

Should People Ages 76 to 85 Have Colorectal Cancer Tests?

National experts agree that people ages 76 to 85 should make an **individual decision** about whether to be tested for colorectal cancer. An individual decision means that some patients will decide to continue having regular tests for colorectal cancer and others will decide not to. There are three commonly used options at this age: no testing, a stool test, and a colonoscopy.

Key points

- Colorectal cancer tests can help prevent cancer and can find cancer early when it may be easier to treat.
- If you have had normal test results in the past, you may have a very low chance of developing colorectal cancer. Having more tests may not be helpful.
- The chance of having a serious complication from either the colonoscopy preparation or the procedure is higher for older patients and for patients who have health problems.
- Screening and not screening are both reasonable options. The best option for you will depend on your overall health, your screening history, and your health goals.

Purpose

This handout is for people ages 76 to 85 who are at **low or average** risk for colorectal cancer and have no current symptoms. It explains the 3 main options and may be helpful as you talk with your doctor about your goals. If you have had colon cancer or have other conditions (such as ulcerative colitis or certain hereditary cancer syndromes) that raise your risk, this handout may not be appropriate for you. Please ask your doctor if you are not sure about your risk.

People make different choices based on their situation and goals

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

“Given my family history of colon cancer, I want to keep going with the colonoscopy.”

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

“It would be wonderful if I didn’t have to do the test [colonoscopy] anymore. I’m happy to be done!”

Medical Terms Used in This Handout

Colorectal	Refers to the large intestine (colon) and the end of the large intestine (rectum).
Colonoscopy	A procedure 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.
Polyp	A growth in the colon that might turn into cancer.
Screening Test	A test to look for disease before there are any symptoms or signs of the disease.
Stool	Waste from a bowel movement.
Sedation	Use of medicines to make you calm and sleepy during the colonoscopy procedure; sedation is also called “anesthesia.”

Your 3 Options: No testing at this time, Stool test, or Colonoscopy

What do I need to do for each option?		
<p>No testing at this time:</p> <ul style="list-style-type: none"> You can focus on other health concerns or goals. Contact your doctor if you have any changes in your bowel habits or blood in your stool. 	<p>Stool test:</p> <ul style="list-style-type: none"> You need to collect a sample of your stool at home. You need to send the sample to a lab to check for blood or other signs of cancer. If the test result is abnormal, you will undergo further testing, such as a colonoscopy. You need to repeat the stool test every 1 to 3 years. 	<p>Colonoscopy:</p> <ul style="list-style-type: none"> You need to do the colonoscopy preparation. Most people are sedated for the procedure. You need someone to drive you home after the test. You need to repeat the test every 10 years, or more often (from 3 to 5 years) if the results show a problem.
What are the main benefits?		
<p>No testing at this time:</p> <ul style="list-style-type: none"> You do not need to collect a stool sample. You can avoid the preparation and any complications with colonoscopy. 	<p>Stool test:</p> <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 avoid the preparation and any complications associated with colonoscopy. 	<p>Colonoscopy:</p> <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. If the result is normal, it may be the last colorectal cancer test you will need.
What are the main harms or downsides?		
<p>No testing at this time:</p> <ul style="list-style-type: none"> If you have cancer, you may not find it until the cancer is more advanced. 	<p>Stool test:</p> <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 insurance coverage may differ (this varies by insurer). 	<p>Colonoscopy:</p> <ul style="list-style-type: none"> Some people have difficulty with the colonoscopy preparation. There is a small chance of serious complications, such as a tear in the colon, bleeding, or infection, that may require hospitalization.