

Screening for Colorectal Cancer

By Marcie Malone

Your colon (also known as the large intestine) is the lower part of your digestive tract. Your rectum is the last 6 inches of the colon. Cancer in either of these two areas is referred to as colorectal cancer or CRC. In the United States, CRC is the 3rd most common cancer and the 2nd leading cause of cancer-related death.

The goal is cancer prevention, not detection!

Most colon cancers develop from adenomatous polyps, which start out as small, non-cancerous clumps. These polyps will often appear mushroom-shaped as they grow, but may also stay flat or recessed. Screening detects these polyps before they become cancerous.

If the examination reveals polyps, the doctor will remove them (polypectomy).

Regular colon cancer screening begins at age 50 for people at average risk. Many screening options are available. Talk with your doctor about your screening options; together you can decide which tests are appropriate for you.

Risk Factors:

- Age of 50+
- Previous History of Colorectal Cancer or Polyps
- Inflammatory Intestinal Conditions
- Inherited Colon Disorders
- Family History of Colon Cancer or Colon Polyps
- Diet
- A Sedentary Lifestyle
- Diabetes
- Obesity
- Smoking
- Alcohol
- Growth Hormone Disorder
- Radiation Therapy for Cancer

CRC Screening Options:

	Test	Interval	Comments
Structural Exams	Flexible Sigmoidoscopy (Flex Sig)	Every 5 years	Partial bowel prep is required – Fleet enemas There is no sedation, so patients may experience some minor discomfort The test is limited because only the first third of the colon is examined Positive findings will result in a referral for a colonoscopy
	Double Contrast Barium Enema	Every 5 years	Complete bowel prep is required - patients drink ~3 liters of NuLYTELY Presence of polyps ≥ 6 mm will result in a referral for colonoscopy
	CT Colonoscopy (CTC)	Every 5 years	Complete bowel prep is required - patients drink ~3 liters of NuLYTELY Presence of polyps ≥ 6 mm will result in a referral for colonoscopy Other abnormalities (aneurysm, lumbar disc disease, etc.) may be identified
	Colonoscopy	Every 10 years	Complete bowel prep is required - patients drink ~3 liters of NuLYTELY Sedation is used, so patients need transportation home and will miss work
Labs	Stool Guaic (Hemoccult Fecal Blood Test)	Annually	2-3 stool samples are collected at home and brought in for testing Positive findings will result in a referral for a colonoscopy
	Stool DNA	Uncertain	An adequate stool sample is obtained Positive findings will result in a referral for a colonoscopy

In the News: Improved and Simplified Stool DNA Colorectal Cancer Test

Doctors use tests to find DNA markers in the stool that are shed by cancerous and pre-cancerous cells in the colon and rectum. Older tests searched for multiple markers; however, the new test looks for only two. This makes the test easier to perform, reduces the cost, and facilitates distribution to local laboratories.

March 16th, 2009