Abnormal Fecal Occult Blood Test (FOBT) Result and Recommended Colonoscopy Follow-Up

Abnormal Fecal Occult Blood Test (FOBT) Result

What does my abnormal FOBT result mean?
The FOBT can detect very small amounts of blood in your stool (poop) that may be caused by cancer in the colon. An abnormal FOBT result does not necessarily mean that you have colon cancer, but additional testing with a colonoscopy is needed to find out why there is blood in your stool.

What can I expect after an abnormal FOBT result?
A colonoscopy is the follow-up test for an abnormal FOBT. ColonCancerCheck, Ontario’s colon cancer screening program, recommends that you have a colonoscopy within eight weeks of your abnormal FOBT result.

Why is it important that I have follow-up testing after an abnormal FOBT result?
Only a colonoscopy can tell you if you have colon cancer.

- The FOBT cannot tell the difference between bleeding from colon cancer and bleeding from other sources (for example, bleeding from hemorrhoids or gums).
- An abnormal FOBT result could mean you have colon cancer, even if you feel healthy.
- An abnormal FOBT result could mean you have colon cancer, even if no one else in your family has had the disease.
- Even if you have had normal FOBT results in the past, a new abnormal result means something has changed and you need a colonoscopy to find out why you have blood in your stool.

A colonoscopy can help protect your health. If colon cancer is caught early with a colonoscopy, nine out of 10 people with the disease can be cured. If you have colon cancer and do not get tested, you may miss out on the chance for early and more effective treatment.

Colonoscopy: Follow-up for an Abnormal FOBT

What is a colonoscopy?
A colonoscopy is an exam done by a doctor to look at the lining of your rectum and colon using a long, flexible tube with a tiny camera on the end. During the colonoscopy, the doctor can also take biopsies or remove abnormal growths.

The colon (large intestine) is the last part of the digestive system. It’s a hollow tube, four to six feet long, starting at the small intestine and ending at the rectum.
What should I expect from the colonoscopy experience?
A colonoscopy is safe – it usually lasts half an hour and you can receive medication (a sedative) to make you comfortable.

The day before your colonoscopy:
To ensure a high-quality, complete colonoscopy, you must prepare for the procedure the day before. You will have to “flush out” your colon by drinking a laxative preparation (bowel preparation). This will ensure your colon is empty and clean so it can be properly examined. Before your colonoscopy, you will receive instructions about what laxative to take, any medications you should stop taking, and what you can eat and drink.

The hours after your colonoscopy:
After your colonoscopy, you will be monitored closely while the effect of the sedative wears off. You will need someone to take you home – you cannot drive a car following the sedation. You may feel a little bloated or have gas for a few hours. Gradually increasing activities, such as walking, will help you pass the gas. You may also see a small amount of blood with your first stool.

What happens after my colonoscopy?
You will receive your colonoscopy results from either the doctor who performed your colonoscopy or your family doctor.

Normal colonoscopy:
If you had a colonoscopy because of an abnormal FOBT and your colonoscopy was normal (no abnormalities found), ColonCancerCheck recommends that you start screening again in 10 years using the FOBT.

Abnormal colonoscopy:
Abnormalities, such as polyps, cancer or other colon health issues, may be found during your colonoscopy. Your doctor will notify you of your test results and next steps, including referrals for any further tests and/or treatment.

What are the risks and complications of a colonoscopy?
Only a colonoscopy can tell you if you have colon cancer. Colonoscopy is a safe procedure and complications are rare, but they can occur.

Complications may include:

- a reaction to the medication used to sedate you
- a very small risk of perforating (making a hole in) the colon, which may require surgery to repair
- bleeding from removal of a polyp or abnormalities
- missing an abnormality

For more information:
To learn more about colon cancer screening, please visit ontario.ca/coloncancercheck.
You can also call Cancer Care Ontario toll-free at 1.866.662.9233 from Monday to Friday, 8:30 a.m. to 5:00 p.m.
or email us at screenforlife@cancercare.on.ca.

