

# COLORECTAL CANCER SCREENING

## FREQUENTLY ASKED QUESTIONS

### What is colorectal cancer?

Colorectal or colon cancer is a cancer that occurs in the large intestine (colon and rectum). Cells that line the large intestine become abnormal and grow into an uncontrolled mass of cells. Growths, called polyps, can start out as benign (noncancerous) and, over time, may become cancerous.

### Are there risk factors for getting colorectal cancer?

There are several risk factors, but age is the most common risk factor for colorectal cancer. Colorectal cancer is most common in people 50 years of age or older, and both men and women can be affected. Your risk for colorectal cancer may be higher if you have inflammatory bowel disease or a parent, child, or sibling who has been diagnosed with colorectal cancer or has a history of colonic polyps.

### How is colorectal cancer detected?

Early in the disease, there may not be any warning symptoms. This means that a person can have polyps and even colorectal cancer without knowing it. Some people do have symptoms that include a change in bathroom (bowel) habits, blood in stool, unexplained weight loss or fatigue, unexplained stomach pain, bloating, and cramps. Given that symptoms may not occur until the cancer is more advanced, screening for the disease is very important.

### Who should get screened for colorectal cancer?

Anyone 50 years of age or older should be screened for colorectal cancer and should discuss screening options with their doctor.

### What types of screening options are available?

Gastroenterologists conduct screenings to help detect as well as prevent colorectal cancer by detecting polyps before they progress to cancer. The American Cancer Society recommends routine screening for the early detection of colorectal cancer starting at age 50 years for adults at average risk. Individuals with high risk for colorectal cancer may require more frequent screening, beginning at an earlier age. Several tests are available for colorectal screening.

Screening Method	Screening Timeframe	Brief Description
Fecal occult blood test (FOBT) or fecal immunochemical test (FIT)	Annually	Noninvasive test for blood in stool for 3 consecutive bowel movements
Flexible sigmoidoscopy	Every 5 years	Short, flexible tube inserted to visually inspect inside of rectum and lower part of colon
FOBT (or FIT) and flexible sigmoidoscopy	Annual FOBT (or FIT) and flexible sigmoidoscopy every 5 years	Both tests listed above to increase chance of finding cancer
Double-contrast barium enema	Every 5 years	X-ray with barium enema and air to see outline of rectum and colon
Colonoscopy	Every 10 years	Longer flexible tube inserted to completely visually inspect rectum and all of colon

### **Why are these screening tests important?**

Although colorectal screening is effective at preventing and detecting colorectal cancer, fewer than half of Americans 50 or older have been screened within recommended intervals. The best strategy is to prevent cancer from occurring, so it is important to remove polyps before they can become cancer. In addition, 9 out of 10 patients who are diagnosed with early colorectal cancer are likely to survive at least 5 years after treatment. The longer cancer is allowed to progress unchecked, the harder it is to treat and the greater the risk for poor outcome.

### **Why do I need to cleanse the colon and rectum for colonoscopy?**

Colonoscopy, the preferred method for early detection of colorectal cancer, requires colon cleansing prior to the procedure. If the colon is not properly emptied of feces, doctors may miss polyps during the exam. A poorly prepared bowel may lead to an incomplete exam, a missed cancer diagnosis, or the need to repeat the colonoscopy screening sooner than guidelines recommend. Therefore, it is important to consume all of your bowel preparation and follow all the instructions provided by your doctor.

### **What types of bowel preparations are available?**

There are various types of bowel preparations that differ in several ways, including how and when it is taken, taste, and total volume. There have been some exciting new developments in this area with lower volume preparations and oral tablets now available. Your personal preference, medical history, age, and current health are all important considerations. Therefore, be sure to ask your doctor about the various types of bowel preparations available and which one is best for your situation.

### **What is the most important thing I should remember from this event?**

If you are 50 or older, talk with your doctor about getting screened for colorectal cancer.