Colon Cancer

Colorectal cancer, which includes cancers of both the colon and rectum (large intestine), is the number two cancer killer in the United States. Most, if not all, colon
cancers develop from polyps. Polyps are small protruding clumps of cells on the inside
wall of the colon and the rectum. Screening tests for colon and rectum cancers detect
these polyps before they can become cancerous.
Many people are embarrassed by the screening procedures, worried about the discomfort, or afraid of the results. Try not to let these concerns stand in your way.
Working with a doctor you like and trust will help ease your embarrassment.

- **Who should be screened for colon cancer?**
- **How do you screen for colon cancer?**

For more information about cancer screenings, contact Dr. Maleki's office for an appointment at (609) 927-3888.

Who should be screened for colon cancer?
Not everyone needs to be tested. Your screening needs depend on your level of risk, which is determined by:

- Age
- Family or personal history of colon cancer or polyps
- Personal history of inflammatory bowel disease (IBD)
- Certain genetic conditions

Age
About nine in 10 people with colorectal cancer are 50 or older. Adults should begin a regular screening program by age 50. For those at average risk, screening may consist of an annual fecal occult blood test, a flexible sigmoidoscopy every five years, or both. Your doctor may also recommend a double-contrast barium enema every five years or acolonoscopy every 10 years.

Earlier and more frequent screenings may be needed if you're at higher-than-average risk for colorectal cancer.

Family or personal history of colorectal cancer or adenomatous polyps
If you have a family or personal history of colon cancer or polyps, you may have to have a colonoscopy every three to five years. You should also begin screening tests at age 50 or 10 years younger than the earliest age at which a family member was diagnosed, whichever comes first. If you have more than one close family member with this condition, you're at even higher risk.

Personal history of inflammatory bowel disease (IBD) of the colon
Diseases such as ulcerative colitis and Crohn's disease place you at higher risk of colorectal cancer. If you have either of these conditions, you should have an initial colonoscopy eight to 10 years after your diagnosis of IBD. Your gastroenterologist can help determine exactly how often you'll need follow-up exams.

Genetic colorectal cancer syndromes
Inherited gene mutations can cause some colorectal cancers. Familial adenomatous polyposis (FAP) is a genetic condition which leads to the growth of hundreds of polyps in the colon and rectum. If you have FAP, you may develop polyps by your early teens and a near 100-percent risk of colorectal cancer by the age of 35. Genetic testing and regular colorectal cancer screening is highly recommended if FAP is known or suspected in your family.

Hereditary nonpolyposis colorectal cancer (HNPCC) is another hereditary disorder that puts you at high risk for developing colon or rectal cancer. If you suspect HNPCC in your family, talk to your doctor about genetic testing and colorectal cancer screening options.

Other factors that may increase your risk of colorectal cancer, but usually don't affect screening recommendations include:

- a high-fat, low-fiber diet
- smoking
- obesity
- heavy alcohol intake
- diabetes
- physical inactivity
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How do you screen for colon cancer?
There are several screening options. The right test for you depends on your age, other medical conditions you have, and the presence of any symptoms. You should discuss your choices with your gastroenterologist.

Common screening procedures include:

- **Fecal occult (hidden) blood tests**: This test checks a sample of your stool for blood. Not all cancers bleed, and, if they do, they often bleed intermittently. Furthermore, polyps do not bleed. Therefore, this test does not detect polyps and certain cancers. In addition, if blood shows up in your stool, it may be because of hemorrhoids or an intestinal condition other than cancer. For these reasons, many doctors recommend other screening methods instead of or in addition to, fecal occult blood tests. Researchers are also developing tests that check stool samples for DNA from abnormal cells.

- **Rectal exam**: Your doctor uses a gloved finger to check the first few inches of your rectum for large polyps and cancers. The exam is limited to your lower rectum only

- **Flexible sigmoidoscopy**: Your doctor uses a flexible, lighted tube to examine your rectum and sigmoid (approximately the last 2 feet of your colon). Nearly half of all colon cancers occur in this area. The test usually takes just a few minutes. It can sometimes be somewhat uncomfortable, and there's a slight risk of perforating the colon wall

- **Barium enema**: This test allows your doctor to evaluate your entire large intestine with an X-ray. Barium, a contrast dye, is placed into your bowel in an enema form. During a double contrast barium enema, air is also added. The barium fills and coats the lining of the bowel. This test typically takes about 20 minutes and can be somewhat uncomfortable. There's also a slight risk of perforating the colon wall. A flexible sigmoidoscopy is often done in addition to the barium enema to detect small polyps that a barium enema X-ray may miss in the lower bowel and rectum

- **Colonoscopy:** This procedure is similar to a flexible sigmoidoscopy; however, the colonoscopy is the most sensitive test for detecting colorectal cancer and polyps. Using a colonoscope, which is a long, flexible tube attached to a video camera and monitor, your doctor can view your entire colon and rectum. If any polyps are found during the exam, your doctor may remove them immediately or take tissue samples (biopsies) for analysis. This is done through the colonoscope and is painless. A colonoscopy takes about thirty minutes, and you receive mild sedation. The day prior to the colonoscopy, you will take a fluid laxative to clean your colon (large intestine). You will not be permitted to eat or drink anything except clear liquids. Major risks of colonoscopies include hemorrhage, infection, or tear in the lining of the colon. These risks are rare. See frequently asked questions about colonoscopies for more information.

In the future, new technologies, such as virtual colonoscopy, may make colon screenings safer, more comfortable and less invasive. A virtual colonoscopy is a highly sensitive X-ray of your colon. Using computer imaging, your doctor views every part of your colon without actually going inside. Before the scan, your intestine is cleared of any stool, but researchers are looking into whether the scan can be done successfully without the usual bowel preparation.

Although virtual colonoscopy is a tremendous step forward, it's not as accurate as regular a colonoscopy and doesn't allow your doctor to remove polyps or take tissue samples.