



Note to Self: Get Screened for Colon Cancer

This memo is for everyone who is putting off colon cancer screening. You may have come across this article on your own, or it may have been given to you by someone who cares about you. No matter how it came to you, this could be the most important information you will read for some time.

Colon cancer screening is a sensitive issue, and most people would prefer not to think or talk about it. However, screening is especially important in colon cancer because most colon cancers develop from polyps that start out small and harmless but grow slowly and change into cancer. Colon cancer often has no special symptoms in its early stage, and it

affects men and women in equal numbers. More than 100,000 people are diagnosed with colon cancer in the United States every year, and it is the second leading cancer killer in the U.S.

So when should you get screened for colon cancer? The type of screening used and its schedule will vary depending on your risk factors. Talk to your doctor if you've had symptoms of colon cancer, such as consistent presence of blood in your stool, changes in bowel habits, unexplained weight loss, or tiredness; if you or a relative has had cancer before; or if you have other possible risk factors, including certain bowel diseases, a history of tobacco use, or a diet high in fat or cholesterol. (But note: Three out of four people who have colon cancer had no known risk factors.) Even if you don't have any other risk factors, turning 50 years old is reason enough to get screened.

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Screening Tests for Colon Cancer

- **Fecal Occult Blood Test:** Special cards are coated with a stool sample and returned to the physician or lab. This test examines a patient's solid waste (stool) for occult (hidden) blood. Studies show that a fecal occult blood test performed every 1 or 2 years in people between the ages of 50 and 80 years decreases the number of deaths due to colon cancer.
- **Sigmoidoscopy:** Sigmoidoscopy is an examination in which a doctor uses a thin, flexible tube with a light to look inside the rectum and colon for polyps, tumors, or abnormal areas. Studies suggest that fewer people may die of colon cancer if they have regular screening by sigmoidoscopy after the age of 50 years.
- **Digital Rectal Examination:** A digital rectal examination is performed during an office visit or prior to sigmoidoscopy or colonoscopy. For this examination, the doctor or nurse inserts a lubricated gloved finger into the rectum and feels for lumps or abnormal areas. The evidence available does not suggest that digital rectal examination is effective in decreasing mortality from colon cancer.
- **Barium Enema:** Barium enema is a procedure in which a liquid containing barium is put into the rectum and colon by way of the anus. Barium is a silver-white metallic compound that helps to show the image of the lower gastrointestinal tract on an x-ray. Barium enema may be effective in detecting large polyps.
- **Colonoscopy:** Colonoscopy is an examination of the inside of the colon and rectum using a thin, lighted tube (called a colonoscope) inserted into the rectum. If the doctor sees polyps or other abnormal tissue during the procedure, they can be removed and further examined under a microscope. Studies suggest that colonoscopy is a more effective screening method than barium enema.

Several tests can help determine whether you have colon cancer. Which test is best for you depends on your individual situation, for example, whether you've had symptoms of colon cancer or a family history of cancer or polyps. M. D. Anderson Cancer Center offers the following general colon cancer screening recommendations (see Screening Tests for Colon Cancer) for men and women beginning at age 50:

- An annual fecal occult blood test and a flexible sigmoidoscopy and digital rectal examination every five years, or
- A colonoscopy and digital rectal examination every 10 years, or
- A double-contrast barium enema and digital rectal examination every five to 10 years.

Now the good news: Colon cancer can be cured if it is found early enough. It can even be prevented if polyps are found and removed before they have a chance to turn into cancer. And removing polyps when they are small and harmless is usually a simple procedure.

But here's the catch: You have to get the test. You can't just say "Great idea!" and go on about your business. You have to actually go see a doctor or other health-care provider, find out what test is recommended for you, and then *do it*.

When it's all over, you'll know that you've done something really important for yourself, your family, and everyone who depends on you. There will be peace of mind for all involved. And you'll have made someone who cares about you very, very happy. ●

For more information, contact your physician or contact the M. D. Anderson Information Line:

 **(800) 392-1611, Option 3,**
within the United States, or

 **(713) 792-3245** in Houston
and outside the United States.

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