



## Are you getting your pipes checked?

March is here. The Cologuard ads have started. Stars like Katie Couric, Terrence Howard, and Meryl Streep are urging you to get a colonoscopy. Why? Because March is National Colorectal Cancer Awareness Month.

And there's good reason for all the hype. Colorectal cancer is the second leading cancer killer in the United States. But it's also the most preventable and treatable—if you catch it early.

Colon cancer usually starts from precancerous growths called polyps in the colon or rectum. At first benign, they can turn into cancer over time. Screening tests find them early. Once found, they can be removed. That's why getting screened is so important.

## It could save your life.

About one-third of adults 50 or older haven't been screened as recommended. Are you one of them?

Talk to your doctor about getting screened, no matter what age you are. Because even though you are at greater risk if you're 50 years old or older, colon cancer has become more common in younger people.

Together, you and your doctor can:

- Choose which screening is best for you.\* (Colonoscopies are not your only option.)
- Determine if you are at **higher risk of colon cancer**—if you may need earlier or more frequent screening.

Hesitant to bring up screening with your doctor? Here are **some questions** you can ask to help you get started.

**The bottom line:** talk with your doctor about getting your pipes checked. You could stop cancer before it starts!

Source: [Centers for Disease Control and Prevention](#)

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\*Four tests for you and your doctor to consider:

- A **stool test** can be done at home. You return a small stool sample to the lab or doctor. They'll check it for blood. Examples of these tests are gFOBT (Guaiac-based Fecal Occult Blood Test), FIT (Fecal Immunochemical Test), and FIT-DNA (which combines with the FIT to detect altered DNA in stool). Cologuard is a FIT-DNA test. Stool tests should be done yearly.
- A **flexible sigmoidoscopy** is done under anesthesia. The doctor checks the rectum and lower third of the colon for polyps or cancer. A flexible sigmoidoscopy should be done every five years.
- A **colonoscopy** is done under anesthesia. The doctor checks the rectum and the entire colon for polyps or cancer. Colonoscopies should be done every 10 years.
- A **CT colonography (virtual colonoscopy)** is done by X-ray and computers to produce images of the entire colon for the doctor to analyze. This type of test should be done every five years and requires a preauthorization. It may be subject to member cost-share.

Individual coverage for any services that may be discussed in this resource depends on your benefits plan. To determine coverage for any healthcare service, please refer to your Certificate of Coverage or Policy, or call Customer Service at the toll-free number on your member identification card. This also includes frequency recommendations for the various tests, which are based on preventive guideline recommendations.

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