Key points
1. If you’re 50 or older, getting a colorectal cancer screening test could save your life. Here’s how:
   a. Colorectal cancer usually starts from polyps in the colon or rectum. A polyp is a growth that shouldn’t be there.
   b. Over time, some polyps can turn into cancer.
   c. Screening tests can find polyps, so they can be removed before they turn into cancer.
   d. Screening tests can find colorectal cancer early. When it is found early, the chance of being cured is good.
2. The good news is: if you have insurance, screening tests should be completely covered by your insurance – not even a copay. (The Affordable Care Act requires Medicare, Medicaid and NEW insurance plans to cover and waive deductible and copay.)

Insurance coverage/cost
Cost of colonoscopy and other screening tests
- The Affordable Care Act (ACA) requires Medicare, Medicaid and NEW insurance plans to cover and waive deductible and copay.
- Many private insurers (Blue Cross, HealthPartners, etc.) cover all the costs associated with screening colonoscopies. To be sure of your coverage, call the number on your insurance card.
- Minnesotans who have Medical Assistance (MA) have no out-of-pocket costs for a screening colonoscopy. MA patients can confirm this by calling the Minnesota Healthcare Plans Recipient Helpdesk at 651-431-2607 or 800-657-3739. Have your card with you when you call.
- Minnesotans who have MA have no out-of-pocket costs for a diagnostic colonoscopy (if they have symptoms). MA patients can confirm this by calling the Minnesota Healthcare Plans Recipient Helpdesk at 651-431-2607 or 800-657-3739. Have your card with you when you call.
- Minnesotans who have Medicare Part B have no out-of-pocket costs for colonoscopy or stool tests. Copay and deductible are covered/waived for all colorectal cancer screening tests except barium enemas (which are rarely used). You will still be covered if your colonoscopy progresses to a diagnostic procedure (if they find/remove polyps) Questions on Medicare coverage, call 1-800-MEDICARE (1-800-633-42273) (more info at https://www.cms.gov/MLNMattersArticles/downloads/MM7012.pdf)

I don’t have insurance. How much does a colonoscopy cost?
- SEE IF CALLER IS ELIGIBLE FOR FREE SCREENING THROUGH SCOPES
- If you don’t have insurance, a colonoscopy can be very expensive. It will cost at least $1,000, possibly up to $4,000.
- You may want to consider a lower-cost option such as a stool test you get from
your provider. Talk to your primary care physician or a pharmacist about your screening test options. These tests can check for blood in your stool, which may be a symptom of colorectal cancer.

- If you live in Hennepin, Ramsey, Washington or Dakota county, and have a household income below 275% of the Federal Poverty Level (FPL), have no insurance and are not eligible for MN Healthcare programs, Portico Healthnet may be able to help. There is a monthly fee and there may be additional fees for procedures. For more information, you can call Portico at 651-489-CARE (651-489-2273).

Colonoscopy procedure

What is a colonoscopy?

- A colonoscopy is a test to find polyps that may develop into cancer.
- During this procedure, a doctor examines the lining of your large intestine through a flexible tube. This tube bends easily and uses a light and camera to help the doctor see inside your colon and rectum. The tube is inserted into the anus and advanced slowly through the colon.
- This takes from 15 minutes to one hour.
- You will be given medicine (anesthesia) to make you more comfortable and help you relax.
- If polyps or other abnormalities are found, the doctor may remove them for further examination or biopsy.
- Colonoscopy also helps your doctor to diagnose other abnormalities, such as bleeding or an area of inflammation. Once these problems are diagnosed, your provider will treat them.
- (for more info see “What to expect” at end of this document)

Are there any risks associated with colonoscopy?

- Although serious complications are rare, any medical procedure has the potential for risks. Risks include:
  - Perforation, or a tear though the lining of the colon
  - Bleeding from a biopsy site
  - Reaction to medications
  - A nurse will review all potential warning signs with you before you leave the endoscopy center.

Will I be uncomfortable during the colonoscopy procedure? Does it hurt?

- You will be given medication at the beginning of the colonoscopy to help you relax and minimize discomfort. This medication will make you drowsy.
- During the procedure, you may experience some cramping. This is normal.
- If you experience additional discomfort, tell the doctor or nurse.
- Most people say the worst part of a colonoscopy is the prep you have to drink the night before.
I’ve heard the prep is the worst part. What do I need to do? What is the prep solution?

