



COLORECTAL CANCER

PREVENTION AND SCREENING

Colorectal cancer is the second leading cause of cancer death for both men and women in the United States. This year, more than 150,000 people in the U.S. will be diagnosed with colorectal cancer; more than 50,000 will die from their disease.

Colorectal cancer is one of only three cancers which can actually be prevented by regular screening examinations (the other two cancers which can be prevented are cervical cancer and skin cancer). Therefore, it is important for patient's to understand A) that colorectal cancer is preventable; B) the methods by which colorectal cancer can be prevented; and C) how and when these methods should be used based on risk factors such as age, family history, personal history of other cancers and history of other related disease.

Nearly all colon and rectal cancers come from "polyps", which are small, benign (non-cancerous) growths on the lining of the colon and rectum which often progress to cancer. Approximately 20% of all people will develop polyps. When they are small, polyps almost never cause symptoms and most people are unaware that they have them. While not every polyp will turn into a cancer, many polyps will become cancerous if not removed. If polyps are present and found early, before they can become cancerous, it is possible to remove these, preventing their development into cancer.

Screening is designed to detect polyps and to eliminate them before cancer develops. Prevention of cancer is the #1 goal, but even if cancer should already be present, early detection, before cancer has had a chance to spread, is also an important factor in leading to a cure and saving lives.

How does a person get screened?

The American Cancer Society recommends colonoscopy as the best method for screening.

When should I be screened?

The timing and frequency of colonoscopy is based on risk of developing this kind of cancer and is usually categorized As: *Average, Moderate, or High risk.*

KNOW YOUR RISK LEVEL

Average Risk

The average risk of developing colorectal cancer for both men and women over the age of 50 is approximately 1 in 20 if no screening is done. For those at average risk, the American Cancer Society recommends colonoscopy every 10 years beginning at age 50.

Moderate Risk

People are at moderate risk for colorectal cancer if they have either:

- A personal history of polyps or colorectal cancer themselves;
- a family history (sister, brother, parents or children) of colorectal cancer or polyps;
- a personal history of breast, ovarian or endometrial cancer, or
- a personal history of inflammatory bowel disease, such as ulcerative colitis.

The risk of developing colorectal cancer in this group is three times greater than for average risk, or 1 person in 6, if no screening is done. Most patients in the moderate risk category should have colonoscopy every 3 to 5 years beginning at age 40. For those with inflammatory bowel disease involving the colon, specific recommendations for screening vary widely and should be discussed with your physician.

High Risk

People at high risk for colorectal cancer include those that have either:

- a family history of "familial adenomatous polyposis" (a genetic disorder causing cancer to develop at an early age in 100% of those), or
- a family history of "hereditary nonpolyposis colon cancer" (HNPCC) (a genetic disorder with several other family members, especially under the age of 50, having colorectal cancer). Those in either of these risk groups should have colonoscopy every 1 to 2 years beginning no later than age 21.

These recommendations are based on guidelines published by the American Cancer Society, the American Society of Colon and Rectal Surgeons, the American College of Gastroenterology and other interested groups. Your doctor may offer you other options for screening and surveillance based on your state of health and risk factors.

NOW, ABOUT THAT COLONOSCOPY...

A colonoscopy is an examination of the entire colon and rectum using a lighted flexible instrument. This test requires clearing the bowels with laxatives on the day before the test. Colonoscopy has the advantage of viewing the complete lining of the colon and is very accurate in detecting polyps. Polyps can be removed without discomfort at the time of the examination.

Colonoscopy can be performed either by a gastroenterologist, or by a colon and rectal surgeon, (those trained in the diagnosis, as well as medical and surgical treatment, of disorders of the colon, rectum and anus).

IN SUMMARY...

Know your risks, talk to your doctor, and follow the recommended timelines for screening.

IT COULD SAVE YOUR LIFE!

Risk group	Start at age	Interval
Average	50	Every 10 years
Moderate	40	Every 3 to 5 years
High	21	Every year