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## Education

### Colorectal Cancer Screening

#### What is colorectal cancer screening?

Colorectal cancer screening involves several tests or exams used to check for cancer of the rectum and colon (large intestine).

#### Why is colorectal cancer screening important?

Colorectal cancer is the second leading cause of cancer deaths in the US. It is often found too late for a cure. This does not always have to be the case. When found in the early stages, colorectal cancer can usually be cured by surgery. It is important for you to know the symptoms of colorectal cancer and to have the screening tests that can detect this cancer in its early stages before it causes symptoms.

If you have a parent or a sibling who has had polyps or cancer in the colon, you may be at an increased risk for polyps or cancer. (Polyps are growths inside the bowel that sometimes become cancerous.) With this family history, your health care provider may want to screen you for colorectal cancer at an earlier age and more often than people with no family history of these problems. When polyps are found early, they can be removed before they become cancerous.

#### What are the signs of colorectal cancer?

Call your health care provider right away if you notice any of these signs of possible colorectal cancer:

- rectal bleeding, which might show up as blood on toilet paper, in the toilet bowl, or in bowel movements
- a change in your bowel movements, especially if you have bouts of constipation that alternate with bouts of diarrhea
- pain in your lower abdomen that doesn't go away or that comes back often
- a feeling of discomfort or the urge to move your bowels when there is no stool present.

#### What are the screening tests?

Three ways to screen for colorectal cancer are:

- **FOBT (fecal occult blood test)**. This is a lab test of a sample of bowel movement (stool) for traces of blood. The test may be done in your health care provider's office. You may also be sent home with 3 test cards and a glove and asked to collect a tiny sample of stool from 3 different days. You will put the samples on the cards and return the cards to your provider's office. The samples will be tested to see if any blood is present. This test is relatively easy and does not cost much. However, many things can affect its accuracy. Also, blood may be in the stool samples for reasons other than colorectal cancer. When the FOBT finds blood in your stool, more specific tests need to be done to look for the cause. Eating certain foods before this test may lead to inaccurate results. For 2 days before having your stool tested, avoid eating turnips, horseradish, and red meat. Also, do not take vitamin C, iron supplements, or anti-inflammatory medicines, such as ibuprofen or aspirin, for 2 to 3 days before your test. If you have been taking these medicines daily, ask your provider if you should stop them for a few days before your test. Never stop your medicines without first asking your provider.
  - **Flexible sigmoidoscopy**. The doctor inserts a slim, flexible, lighted tube called a sigmoidoscope into your rectum. The doctor looks at the lower part of your colon with the scope. He or she can also use this tool to get samples of tissue for lab tests. About half of all colorectal cancers or polyps can be seen with this exam.
  - **Colonoscopy**. After giving you a sedative to relax you, the doctor inserts a slim, flexible, lighted tube called a
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colonoscope into your rectum. This tool is longer than the sigmoidoscope. With it the doctor can see most or all of the colon and check for polyps and cancer.

If a sigmoidoscopy or colonoscopy finds an abnormal area in the rectum or colon, the doctor can use the scope to remove a sample of tissue from the area for lab tests. The removal of tissue is called a biopsy. Sometimes the entire abnormal area can be removed with the scope. If an abnormal area is too large to take out with the scope and it needs to be removed, surgery will be needed.

### **When should I have screening tests for colorectal cancer?**

Doctors don't all agree on the best timing for colorectal screening. There is also controversy over which tests should be done first. If you are age 40 or over and have a personal history of polyps in the colon or a family history of colon cancer, talk to your health care provider about when you should start being screened and which test is best for you.

If you are over age 50, ask your health care provider how often you should have a stool sample tested for blood and a sigmoidoscopy or colonoscopy. In general it is recommended that you:

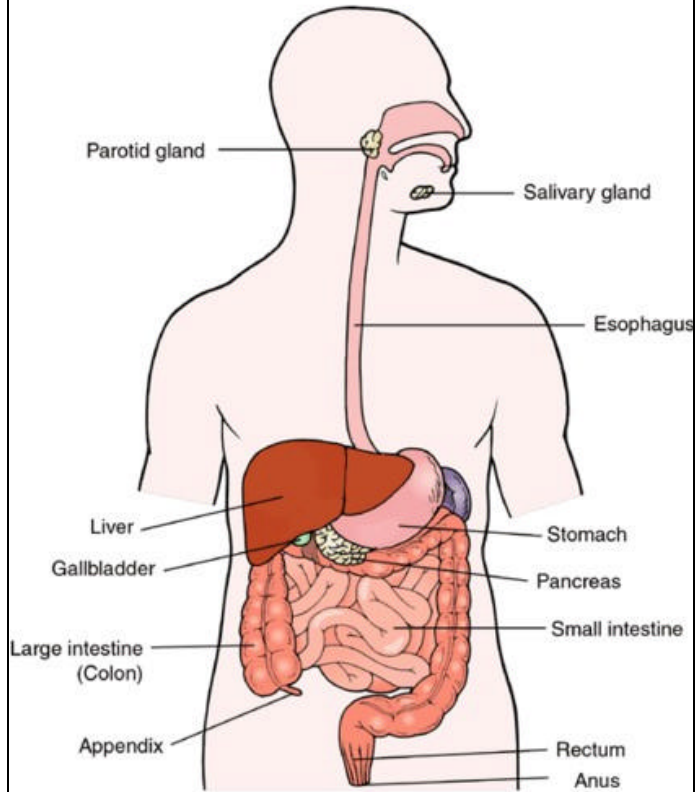
- have your stool checked for blood (FOBT) once a year
- have your first colonoscopy around age 50
- have another colonoscopy every 10 years.

If you are at risk for developing colorectal cancer (for example, you have a family history of colon polyps or cancer), your provider may recommend starting these exams at an earlier age.

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# Digestive System



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