

Title: Colon Cancer Screening: What you should know

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Abstract:

The less invasive nature of CT colonography and low risk of procedure related complications as compared to colonoscopy may be attractive to patients and may improve screening adherence.

In screening asymptomatic patients with average risk for colorectal cancer, CT colonography has been shown to have high sensitivity when optical colonoscopy is used as the reference standard.

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Colon Cancer Screening: What you should know

Facts about colorectal cancer:

- Last year 157,000 deaths in the U.S were attributed to colorectal Cancer (CRC), 75% of which could have been cured if diagnosed in the early stages.
- The mortality rate from CRC is second only to that of cancer of the lungs and does not respect race, sex or social status.
- The CRC incidence has increased in proportion to the increase in the aging population. It occurs most often between the ages of 50 and 80.
- The 5-year survival rate is 75% in patients having cancer limited to the bowel wall without metastasis. Metastasis is the spread of cancer cells to other areas of the body.
- Screening for those over age 50 and those in high-risk groups can detect the earliest and therefore the most curable tumors.

Risk factors for CRC:



- Previous polyps (abnormal growth of tissue projecting from the colon)
- Previous cancer of the colon, breast or ovaries
- Family history of colon cancer
- Ulcerative colitis of 8 years duration or more
- Crohn's disease
- Familial Polyposis

Screening average risk patients:

Those patients without the above mentioned risk factors should start screening for CRC after 50 years of age. If you have those risk factors, CRC screening should start earlier. The following are the most commonly used tests for screening for CRC:

Digital Rectal Exam (DRE). In this exam, your doctor puts his or her gloved finger into your rectum to find any growths. A DRE should be performed yearly for patients older than 50 years of age. Up to 10%

of CRC can be found by this exam.

Barium Enema. For this test, you are given an enema (injection of fluid into the rectum) with a liquid that makes your colon show up on an X-ray. Your doctor looks at the X-ray to find abnormal spots in your entire colon. If you have an abnormal spot or if the radiologist detects polyps in your colon, your doctor will probably want you to have colonoscopy.

Fecal Occult Blood Test. This test checks your stool for blood that you can't see. Your doctor gives you a test kit and instructions to use it at home. Then you return a stool sample to your doctor for testing. If blood is found, another test is done to look for a polyp, cancer or another cause of bleeding. Your doctor will also ask you to not eat certain foods or take certain medicines that may interfere with test results a few days before the test.

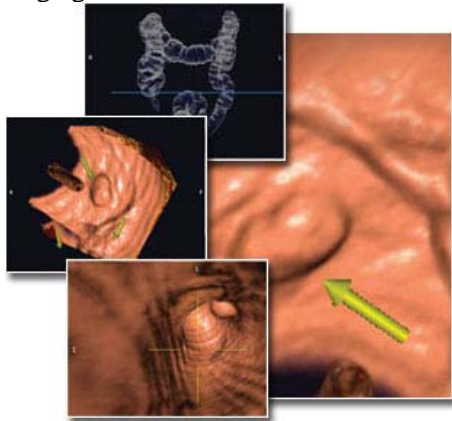
Stool DNA Test. This test checks your stool for cells that are shed by colon cancers or precancerous polyps. Your doctor will give you a test kit with instructions on how to collect a stool sample. Your doctor may also ask you to not eat certain foods or take certain medicines that may interfere with test results a few days before the test. If your test turns out positive, your doctor will probably want you to have a screening test called colonoscopy.

Flexible Sigmoidoscopy. In this test, your doctor puts a thin, flexible, hollow tube with a light on the end into your rectum. The tube is connected to a tiny video camera so the doctor can look at the rectum and the lower part of your colon. It is performed every 3-5 years and it can identify and biopsy 50-75% of CRC.

Colonoscopy. Before you have this test, you are given a medicine to make you relaxed and sleepy. A thin, flexible tube connected to a video camera is put into your rectum, which allows your doctor to look at your entire colon. The tube can also be used to remove polyps and cancers during the exam. Colonoscopy may be uncomfortable, but it is usually not painful. It is performed every 10 years.

Virtual Colonoscopy. This is a new test that uses a computerized tomography (CT) machine to take pictures of your colon. Your doctor can then see all of the images combined in a computer to check for polyps or cancer. If your doctor finds polyps or other abnormalities in your colon, you will need to have a traditional colonoscopy to examine them in more detail or to remove them.

A recent study has found that virtual colonoscopies are as good as traditional colonoscopy for identifying large growths in the colon called adenomas and CRC before they get bigger.



(http://www.medgadget.com/archives/img/vc_collage.jpg)

More Information:

Talk with your physician

Thanks to the following sources for graphics and content used in this guide:

Familydoctor.org

<http://www.mgh.org/education/health/colorectal.pdf>

