

Colon Cancer Screening

Cancer of the colon (large intestine) occurs in the last portion of the digestive tract that ends with the rectum. Colon cancer is highly preventable with screening and early stages can be readily treated. More than 140,000 new cases are diagnosed each year most commonly in men and women over the age of 50. Colon cancer is the second leading cause of cancer deaths in the United States.

How can screening prevent colon cancer?

Many patients develop polyps (small growths) in the colon, usually without symptoms. Some polyps turn into cancer over time. When polyps are removed, the risk of colon cancer is greatly reduced.

How do we screen for colon cancer and polyps? There are three options.

- **Colonoscopy** is the most thorough screening test for precancerous polyps and colon cancer. A flexible fiber-optic tube (about a half inch in diameter and about five feet long) examines the entire colon. Test preparation involves changing one's diet and drinking a laxative solution to clean out the colon the day before the procedure and time resting at home after the procedure. Patients are sedated during the procedure. There is a small risk (about one in three thousand cases) of complications: bleeding, tears or adverse reactions to anesthesia. Polyps can be removed during colonoscopy and tested in the lab for cancer and precancerous changes.
- **Sigmoidoscopy** is performed with a flexible fiber-optic tube (about one half inch in diameter) to examine the lower two feet of the colon. This procedure takes less than half an hour and may involve preparation including a clear liquid diet, a laxative or enema. No sedation is needed. Sigmoidoscopy cannot detect polyps or cancer above the reach of the scope.
- **Stool tests for blood** The Fecal Occult Blood Test (FOBT) and Fecal Immunochemical Test (FIT) detect bleeding in the intestine that may be present in amounts too small to be seen. Patients use a test kit to collect stool samples at home and return it to the lab. FOBT or FIT can reduce colon cancer deaths by up to one-third, but these tests can miss up to half of polyps and cancers.

For patients with average risk of colon cancer, screening is recommended beginning at age 50. The following approaches can be used for screening:

(1) Colonoscopy every 10 years; or

(2) Flexible sigmoidoscopy every five years plus FOBT/FIT every three years; or

(3) FOBT/FIT every year.

For patients at higher risk, particularly if there is family history of colon cancer in a parent or sibling, colonoscopy is the best screening test, and it may be appropriate to begin screening before age 50. Discuss your personal risks with your physician.

Please talk with your doctor about screening options and questions you may have. For more information, you can go to:

- Sutter Health: <http://www.cancer.sutterhealth.org/information/colorectalcancer.html>
- Centers for Disease Control and Prevention: http://www.cdc.gov/cancer/colorectal/basic_info/screening/