

Colorectal Cancer Screening

UNDERSTAND the problem

Colorectal cancer is a disease in which malignant (cancer) cells form in the tissues of the colon or the rectum. Colorectal cancer is the second leading cause of death from cancer in the United States. The number of new colorectal cancer cases and the number of deaths from colorectal cancer are decreasing a little bit each year. But in adults younger than 50 years of age, there has been a small increase in the number of new cases each year since 1998. Colorectal cancer is found more often in men than in women.

Age and health history can affect the risk of developing colon cancer. Anything that increases a person's chance of getting a disease is called a risk factor. Risk factors for colorectal cancer include the following:

- Being older than 50 years of age
- Having a personal history of:
 - Colorectal cancer
 - Polyps in the colon or rectum
 - Cancer of the ovary, endometrium, or breast
 - Ulcerative colitis or Crohn disease
- Having a parent, brother, sister, or child with colorectal cancer
- Having certain hereditary conditions, such as familial adenomatous polyposis and hereditary nonpolyposis colon cancer (also known as Lynch syndrome)

Studies show that screening for colorectal cancer helps decrease the number of deaths from the disease.

WHAT are the screening tests

Some screening tests are used because they have been shown to be helpful both in finding cancers early and decreasing the chance of dying from these cancers. Other tests are used because they have been shown to find cancer in some people; however, it has not been proven in clinical trials that use of these tests will decrease the risk of dying from cancer.

Several screening tests have been developed to help doctors find colorectal cancer early, as well as adenomas and other polyps. Like many other cancers, colorectal cancer is usually more treatable when found before it causes symptoms or has a chance to spread. And because these tests allow growths that might otherwise become cancer to be detected and removed, colorectal cancer screening may be a form of cancer prevention, not just early detection.

Current colorectal cancer screening tests check for blood in stool or use an instrument to look at the lining of the colon and rectum. Four tests are used to screen for colorectal cancer: fecal occult blood test, sigmoidoscopy, barium enema, and colonoscopy. Some people find the tests for colorectal cancer to be uncomfortable, but most people agree that the benefits to their health outweigh the discomfort.

It is important to remember that your doctor does not necessarily think you have cancer if he or she suggests a screening test. Screening tests are given when you have no cancer symptoms. Screening tests may be repeated on a regular basis.

Fecal Occult Blood Test

A fecal occult blood test (FOBT) is a test to check stool (solid waste) for blood that can only be seen with a microscope. Small samples of stool are placed on special cards and returned to the doctor or laboratory for testing. Blood in the stool may be a sign of polyps or cancer.

A newer colorectal cancer screening test called immunochemical FOBT (iFOBT or FIT) uses antibodies to detect human hemoglobin protein. With both types of FOBT, stool samples are collected by the patient using a kit and the samples are returned to the doctor.

Sigmoidoscopy

Sigmoidoscopy is a procedure to look inside the rectum and sigmoid (lower) colon for polyps, abnormal areas, or cancer. A sigmoidoscope is inserted through the rectum into the sigmoid colon. A sigmoidoscope is a thin, tube-like instrument with a light and a lens for viewing. It may also have a tool to remove polyps or tissue samples, which are checked under a microscope for signs of cancer.

During sigmoidoscopy, air (or carbon dioxide) is pumped into the colon to expand it so the doctor can see the colon lining more clearly. The lower colon must be cleared of stool before sigmoidoscopy, but the preparation is less involved than that required for colonoscopy. People are usually not sedated for this test.

Barium Enema

A barium enema is a series of x-rays of the lower gastrointestinal tract. A liquid that contains barium (a silver-white metallic compound) is put into the rectum. The barium coats the lower gastrointestinal tract and x-rays are taken. This procedure is also called a lower gastrointestinal (GI) series.

Colonoscopy

Colonoscopy is a procedure to look inside the rectum and colon for polyps, abnormal areas, or cancer. A colonoscope is inserted through the rectum into the colon. A colonoscope is a thin, tube-like instrument with a light and a lens for viewing. As with sigmoidoscopy, air (or carbon dioxide) is pumped into the colon to expand it. During colonoscopy, any abnormal growths in the colon and the rectum can be removed, including growths in the upper parts of the colon that are not reached by sigmoidoscopy. A thorough cleansing of the colon is necessary before this test, and most patients receive some form of sedation during the test.

Studies suggest that colonoscopy reduces deaths from colorectal cancer by about 60% to 70%, although randomized controlled clinical trials that will provide more definitive information about the size of the mortality reduction are under way.

WHO should be screened

All guidelines recommend beginning colorectal cancer screening at 50 years of age for people at average risk for the disease. Average risk is defined as no personal or family history of inflammatory bowel disease, adenoma, or colorectal cancer or high-risk genetic syndromes.

Experts recommend screening involving high-sensitivity FOBT, sigmoidoscopy, or colonoscopy, and the frequency of screening depends on the test chosen. FOBT is done every year, while flexible sigmoidoscopy is done every three to five years. If selected, colonoscopy is necessary only once every 10 years. There are risks and benefits of each test, and the choice of screening method will be made together with your doctor.

Screening should continue until you are 75 to 85 years of age. However, if additional risk factors are present, your doctor may want to continue screening past this age.

WHERE can I get more information

For more information on colorectal cancer screening, visit the National Cancer Institute website at <http://www.cancer.gov>. Information is also available from the following organizations:

Centers for Disease Control and Prevention

http://www.cdc.gov/cancer/colorectal/basic_info/screening

American Cancer Society

<http://www.cancer.org/cancer/colonandrectumcancer>

Colon Cancer Alliance

<http://www.ccalliance.org>

Fight Colorectal Cancer

<http://fightcolorectalcancer.org>

Prevent Cancer Foundation

<http://preventcancer.org/prevention/preventable-cancers/colorectal-cancer>

American College of Gastroenterology

<http://patients.gi.org/topics/colorectal-cancer>

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