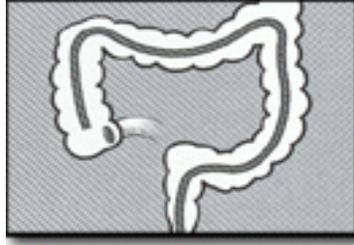


Colon Cancer Screening



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What Is Colorectal Cancer?

The colon and rectum are parts of the body's digestive system, which removes fluids, mostly water, from what we eat and stores waste until it passes out of the body. Together, the colon and rectum form a long, muscular tube called the large intestine. The colon is the first four feet of the large intestine, and the rectum is the last eight to ten inches. Cancer of the colon and rectum are referred to as colorectal cancer (CRC).

Colorectal cancer is the second leading cause of cancer death in the United States. Men and women are equally affected by colorectal cancer. In fact, colorectal cancer is the third leading cause of cancer death in women. Also, about 67,000 women are diagnosed with this cancer each year and more than 40 percent of them - 28,600 - die from the disease. However, if detected early, colorectal cancer can be cured. With simple preventive steps, you can greatly reduce your risk of developing this disease. It is important for you to understand your risks for colorectal cancer, the warning signs, and screening tests that can detect precancerous and cancerous growths.

Colorectal cancer develops from benign tumors called adenomatous polyps. A polyp is a grape-like growth on the inside wall of the colon or rectum that may turn into cancer. Polyps grow slowly over many (three to fifteen) years. Most people do not develop polyps until after the age of 50. Some polyps become cancerous, others do not. To prevent colorectal cancer, it is important to get screened to find out if you have polyps, and to have them removed if present. Removing polyps has been shown to prevent cancer.

What Are the Risk Factors?

Everyone has a risk of developing CRC. However, your risk depends on several factors. For normal risk individuals, the American Cancer Society and the American College of Gastroenterology recommends colonoscopy every 10 years beginning at age 50, and age 45 for African Americans.

You are at *increased* risk for colorectal cancer if you:

- Have a personal history of CRC or adenomatous polyps
- A personal history of ovarian or endometrial cancer
- Have a family history – first degree relatives (parents, siblings, children) of a person who has CRC have an increased risk for CRC. The risk increases as the number of family members diagnosed with CRC before age 60 increases
- Have a family history of multiple cancers, involving the breast, ovary, uterus, and other organs
- Have a personal history of inflammatory bowel disease, such as ulcerative colitis or Crohn's colitis

There are several inherited disorders that greatly increase your risk of CRC. However, they are not very common.

Having one or more of these risk factors does not guarantee that a person will develop colorectal cancer. It merely increases the chances. You may want to talk to your doctor about these risk factors.

When Should You Be Screened for Colorectal Cancer?

Screening for colorectal cancer should be a part of routine care for all adults starting at age 50. In those people with first-degree relatives with colorectal cancer, screening should start at an earlier age. Groups that have a higher incidence of colorectal cancer — those with hereditary conditions, such as familial polyposis, hereditary nonpolyposis colon cancer and inflammatory bowel disease — should consult with their health care providers as to the appropriate time to begin screening.

Why is Screening Important If I have No Symptoms?

Screening is important for two reasons. The early stage of CRC, when it is most curable, frequently does not cause any symptoms. And, just as important, screening is the only way to find polyps. If the polyp is removed, it cannot develop into cancer.

What Type of Screening Tests are Available?

There are several types of screening tests. Talk with your doctor about which one is best for you. People at average risk should start screening at age 50. People at increased risk usually start at age 40.

The screening tests range from less effective but less invasive to more invasive but highly effective tests. The screening tests are listed below:

1. A **fecal occult blood test (FOBT)** is a test used to check for hidden blood in the stool. Cancers or polyps can bleed intermittently and can be detected by FOBT. This test is recommended annually for persons beginning at age 50 who are at average risk.
2. A **flexible sigmoidoscopy** is an examination of the lower 1/4 to 1/3 of the colon lining using a flexible, lighted instrument called a sigmoidoscope. No sedative is given. This test is recommended every five years beginning at age 50 for people at average risk.
3. The combination of a **flexible sigmoidoscopy** every five years and **FOBT** yearly is often used in clinical practice to screen for CRC beginning at age 50 for people at average risk.
4. A **double contrast barium enema (DCBE)** is an x-ray of the colon and rectum. A tube is inserted into the rectum, and a dye called contrast along with air fills the colon. This test is recommended every five years beginning at age 50 for people at average risk.
5. A **colonoscopy** is performed by a specialist, who will use a long, flexible, lighted tube called a colonoscope to view the entire colon and rectum for polyps or cancer. The test is performed after administration of a mild sedative. It is considered the gold standard exam because it provides a direct view of the entire colon and rectum and allows for the detection and removal of polyps. If a screening colonoscopic exam shows no sign of polyps, the next examination is recommended in 10 years. This test is recommended every ten years beginning at age 50 for people at average risk.

What Are the Warning Signs?

Cancer can develop without any warning signs. However, common signs and symptoms of colon cancer may include:

- Rectal bleeding
- A change in bowel habits, especially in the shape of the stool (e.g., narrow like a pencil)
- Diarrhea, constipation, or feeling that the rectum does not empty completely
- Blood (either bright red or very dark) in the stool
- General abdominal discomfort (frequent gas pains, bloating, fullness, and/or cramps)
- Weight loss with no known reason
- Constant fatigue.

What Should I Do if I Have These Symptoms?

Call your doctor and schedule an appointment. These symptoms may be caused by colorectal cancer or by other less serious conditions. Only your physician can determine if your symptoms are due to CRC.

Lifestyle Changes To Lower Your Risk of Colorectal Cancer

Screening is the single most important thing you can do to lower your risk of colorectal cancer.

Early detection is the best way to improve the chance of successful treatment and reduce the number of deaths caused by colorectal cancer. There is no way to completely eliminate the risk of developing CRC. That is why screening is so important. The **ONLY** proven way to prevent colon cancer is to identify and systematically remove polyps. When you combine screening with an overall healthy lifestyle, you benefit even more. More than half of all colorectal cancers could be prevented if everyone followed these healthy lifestyle tips:

- Maintain a healthy body weight
- Eat less red and processed meats
- Take a multivitamin with folate daily
- Limit the amount of alcohol you drink
- Don't smoke.
- Have a diet that is rich in fiber; eat plenty of whole grains, fruits, and vegetables
- Avoid foods that are high in fat, particularly saturated fat
- Eat foods that are high in calcium
- Exercise regularly

Researchers are also investigating the possibility that some drugs such as aspirin, ibuprofen, calcium supplements, folic acid and others may help prevent colorectal cancer.