



CAPITAL  
DIGESTIVE  
CARE<sup>SM</sup>

*First in Digestive Health*



## Colon Cancer Screening and Prevention

One in twenty people in the United States will develop colon cancer in their lifetime, often without any warning signs or family history of the disease. The good news is that colon cancer is preventable. With proper screening, you can decrease your chances of developing cancer by more than 50 percent. In fact, according to the American Cancer Society, the number of colon cancer cases in the U.S. has been declining largely due to early detection and prevention.

### When to See a Doctor

If you're 50 or older (45 for African Americans), it's time. 90% of new colon cancer cases are diagnosed in people age 50+ and the American College of Gastroenterology recommends colon cancer screening beginning at age 50 for healthy adults. Most colon cancers begin as non-cancerous growths of tissue (polyps) in the lining of the colon. Over time, these polyps can grow and become cancerous. Finding and removing them early through routine screening eliminates the chance that they will become cancerous. For some people, screening should begin earlier. If you are experiencing symptoms or have other risk factors, talk to your doctor about when screening should start for you.

### Colon Cancer Facts

- ▶ Colon cancer is preventable with proper screening
- ▶ Colon cancer risk increases with age
- ▶ Colon cancer is the 3rd most common cancer diagnosis in the U.S.
- ▶ 1 in 20 people will be diagnosed with colon cancer in their lifetime

### SYMPTOMS MAY INCLUDE:

- ▶ Anemia
- ▶ Blood in the stool
- ▶ Change in bowel habits
- ▶ Persistent abdominal or rectal pain
- ▶ Unexplained weight loss

\*In most cases, there are NO SYMPTOMS associated with the early stages of colon cancer. It is important to follow your doctor's recommendation for screening based on your individual risk.

### RISK FACTORS INCLUDE:

- ▶ **Age:** over 50 (45 for African Americans)
- ▶ **Genetics:** a personal or family history of colon polyps or colon cancer
- ▶ **Race:** African Americans have a 20% higher risk for developing colon cancer
- ▶ History of Crohn's disease or ulcerative colitis
- ▶ Obesity
- ▶ **Lifestyle habits:** tobacco and alcohol use, diet high in fat

## Diagnosis and Treatment

The best way to prevent colon cancer is through a thorough exam and consultation with a specialist. Capital Digestive Care offers a number of screening methods recommended by the American College of Gastroenterology, the American Gastroenterological Association and the American Cancer Society. When caught early, colon cancer is treatable and beatable.

### COLONOSCOPY

A visual examination of the entire large intestine (colon) using a flexible scope with a light at the tip. Full bowel preparation is needed to complete the exam successfully. Colonoscopy is considered the highest performing colorectal screening method and it is the only exam during which colon polyps may be both detected and removed. If no abnormalities are found and your personal risk for the disease is low, this test should be repeated every 10 years.

### FLEXIBLE SIGMOIDOSCOPY

A visual examination of the rectum and a portion of the colon (the sigmoid colon); the remaining portions of the colon cannot be examined with this method. Partial bowel preparation is needed and if abnormalities are found, a colonoscopy will be necessary. If no abnormalities are found, this test should be repeated every 5 years.

### STOOL TESTING

A stool sample, collected at home, is sent to a laboratory to be evaluated for signs of cancer that cannot be seen with the naked eye. Traditionally, fecal occult blood tests (known as FOBT or FIT tests) have been used to detect trace amounts of blood in the stool, which may indicate the presence of a colorectal polyp or polyps. Blood vessels at the surface of colon polyps or cancers are often fragile and easily damaged by the passing of stool. The damaged vessels may release blood into the stool, but rarely in enough quantity to be visible. The FOBT or FIT test is a highly sensitive test, capable of detecting such trace amounts of blood. Recently, a new stool DNA test was approved by the FDA. The test, Cologuard, is available by prescription only but similarly utilizes at-home collection and laboratory testing. Cologuard, unlike FOBT or FIT testing, analyzes stool for both occult blood and DNA markers and has been shown in clinical studies to be more sensitive in detecting colorectal cancer. It is possible to receive a false-negative or false-positive report from any type of stool testing. Therefore, stool tests should be repeated yearly and any positive result will require additional testing, such as colonoscopy.

## LOCATIONS

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