctor

\*If a polyp is found during your procedure, it may be removed. Your doctor will discuss your options for medications to relieve any discomfort you may have during your procedure, and provide any instructions for follow up care.

## A Reminder About Billing

Don't forget, colorectal cancer screenings are generally considered preventive and covered at 100%. However, if you've had a prior history with colorectal cancer, polyps or other related symptoms, they could be billed as "diagnostic" and result in out-of-pocket costs.

If you're not sure whether a service is preventive or diagnostic, ask your provider and call Medical Mutual at the number on your ID card.

**Medical Mutual's Customer Care Specialists are available to answer any questions you may have. Call us at the number on your member ID card.**