- There are steps you need to take at home the day before your colonoscopy to get ready. Be sure to follow all instructions given to you when you pick up your prep kit.
- Your colon must be clean and empty so the doctor can see colon tissue clearly during the test. In general, a day before the test, you will:
  - Take laxatives (this will make you use the toilet a lot). Your provider will give you a prescription – there are several different types of prep. Two examples are GoLytely (pronounced go lightly) and another is called Miralax.
  - Eat a special diet (mostly clear liquids)
  - Your provider will give you specific instructions. You need to follow these instructions carefully to get the most out of your exam.

Should I stop taking my usual medication(s)?

- Discontinue fiber supplements, iron supplements and drugs containing iron seven days (one week) before your scheduled colonoscopy.
- If you have diabetes, ask your regular provider for diet and medication instructions.
- If you have a blood disorder or take a medication to thin your blood such as Coumadin or Plavix, ask your provider for medication instructions.
- Other than the instructions listed above, you may take any oral medications you normally take, including Tylenol and Aspirin, on the day of your procedure.

Can I drive home after the exam?

- You will not be allowed to drive home. You must arrange for someone to take you to the exam and bring you home.
- Because medication given during the exam can make you sleepy, the doctor will not allow you to drive until the following day.
- You cannot take a bus/taxi home unless you are accompanied by an adult.
- If you are unable to arrange transportation, your procedure will be rescheduled.
- If patient needs help with transportation, see if help is available in their county (they will still need a companion to travel with them both ways):
  [http://www.mncaa.org/ourmembers.html](http://www.mncaa.org/ourmembers.html)

Timing: when should I schedule my colonoscopy?

Because of the timing of your fast and when you’ll be using the toilet a lot, most people prefer to schedule their colonoscopy first thing in the morning (before 9 or 10 am, if possible). That way you’ll get a good night of sleep, uninterrupted by urges to use the toilet, and you shouldn’t be too hungry.
Screening alternatives and trade-offs

I don’t want to get a colonoscopy. Are there any other tests I can get for colorectal cancer?

Most providers (more than 90%) will choose to use colonoscopy for colorectal cancer screening. If you don’t want a colonoscopy, you do have other options:

- **Stool tests: F.I.T. and F.O.B.T.**: You get a kit from your provider. You return the cards to the provider or a lab where stool samples are checked for blood. Stool tests must be done every year.
  - Pros: inexpensive, no prep, do it at home. No sedation, diet changes or prep required
  - Cons: if your provider finds something suspicious, you’ll get a colonoscopy anyway. Also, these tests cannot prevent colorectal cancer like flex sig or colonoscopy.

- **Sigmoidoscopy**: You use an enema to prepare at home. Then the doctor puts a thin tube with a camera into your rectum to look at the left colon. No medications are used so you can drive yourself home. If polyps are found you will need a colonoscopy. This test is done every 3-5 years.
  - Pros: may be less expensive than colonoscopy (if you’re uninsured), or more readily available (if you live far from an urban area)
  - Cons: not as complete as a colonoscopy (only views the lower part of your colon), yet still have to take prep the night before and be under sedation.

- Talk to your provider about which test is right for you and check with your insurance to make sure that test is covered.

I was screened for colorectal cancer but I don’t know what type of test it was.

- **Colonoscopy**: You are given instructions on how to clean out your colon at home. At the test, you will receive medications to make you sleepy and comfortable. Then, a long, thin, flexible, lighted tube with a camera is used to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers, without pain. You will need a ride home afterwards. This test is done every 10 years. (More often if you have pre-cancerous polyps)

- **Flex sig/sigmoidoscopy**: You use an enema to prepare at home. For this test, the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer inside the rectum and lower third of the colon. No medications are used, so you can drive yourself home. If polyps are found, you will need a colonoscopy. This test is done every 3-5 years. When done in combination with a High-Sensitivity FOBT, FOBT should be done every three years.

- **Stool test (FIT or FOBT)**: You get a test kit from your provider. At home, you use a stick or brush to obtain a small amount of stool. You return the test to the provider or a lab, where stool samples are checked for blood. Stool tests must be done every year.

What about those at-home testing kits?
• There may be products you can buy at the drug store that claim they can test for blood in your stool or colorectal cancer. We adhere to the same guidelines as most providers. Several sources, including American Cancer Society (ACS) and the National Cancer Institute (NCI) say that early diagnosis and prompt treatment are the best weapons in the fight against colorectal cancer.

• Start having screening tests (including colonoscopies) at age 50 (age 45 if African American or American Indian).

