**COLON CANCER SCREENINGS**

Cancer of the colon and rectum, called colorectal cancer, is the second leading cause of cancer deaths among men and women in the United States. However, if detected early, colorectal cancer can be cured. With simple preventative steps, you can greatly reduce your risk of developing the disease. It is important for you to understand your risks for colorectal cancer, the symptoms, and screening tests that can detect cancerous growths. Colorectal cancer develops from non–cancer polyps called adenomatous polyps. A polyp is a grape–like growth on the inside wall of the colon or rectum. Polyps grow slowly, over three to ten years. Most people do not develop polyps until after the age of 50. Some polyps become cancerous, others do not. In order to prevent colorectal cancer, it is important to get screened to find out if you have polyps, and to have them removed if you do. Removal of polyps has been shown to prevent colorectal cancer.

**How do I know if I’m at risk for Colorectal Cancer (CRC)?**

You have an increased risk for CRC if you:

- Have a personal history of adenomatous polyps.
- Have a family history – one or more parents, brothers and/or sisters, or children – of CRC or adenomatous polyps
- Have a family history of multiple cancers; involving the breast, ovary, uterus, and/or other organs.
- Have a personal history of an inflammatory bowel disease; such as ulcerative colitis or Crohn’s disease.

You are at average risk if you:

- Are age 50 or older and have no other risk factors.

**What types of screenings are available?**

There are several types of screening tests. Talk with your doctor about which one is best for you. People at average risk should start screenings at age 50. People at increased risk should start at age 40.

**Digital rectal examination:** In this test, the doctor manually inserts a gloved finger into the rectum to feel for abnormalities.

**Fecal occult blood test (FOBT):** In this procedure, the stool is tested for the presence of blood that is invisible to the eye. This test is available in a kit and can be taken home to collect stool samples. The stool cards can be mailed to your doctor. This test is recommended annually for persons beginning at age 50 for people at average risk.

**Sigmoidoscopy:** Your doctor will use a long, flexible, lighted tube to check the rectum and the lower part of the colon for polyps and cancer. If a polyp is found, it can be sampled through the scope and sent to a lab to be tested. This can be performed in a doctor’s office, and does not require any anesthesia or sedation, but does require a prep. This test is recommended every 5 years beginning at age 50 for people at average risk.

**Colonoscopy:** Your doctor will use a long, flexible lighted tube -- called the colonoscope -- to view the entire rectum for polyps or cancer. A bowel cleansing prep is required before the colonoscopy. The colonoscope has a camera at the end, which can project images on a TV screen. If a polyp is found, it can be removed by a wire loop that is passed through the colonoscope and is hooked around the base of the polyp. The polyp is then sent to the laboratory for testing to determine if it is cancerous. This procedure requires patients to be sedated, and usually takes about 20 minutes.