

TO YOUR HEALTH

Colon Cancer Screening

Colon and Rectal Cancer

Colon and rectal cancer is one of the most common forms of cancer in the United States, and is the second leading cause of cancer deaths. Approximately 140,000 new patients are diagnosed and 50,000 die from colon and rectal cancer each year.

Colon and rectal cancer is best treated when diagnosed early. In its earliest stages (before it spreads to other organs), the cancer is often completely cured by colonoscopy or surgery.



Studies show that regular screening with colonoscopy and removal of polyps reduces your risk of developing colorectal cancer by up to 70 percent. Polyps detected by other screening tests require colonoscopy for removal.

Colon Cancer Screening

Colon cancer usually begins as a colon polyp. Colon polyps are small growths on the inner lining of the colon. Some polyps (adenoma) have a greater risk for growing into cancer if not removed from the colon lining.

Screening for colon cancer is the process of evaluating the inner lining of the colon in patients with no symptoms or history of colon disease. A screening colonoscopy can detect and remove colon polyps.

Screening Recommendations

The National Cancer Institute, the American Cancer Society, and the American College of Gastroenterology endorse screening men and women for colorectal cancer beginning at age 50. There is strong evidence that appropriate screening significantly reduces the risk of colon and rectal cancer.

There are a number of screening tests to consider for the average risk patient including:

- ✓ **Colonoscopy every 10 years.**
- ✓ **Flexible sigmoidoscopy every 5 years.**
- ✓ **CT Colonography every 5 years.**
- ✓ **Stool testing every year (guaiac or immunochemical fecal blood test).**

Increased Risk Factors

The timeline for recommended screenings is different for higher risk patients. Additional factors, which can increase the risk for colon and rectal cancer include:

- ✓ **Immediate family history of colon cancer, if the cancer occurred before the age of 60.**
- ✓ **Previous history of colon polyps or colon cancer.**
- ✓ **Personal history of inflammatory bowel disease.**
- ✓ **Personal history of certain non-colon cancers (stomach, small intestine, uterus, kidney).**
- ✓ **Advancing age, 90% of colon cancer occurs in people over 50.**

Patients who are at high-risk for the development of colon and rectal cancer should have a full colonoscopy every 5 years starting at age 40 (or ten years earlier than the age of the youngest affected relative). Certain high-risk conditions may require colonoscopy at more frequent intervals.

Colonoscopy

Screening with a complete colonoscopy is the preferred method of detecting polyps and colon cancer. It has the potential to detect and remove polyps throughout the colon.

Colonoscopy is considered the “gold-standard” for colon cancer screening.

Who Should Do The Colonoscopy?

The quality of the colonoscopy and accurate interpretation of the findings is very dependent on the skills and training of the healthcare provider. Gastroenterology Specialists are best at performing quality colonoscopy. Studies regarding quality of colonoscopy demonstrate a significant colon cancer prevention benefit for screenings done by gastroenterologists over non-gastroenterologists.

Preparation

Prior to the examination, the colon must be adequately cleaned out. The preparation for colonoscopy usually involves drinking a solution at different times over several hours, the day before the procedure. The colonoscopy procedure itself usually takes 30 minutes to perform. It is best to have a gastroenterologist perform the procedure. Prior to the procedure a licensed anesthesia staff will administer a short acting sedation, according to the patient's needs. Patients have no pain during the procedure and wake up quickly after the procedure is completed.



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