

Family Medicine Clerkship Plain Language Summary Template

Title: Talking to your doctor about colon cancer screening

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Plain Language Summary:

Screening for colon cancer is important because it can prevent deaths from colon cancer. Screening is done in people aged 50-75 who do not have any worrisome symptoms. Right now, there are three recommended screening tests. The recommendations change as we learn more about how to find colon cancer early. This makes it especially important to talk to your doctor, since his/her recommendations and the way doctors think about these tests change often!

The three main tests used for screening are called fecal occult blood testing (FOBT), sigmoidoscopy, and colonoscopy. The FOBT and sigmoidoscopy are used together. Additional tests may also be done by some doctors. For FOBT, you take home a kit, collect three stool samples with the kit, and return the kit to the doctor's office. This is the cheapest screening test available. This test is done once a year. If there is any blood found in the stool, your doctor would recommend a colonoscopy. Sigmoidoscopy (or "flex sig") and colonoscopy are both tests that use a camera to look inside your colon. The camera is very small. It is at the end of a long, flexible tube that is inserted into the anus. These tests allow the doctor to both see the colon and remove a piece of any abnormal spots found. The "flex sig" looks at the last part of the colon and can usually be done in the doctor's office. It does not require as much preparation as the colonoscopy, and you don't need anesthesia for it. If the test is normal, it is repeated every five years (in addition to the FOBT yearly). If it is not normal, your doctor would recommend a colonoscopy. The colonoscopy can rarely be done in the doctor's office, and may not be readily available in your area. This test is the most expensive option. It is also the most thorough exam because it looks at the entire colon. Most people take the day before the colonoscopy off from work or schedule the colonoscopy on a Monday to prepare the colon. Preparation means that you will drink a lot of laxative and have a lot of diarrhea! This allows the camera to see the lining of the colon without stool getting in the way. Most people have no problems with the actual test because the anesthesia puts them to sleep. If the results are normal, it needs to be repeated every ten years. If any of the tests are abnormal, you will probably be asked to return for more frequent testing.

It is important that you talk to your doctor about which test is right for you. If you prefer one test, you should tell your doctor about your preference. If you have questions, ask your doctor. Your doctor knows the network of providers in your area. He/she also knows what resources are available and may know of low-cost or no-cost screening programs. Tell your doctor about things that might prevent you from getting a certain test. Some common concerns are cost, location, and how much time you will need off from work. This will help you and your doctor decide on the test that works best for you. The most important part about colon cancer screening is not how you are screened, but that you are screened.

Additional Resources:

<http://www.mayoclinic.com/health/colon-cancer-screening/MY00935>
<http://www.cancer.org/Healthy/FindCancerEarly/ExamandTestDescriptions/faq-colonoscopy-and-sigmoidoscopy>
<http://www.cancer.gov/cancertopics/factsheet/detection/colorectal-screening>
http://www.cdc.gov/cancer/colorectal/basic_info/screening/

Key Words:

Colon colorectal cancer screening informed decision-making

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