• Your provider may provide you with a test kit called an FIT or FOBT, in which you take samples of your stool at home, and return them in the kit to your provider.

• Talk to your provider about your screening test options and when you should start getting screened.

**Colonoscopy prep**

*I’ve heard the prep is the worst part. What do I need to do? What is the prep solution?*

- There are steps you need to take at home the day before your colonoscopy to get ready. Be sure to follow all instructions given to you when you pick up your prep kit.
- Your colon must be clean and empty so the doctor can see colon tissue clearly during the test. In general, a day before the test, you will:
  - Take laxatives (this will make you use the toilet a lot). Your provider will give you a prescription – there are several different types of prep. Two examples are GoLytely (pronounced go lightly) and another is called Miralax.
  - Eat a special diet (mostly clear liquids)
- Your provider will give you specific instructions. You need to follow these instructions carefully to get the most out of your exam.

(for more info see “What to expect” at end of this document)

**Should I stop taking my usual medications?**

- Discontinue fiber supplements, iron supplements and drugs containing iron seven days (one week) before your scheduled colonoscopy.

- If you have diabetes, ask your regular provider for diet and medication instructions.

- If you have a blood disorder or take a medication to thin your blood such as Coumadin or Plavix, ask your provider for medication instructions.

- Other than the instructions listed above, you can probably take any oral medications you normally take, including Tylenol and Aspirin, on the day of your procedure. Double check with the provider when you schedule your exam.

**Can I drive home after the exam?**

- You will not be allowed to drive home. You must arrange for someone to take you to the exam and bring you home.

- Medication given during the exam will prohibit you from driving until the following day.

- You cannot take a bus/taxi home unless you are accompanied by an adult.

- If you are unable to arrange transportation, your procedure will be rescheduled.
About colorectal cancer

What is colorectal cancer?
• Cancer is a group of diseases in which abnormal cells grow and spread.
• If you get cancer and do not treat it, you will likely die.
•Colorectal cancer occurs in the colon or rectum.
  o The colon is the longest part of the large intestine – the lower part of your digestive system. The colon forms solid wastes from digested food.
  o The rectum is the last eight inches of the large intestine, ending at the anus. The rectum stores wastes until they leave the body as a bowel movement.
• Colorectal cancer usually starts from polyps in the colon or rectum. A polyp is an abnormal grape-like growth on the lining of the large intestine. Over time, some polyps can turn into cancer.
• Colorectal cancer is the third most common cancer in the U.S. Each year, about 150,000 Americans (2,500 Minnesotans) get colorectal cancer and about 50,000 Americans (850 Minnesotans) die from it.

Who gets colorectal cancer?
• Colorectal cancer occurs more often in people who are 50 and older. Risk increases as you get older.
• Both men and women get colorectal cancer.
• Some families have a gene that increases their risk of colorectal cancer.
• Certain diseases (ulcerative colitis, Crohn’s disease) increase the risk of developing colorectal cancer.

How can I prevent colorectal cancer?
• Early diagnosis and prompt treatment are the best weapons in the fight against colorectal cancer.
• Start having screening tests (including colonoscopies) at age 50.
• You can help protect yourself! A healthy lifestyle can lower your risk.
  o Make good decisions about what to eat – and what not to eat.
    ▪ Eat less fat: Choose lean meat and poultry. Trim fat and remove the skin from meat. Choose fish, turkey or chicken over red meat or processed meat if you get the chance. Choose low-fat or fat-free milk products.
    ▪ Eat lots of fruits and vegetables.
    ▪ Choose whole grain bread, cereal, pasta and rice.
  o Be active. Try to get at least 150 minutes of moderate physical activity each week (30 minutes, 5 days per week). Consult your health-care provider before starting any exercise program.
  o Maintain a healthy weight.
  o If you smoke, get help to quit. Smoking and drinking alcohol heavily can increase your risk of many types of cancer.
I heard about this product (colon cleanse) or superfood (certain type of tea, nut, or berry) that prevent cancer. Do you recommend it?

