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Colon Cancer Screening

Colon cancer is second only to lung cancer as America's leading cause of cancer death. This year alone, approximately 60,000 Americans will die from the disease. 160,000 new cases will be diagnosed. An average person has a 1 in 20 chance of developing colon cancer at some point in her life. More women over age 75 will die from colon cancer each year than breast cancer. While risk factors are important predictors for the disease, about 75% of all new cases of colorectal cancer occur in individuals with no known risk factors, other than age. Colon cancer is one of the most easily prevented cancers with the appropriate screening.

Who is at risk?

Anyone over age 50 without other risk factors is at risk for developing colorectal cancer. People with a family history of colon cancer and those with a history of prior polyps are at increased risk.

What causes colon cancer?

A diet high in fat may contribute to your chance of developing colon cancer. A family history of colon cancer or polyps also increases your chance of developing colon cancer. Most cases of colon cancer start in benign polyps which grow slowly in the colon and can progress to cancer. If these silent polyps are found and removed, the progression to cancer is halted.

What are the symptoms?

In the early stages, there are no symptoms. That is why regular screening is so important. As the cancer progresses, any of the following symptoms may be present: persistent change in bowel movement patterns, bleeding from the rectum or blood in the stool, abdominal discomfort or pain, unexplained weight loss, or signs of a bowel obstruction.

Why is early detection so important?

According to the American Cancer Society, early detection of colon cancer is associated with a 91% chance of survival. Unfortunately, only 37% of colon cancers are found at this stage. Once the cancer spreads, survival is only 7%. Is it best to screen appropriately and remove polyps before they become cancers. Risk factors include if you are age 50 or older, African American or Ashkenazi Jewish heritage, a history of inflammatory bowel disease, having a parent or sibling with colon cancer or colon polyps, smoking and regular ingestion of red meat.

How can I reduce my risk of colon cancer?

Exercise and maintaining a low fat diet can reduce your risk of colon cancer. Eat five or more servings of vegetables and fruits daily and take vitamin A, C, E and folic acids. Limit the consumption of salt-cured pickled, smoked food, tobacco and alcohol. Maintain a healthy weight. Undergo fecal occult blood testing (FOBT) every year after the age of 40 and have your colon visually screened for colon cancer every 3 years if you have had polyps removed and every 5 years if you have a strong family history. Undergo a screening colonoscopy every 10 years if you are low risk.

What is the recommended screening?

The American Cancer Society recommends an annual digital rectal examination at age 40 and at the age of 50, EITHER:

Flexible sigmoidoscopy every 4 years with yearly fecal occult blood testing (FOBT); OR

Colonoscopy, recommended every 10 years, or if the FOBT is positive or adenomatous polyps are found on sigmoidoscopy; OR

Double contrast barium enema, recommended every 4 years, or if FOBT is positive or adenomatous polyps are found on sigmoidoscopy.

The FOBT detects blood in the stool by testing the stool with a chemical or immunoassay. This is a simple test but can be negative even in the presence of a polyp or cancer, as these can bleed intermittently. To increase the odds of detecting blood, stool is collected on three separate occasions. You should be on a high fiber diet and avoid red meat, vitamin C, aspirin and iron for 3 days prior to occult blood testing. Cauliflower, horseradish, red radishes, turnips, broccoli and cantaloupe can also interfere with the test and should be avoided during the three days prior to the test. A laboratory request form for the FOBT can be obtained from your nurse at Los Olivos or with your primary care physician.

Sigmoidoscopy allows the visualization of the inside of the rectum and the last few inches of the colon using a flexible fiberoptic endoscope. The sigmoidoscope is inserted through the anus and guided into the lower colon. The screening procedure is usually performed in the doctor's office by a family doctor, internist or gastrointestinal specialist.

A barium enema is an X-ray study in which dye is instilled into the colon by a Radiologist. The lining of the colon is visualized on the X-ray and polyps and areas of abnormalities can often be detected. It can detect large polyps but can miss small polyps or cancers. The polyps cannot be removed with this test.

A colonoscopy is a fiberoptic procedure performed by a Gastroenterologist or Surgeon to visualize the entire length of the colon. It is the procedure of choice for detecting colon cancer and is used to diagnose as well as remove abnormal growths or polyps. Patients are sedated for this 20 minute procedure.

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More information can be located at:

American Cancer Society 800-ACS-2345 www.cancer.org

National Colorectal Cancer Research Alliance 800-872-3000 www.nccra.org

www.colorectal-cancer.net/colonscreening&prevention.ht