



Asl3

Sistema Sanitario Regione Liguria

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Information on colorectal cancer screening program offered at ASL3 Genovese (ASL3 Local Health Unit)

Colorectal cancer screening is a **free of charge** preventive interventional program offered to men and women aged 50-70 years resident in **ASL3 Genovese (ASL3 Local Health Unit)** territory; it is aimed at **healthy population** that has not previously developed a colorectal tumor and does not present symptoms of the disease.

All tests carried out by the program are **free of charge**, as well as **joining to the program**. The main objective is to detect precancerous lesions (i.e. polyps) or colorectal cancers at an early stage of disease not only to decrease the mortality and increase the survival rate, but also to stop the natural history of a tumor before its transition from the benign to the malignant type.

Every 2 years men and women aged 50-69 years old are invited (by a personalized invitation letter) to faecal occult blood test (FOBT); locations, days and times they may pick up and then return the FOBT kit are indicated in the invitation letter.

The assisted citizens have two months from the date of the letter to contact the surgeons indicated in the invitation letter; **neither the prescription nor the booking are necessary: it is sufficient to show the invitation letter**. Screening beneficiaries are asked to answer a few simple questions.

People undergoing the screening program for the first time are asked to sign the confirmation of their **free and conscious consent of the acceptance of the program**. **The assisted citizens participating to the program** may, at any time, ask the organizational unit to be excluded from the program and then they will no longer be invited, "without prejudice" to the possibility of requesting to be included again.

The assisted ones who do not undergo the program and do not contact the organizational unit will continue to receive two-yearly invitation for screening test (they will receive a first invitation letter and a second reminder letter).

Screening Test (FOBT): the Faecal Immunochemical Test is used to test the stool for occult blood; it involves the analysis of a single stool sample and does not require patients to follow a restricted diet, because it detects only human haemoglobin (human blood). **Negativity of the test:** in a high percentage of cases the test results negative (for quantitative faecal occult blood values below 100 ng/ml); in this case the organizational unit sends the examination result at home, by letter, as soon as possible.

Positivity of the test: in a very low percentage of cases (about 6%) the test results positive (for quantitative faecal occult blood values greater than or equal to 100 ng / ml); in this case the organizational unit contacts the assisted people by phone and invites them for a free pre-colonoscopy interview which will be followed by a free-of-charge **colonoscopy**, in the absence of contraindications.

False negative test: the test may give a negative result even in presence of polyps or tumors since these lesions may bleed intermittently. It is possible that the stool test has been performed in a time when the polyp did not bleed, or that the the blood distribution in the sample has not been uniform: for this reason, the test should be repeated every two years and the answer letters should recommend to report any new warning symptom to the attending physician or, if considered worthwhile, to the screening organizational unit.

False positive test: the test may give a positive result even in absence of disease due to bleeding related to oral anticoagulants or anti-platelet drugs use or, in addition, if it is carried out during the menstrual period: it is for this reason that the program schedules a pre-colonoscopy interview before sending the patient to have a colonoscopy.

Total colonoscopy: it is the in-depth investigation provided by the program in case of a positive result from the screening test. Total colonoscopy allows a physician to directly view the lining of the large intestine, from rectum to cecum. During the examination it may be necessary to take a biopsy or to remove polyps, thus preventing in many cases and in an absolutely painless way, a bowel tumor formation. **In exceptional cases it may happen that colonoscopy does not detect all lesions of the lining of the intestine, since at the present time there isn't an investigation test able to provide an absolute guarantee of identifying all cases of disease really present on the lining of the bowel.**

People who have to undergo the colonoscopy are asked to release their **informed consent to the execution of the examination.**

With relation to the examinations carried out in the program of oncological screening, you can access all the clinical documents and data.