- We adhere to the same guidelines as most providers. The most reliable sources, including American Cancer Society (ACS) and the National Cancer Institute (NCI) say that early diagnosis and prompt treatment are the best weapons in the fight against colorectal cancer.
- Start having screening tests (including colonoscopies) at age 50 (age 45 if African American or American Indian).
- You can help protect yourself! A healthy lifestyle can lower your risk.
  - Make good decisions about what to eat – and what not to eat.
    - Eat less fat: Choose lean meat and poultry. Trim fat and remove the skin from meat. Choose fish, turkey or chicken over red meat or processed meat if you get the chance. Choose low-fat or fat-free milk products.
    - Eat lots of fruits and vegetables.
    - Choose whole grain bread, cereal, pasta and rice.
  - Be active. Try to get at least 150 minutes of moderate physical activity each week (consult your health-care provider before starting any exercise program).
  - Maintain a healthy weight.
  - If you smoke, get help to quit. Smoking and drinking alcohol heavily can increase your risk of cancer.

**Symptoms**

**What are the symptoms of colorectal cancer?**

- Ideally, colorectal cancer screening (colonoscopies) should be done to detect and remove polyps or early cancer before symptoms develop.
- People who have polyps or colorectal cancer may not have symptoms.
- If you have any of the following symptoms, see your provider as soon as possible:
  - A change in bowel movements, such as diarrhea or constipation, for more than a few days.
  - An urge to have a bowel movement even though you’ve just had one.
  - Blood in or on the stool (bowel movement).
  - Stomach pain, cramps or nausea.
  - **If caller has any of these symptoms, connect them immediately to primary care provider and flag call as high risk**

- (If patient has rectal bleeding not due to hemorrhoids; bloody diarrhea; blood in stool; change in bowel habits, stomach pain or cramping that last for more than a few days) These symptoms could be from many things. It does not necessarily mean you have colorectal cancer. You will need to see a primary care provider first to discuss your symptoms and screening test options. (flag call as high risk)
  - (go to Calling Primary Care Provider)
- If patient has underlying health problems (flag call as high risk)
Screening guidelines

Why should I get a colonoscopy?
- Screening saves lives!
- A colonoscopy can find polyps before they become cancer or when the cancer is new and you have a good chance of being cured.
- Early detection and removal of polyps can help you avoid extensive surgery and treatment for cancer.

When should I have a colonoscopy?
- Most people should have their first colonoscopy at age 50.
- Most people have a colonoscopy every 10 years after that.
- If you have a higher than average risk of colorectal cancer, talk to your provider. Your provider can tell you when to start screening and how often you should get screened.
- Regular testing – about every ten years – is the key to colorectal cancer prevention.
- The American Cancer Society recommends that some people be screened using a different schedule because of their personal history or family history. Talk with your provider about your history and what colorectal cancer screening schedule is best for you.

Family history/genetics, personal or family history of CRC or polyps

I have a personal history/family history of colorectal cancer or polyps. When should I get screened?
The American Cancer Society recommends that some people be screened using a different schedule because of their personal history or family history. Talk with your provider about your history and what colorectal cancer screening schedule is best for you.

I have a personal/family history of colorectal cancer/polyps. Does this put me at higher risk for colorectal cancer?
Because of your personal/family history with colorectal cancer/polyps, you may be at a higher risk of getting colorectal cancer. Your provider may suggest you start getting colonoscopies before age 50, and may suggest you get them more frequently than every 10 years. These are decisions you and your provider will need to make together. Talk to your provider about your medical concerns.

Getting screened

Where can I get a colonoscopy?
You can get a colonoscopy at most hospitals and some specialty medical centers. I have a list of colonoscopy providers throughout the state. If you like, I can help find one convenient to you.

Do you offer free colonoscopies?
Sage Scopes offers free colonoscopies to men and women who meet certain criteria. If you like, I can see if you qualify? (inform caller that all screening sites are in the Twin Cities area and there may be a waiting list)

I want to talk to a/my primary care provider to see if he/she wants me to get a colonoscopy.

- If you have a primary care provider, you can call them and make an appointment to discuss your screening test options. Your health provider’s office can refer you to another doctor who will perform the colonoscopy.
- If you do not have a primary care provider, I can help you find one to discuss your screening test options. That health provider’s office can refer you to another doctor who will perform the colonoscopy.

What to expect

General
- You may spend anywhere from two to six hours at the hospital the day of your colonoscopy for preparation, the exam (colonoscopy) and recovery.
- If you arrive early or on time for your appointment, you should be seen at the scheduled time. However, if someone else comes in with an emergency, understand that your appointment may be delayed.

Before your colonoscopy
- There are steps you need to take at home the day before your colonoscopy to get ready. Be sure to follow all instructions given to you when you pick up your prep kit.
- Your colon must be clean and empty so the doctor can see colon tissue clearly during the test. In general, a day before the test, you will:
  - Take laxatives (this will make you use the toilet a lot).
  - Eat a special diet (mostly clear liquids).

