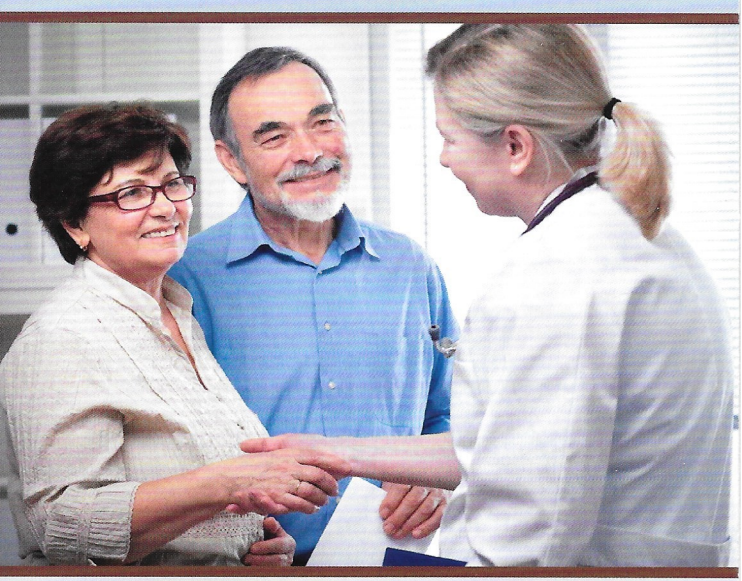
Screening and Surveillance for Colorectal Cancer



ASCRS
American Society of
Colon and Rectal Surgeons

Screening and Surveillance for Colorectal Cancer

Colon or rectal cancer (commonly referred to as colorectal cancer), affects the colon (large intestine) or rectum (bottom 6 inches of the colon). Colorectal cancer is the fourth most common cancer, excluding skin cancers.

Facts and Stats

- Colorectal polyps (benign abnormal growths) affect about 20% to 30% of American adults.
- An estimated 140,000 people are diagnosed with colorectal cancer each year and nearly 50,000 die from the disease.
- Early cancers can be cured in up to 90% of cases.
- Once colorectal cancer causes bleeding, change in bowel habits, or abdominal pain, it has usually progressed to a more advanced stage in which less than 50% of patients are cured.

Risk Factors

The lifetime risk of developing colorectal cancer is 1 in 22 (4.5%). The following factors increase one's risk:

- Age: More than 90% of people are diagnosed with colon cancer after age 50.
- Family history of colorectal cancer (especially parents or siblings).
- Personal history of Crohn's disease or ulcerative colitis for 8 years or longer.
- Colorectal polyps.
- Personal history of breast, uterine or ovarian cancer.

Why should people be screened?

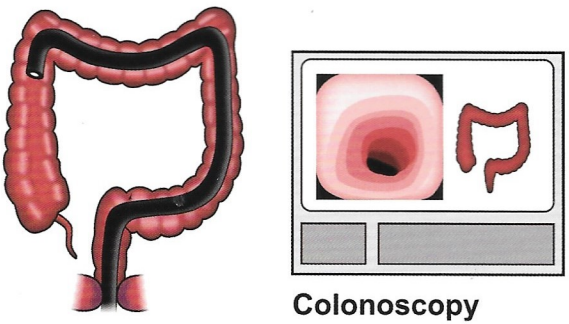
Colorectal cancer rarely causes symptoms in its early stages. It usually starts out as a benign colorectal polyp. These polyps are commonly found during standard screening exams of the colon and rectum. While the majority of polyps will not become cancer, certain types may be precancerous. Having polyps removed reduces a person's future risk of colorectal cancer.

Screening Tests

Fecal occult blood testing and flexible sigmoidoscopy are often used together to screen for colorectal cancer. However, colonoscopy is considered the "gold standard" screening test and is the preferred method unless medical problems prevent it.

Fecal occult blood testing: A simple test that detects invisible amounts of blood in multiple stool samples. If blood is found, it may be a sign of a colorectal polyp or cancer. If the test is positive, a colonoscopy is needed.

Colonoscopy: Examination of the entire colon with a long, thin flexible tube with a camera and a light on the end (colonoscope). This allows physicians to see not only the entire colon but also to remove polyps at the same time.



Colonoscopy

Flexible sigmoidoscopy: Examination of the rectum and lower colon with a flexible, lighted instrument. If an abnormality is found, a colonoscopy is needed.

Air-contrast barium enema: During this X-ray test, the colon is filled with air and contrast (dye) to make the lining visible. It is used primarily if a complete colonoscopy cannot be done.

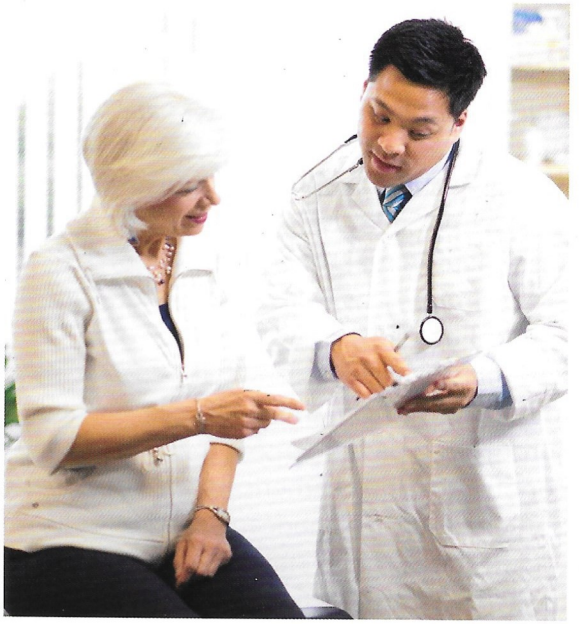
Virtual colonoscopy: This test uses computed tomography (CT) or magnetic resonance imaging (MRI) to create a 3-D picture of the inside lining of the colon and rectum. If abnormalities are found, a colonoscopy is needed. It is also useful when a colonoscopy is incomplete.

However, most insurance plans and Medicare may not cover this procedure.

Screening Recommendations

As part of a colorectal cancer screening program, colonoscopy is routinely recommended for adults starting at age 50. Having a colonoscopy every 10 years is standard practice. Flexible sigmoidoscopy every five years with annual stool occult blood testing is an acceptable option when colonoscopy cannot be done.

- People with a close relative (parent or sibling) with colorectal cancer or polyps should start screening at age 40 or 10 years before the youngest age at which a relative was diagnosed. These screenings should be done every five years, even if the test was normal.
- Less common types of inherited colon cancer (e.g., hereditary non-polyposis colon cancer and familial adenomatous polyposis) may require far more frequent screening, starting at a much younger age.



Surveillance Recommendations

People who have precancerous polyps completely removed should have a colonoscopy every 3 to 5 years. The frequency of the colonoscopy depends on the size, type and number of polyps and results of the biopsy. If a polyp is not completely removed during colonoscopy or surgery, a follow-up colonoscopy should be done in 3 to 6 months.

Most colorectal cancer patients should have a colonoscopy within one year of their initial surgery and then every three years after that for surveillance. If the entire colon could not be examined prior to surgery, colonoscopy should be done within three to six months of the surgery.

Patients with ulcerative colitis or Crohn's disease for eight or more years should have a colonoscopy with multiple biopsies every one to two years.