

Colon Cancer You Can Prevent It



A CONSUMER EDUCATION GUIDE



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America's #2 Cancer Killer

- Colorectal cancer is the number 2 cancer killer in the United States, yet it is one of the most preventable types of cancer. Colorectal cancer is often curable when detected early.

Risk Factors

- Lifetime risk of colorectal cancer is roughly equal in men and women.
- Colorectal cancer is most common after age 50, but it can strike at younger ages. The risk of developing colorectal cancer increases with age.



Symptoms

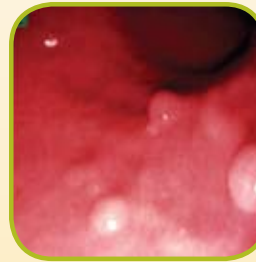
Most early colorectal cancers produce no symptoms. This is why screening for colorectal cancer is so important. Some possible symptoms, listed below, do not always indicate the presence of colorectal cancer, but should prompt a visit with your physician and a check-up:

- New onset of abdominal pain
- Blood in or on the stool
- A change in stool caliber or shape
- A change in typical bowel habits, constipation, diarrhea

The Anatomy of Colorectal Cancer Progression from Polyp to Cancer

Screening tests can find polyps so they can be removed *before* they turn into cancer

- Most colorectal cancers develop from polyps, which are abnormal growths in the colon. If polyps grow unnoticed and are not removed, they may become cancerous.
- Screening tests can find precancerous polyps so they can be removed *before* they turn into cancer.
- The development of more than 75-90 percent of colorectal cancer can be avoided through early detection and removal of pre-cancerous polyps.*



Small Polyp



Medium Polyp



Polyp on Stalk



Colon Cancer

[* Winawer SJ, et al. Prevention of colorectal cancer by colonoscopic polypectomy. The National Polyp Study Workgroup. *N Engl J Med.* 1993 Dec 30;329(27):1977-81]

Who is Considered **High Risk**?

Colonoscopy is recommended for individuals of any age who are at higher than average risk for developing colorectal cancer by virtue of:

- Personal history of colorectal cancer or colorectal polyps
- A strong family history of the disease
- Inherited forms of colorectal polyps or cancer
- Predisposing chronic digestive condition such as inflammatory bowel disease (Crohn's disease or ulcerative colitis)



Recommendations for how often colonoscopy should be performed vary for different subsets of high risk individuals, and they should consult with their physician.



Colonoscopy: Preferred Screening Strategy

Colonoscopy is the preferred method of screening for colorectal cancer. The American College of Gastroenterology considers colonoscopy the “gold standard” for colorectal screening because colonoscopy allows physicians to look directly at the entire colon and to identify suspicious growths. Colonoscopy is the only test that allows a biopsy or removal of a polyp at the very same time it is first identified.

Colorectal Screening: for African Americans

African Americans are diagnosed with colorectal cancer at a younger age than other ethnic groups, and African Americans with colorectal cancer have decreased survival compared with other ethnic groups.



Guidelines from the American College of Gastroenterology recommend that African Americans begin colorectal cancer screening in African Americans at age 45 rather than 50 years.

Data support the recommendation that African Americans should begin screening at a younger age because of the higher incidence of colorectal cancer and a greater prevalence of proximal or right-sided polyps and cancer in this population.

What are the Screening Options?

Talk to your doctor about what screening tests are right for you. The 2009 ACG guideline for colorectal cancer screening divides screening options into cancer prevention tests and cancer detection tests. Cancer prevention tests are preferred over detection tests.

Preferred Colorectal Cancer Prevention Test: Colonoscopy

Colonoscopy every 10 years is the preferred colorectal cancer prevention test. For normal risk individuals, the American College of Gastroenterology recommends colonoscopy beginning at age 50, and age 45 for African Americans.

Preferred Cancer Detection Test: Fecal Immunochemical Test (FIT)

Annual fecal immunochemical testing is the preferred colorectal cancer detection test. FIT is a relatively new test that detects hidden blood in the stool. If results are positive, a colonoscopy is performed.

Training and Experience of the Endoscopist are Critical to a Thorough Colonoscopy

Gastroenterologists receive special training in colonoscopy and perform more colonoscopies by far than any other specialty. Their training emphasizes attention to detail and incorporates comprehensive knowledge of the entire GI tract to provide the highest quality endoscopy and consultative services.

Make sure the physician doing your colonoscopy does a large number of these examinations each year, has a strong record of being able to examine the entire colon, and has a low complication rate.



Alternative Tests

CT Colonography every 5 years

CT Colonography or “virtual colonoscopy” is an X-ray designed to look for colon polyps and cancers. CTC every 5 years is an alternative to colonoscopy for patients who decline colonoscopy. If polyps are detected, a regular colonoscopy is required to remove these pre-cancerous growths. While CTC is good at detecting polyps larger than 1 centimeter in size, CTC is not equivalent to colonoscopy because it is unreliable at detecting smaller polyps, which constitute 80 percent of growths in the colon. False positives are extremely common with CTC; that means when the patient has a standard colonoscopy exam after CTC, a real polyp might not be present. Also, there are concerns about the radiation risk associated with one or repeated CT colonography studies, although the exact risk associated with radiation is unclear.

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