Talking with your provider:
- Like any medical test, a colonoscopy has benefits and risks. Be sure to tell your provider about:
  - All medications you are taking, including over-the-counter medications and herbal supplements.
  - Any allergies you have.
- Be sure to follow all instructions, such as when to stop taking medications and what foods to eat and avoid. This will help ensure that you are well prepared for the test.

When you arrive for your colonoscopy:
- You will meet with a nurse who will review the procedure with you.
  - During this meeting you will be asked about your medical history and family history of colorectal cancer.
  - The nurse will give you a consent form to sign.
The nurse will leave the room and ask you to change into a gown and robe.

The nurse will insert an intravenous (IV) line into your hand or arm. The IV contains medicine that will help you relax before your procedure.

**During your colonoscopy**
- You will get medication
  - This can help you feel comfortable. Some people get medication that makes them sleepy. It can take some time for these effects to wear off.
  - **You will need a ride home after the test and will not be allowed to drive the rest of the day.**
- You will lie on your side or back.
- The doctor will put a flexible, hollow tube – called a colonoscope – into your anus (the opening in your rear end).
  - The colonoscope sends air into your colon. This helps your doctor see your colon well. You may feel some pressure and discomfort, but this is normal.
  - The doctor will advance the colonoscope slowly through the rectum and colon, looking for abnormal tissue, or polyps. If abnormal tissue or polyps are found, the doctor may remove them through the colonoscope for closer examination or biopsy. Tissue removal does not hurt.
  - When the exam is over, usually within an hour, you’ll be taken to the recovery area.

**After your colonoscopy**
- You will rest for about 30 minutes after the colonoscopy while the medication wears off.
- The doctor will talk with you about the initial results of your examination.
- A nurse will provide you with instructions before you leave the endoscopy center/hospital.
- Because of medications you will take during the exam, you will not be allowed to drive for the rest of the day, and you should not drink alcohol on the day of the exam.
- After the exam, you may resume your normal diet.
- You may have some cramping or bloating after the procedure. This is normal and should go away quickly when you pass gas. Try taking a walk to help relieve the bloated feeling.
- Most people do not go to work the same day. Complications are rare. But call your provider right away if you pass blood (if there is blood in your stool/bowel movement), have abdominal pain or run a fever. It may take about a day to feel back to normal.
- You may resume your regular activities the day after the procedure.
- If you regularly take blood thinning medication such as aspirin, Coumadin or Plavix be sure you ask the nurse when/how to take these after your exam.
- Any tissue samples or polyps removed during the exam will be sent to a lab for evaluation. It may take 5-7 working days to be notified of the results.
Incentive Protocol:

When do I get my gift card?
- MDH will verify that you completed your screening with your insurance and mail you a $20 gift card 5-6 months after your appointment.
- If you don’t have Medicaid or go off Medicaid between now and your screening, you will need to call us after your screening to claim your gift card. We will need to contact your medical provider to make sure you completed the screening.

5-6 months? I want my gift card now!
- Our standard procedure is to wait until we receive the information from your insurance (DHS) that you completed the screening. It takes 5-6 months for us to receive this information.
  - If you want your incentive prior to this date, we need documentation from your medical provider that you completed the screening. This includes:
    - Your name
    - Your date of birth
    - Type of screening
    - Date of screening
    - Your provider’s signature
  - It is best if you contact your provider directly and ask them to send the documentation to us. Otherwise, with your authorization, we can contact the provider. If they do not provide us with documentation, we will ask you to call your provider again.
  - Once we receive the documentation, we will send your gift card if the screening was completed.
    - Documentation can be faxed to 651-201-5601, Attn: Sage Innovations, or mailed to:
      Minnesota Department of Health, Attn: Sage Innovations
      PO Box 64882
      St. Paul, MN 55164

Other resources
Help and information are available for people with colorectal cancer, their families and friends. Contact:
- **Your health care provider** if you have any symptoms of colorectal cancer, see your health-care provider right away
- **American Cancer Society** [www.cancer.org](http://www.cancer.org), 1-800-ACS-2345
- **National Cancer Institute’s Cancer Information Service** [www.cancer.gov](http://www.cancer.gov), 1-800-4-CANCER
- **Support groups** Consider joining a support group if you have colorectal cancer. Ask your health-care provider or the organizations listed here how to find one.