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What is ColonCancerCheck?
In January 2007, the Ontario government, in collaboration with Cancer Care Ontario, introduced ColonCancerCheck – the first population-based provincial colorectal cancer screening program in Canada. The goal of ColonCancerCheck is to decrease mortality from colorectal cancer through early detection and treatment.

What is colorectal cancer?
Colon cancer develops in the large intestine. It generally develops from tiny growths inside the colon called polyps. Over time, some polyps can become cancerous. Colon cancer is cancer of the large intestine (colon), the lower part of your digestive system. Rectal cancer is cancer of the last 6 inches of the colon. Together, they are referred to as colorectal cancer. The ColonCancerCheck program screens for both colon and rectal cancer.

How common is colorectal cancer?
Colorectal cancer is the second deadliest cancer in Canada, and Ontario has one of the highest rates of colorectal cancer in the world. In 2007, an estimated 3,250 died from the disease and 7,800 Ontarians were newly diagnosed with colorectal cancer.

What causes colorectal cancer?
The exact cause is hard to pinpoint. However, it is known that tiny growths called polyps sometimes form on the inner surface of your colon or rectum. Polyps are not cancerous to start with and some may never become cancer. But over time, the slow growing polyps can become a cancerous tumour.

What are the signs and symptoms I should watch for?
Colorectal cancer often doesn’t give us any clues of its presence inside us. During the early stages of the disease there are no symptoms. Regular screening is the best way to detect colorectal cancer early. As colorectal cancer progresses the following symptoms may occur:

- A change in your bowel movements
- Blood (either bright red or very dark) in your stool (faeces)
- Diarrhea, constipation or feeling that your bowel does not empty completely
- Stools that are narrower than usual
- Stomach discomfort
- Unexplained weight loss
- Fatigue
- Vomiting

If you have one or more of the above symptoms it may not be colorectal cancer, but you need to check it out without delay by speaking to your health care provider.
What are the screening methods?
There are various methods of screening for colorectal cancer. The screening methods that are part of the ColonCancerCheck program are:

- **Fecal Occult Blood Test (FOBT)** a simple, self-administered test that can be done in the privacy of your own home. It can detect the presence of trace amounts of blood in your stool. A positive test result doesn’t necessarily mean that you have colorectal cancer but does require follow-up to find out if you do have colorectal cancer. Approximately 10% of people with a positive FOBT are found to have cancer during a follow-up colonoscopy. It is recommended that everyone 50 years and older should be screened with an FOBT every two years.

- **Colonoscopy** is an examination of the lining of your rectum and colon using a long flexible tube with a camera on the end. It is recommended for individuals at increased risk, such as those who have one or more close relatives (parent, sibling or child) who had colorectal cancer and those with a positive FOBT result.

Will taking the Fecal Occult Blood Test cost me anything?
No, there is no cost to take the test.

What is a health care provider?
A health care provider is a regulated professional who provides you with primary health care, such as a family physician or nurse practitioner.

I don’t have a health care provider, how do I get screened?
If you don’t have a health care provider you can speak to a representative from the ColonCancerCheck program who will provide you with details on how to get screened.

How do I protect myself from getting colorectal cancer?
You will reduce your risk of getting colorectal cancer, as well as many other diseases, if you lead a healthy lifestyle, including a diet filled with lots of fruits, vegetables and whole grains. It will also help if you watch your weight, don’t smoke, and don’t drink alcohol excessively. It is also very important to be screened regularly for colorectal cancer.

When should I start screening for colorectal cancer?
It’s recommended that if you are 50 years of age or older, without a family history of colorectal cancer, you should be screened for the disease using an easy-to-use Fecal Occult Blood Test (FOBT) every two years.

What do I do if I have a family history of colorectal cancer?
You have an increased risk of developing colorectal cancer if you have a family history of the disease in a first degree family member (parent, sibling, child). It is recommended that you get screened using colonoscopy at age 50 or 10 years earlier than the age of the diagnosis of your parent or sibling.

What difference will regular FOBT screening make?
Studies show that screening with an FOBT every two years reduced death from colorectal cancer by 16 per cent over a decade. When caught early through regular screening, there is a 90 per cent chance that colorectal cancer can be cured.

For more information please call INFOline at 1-866-410-5853.