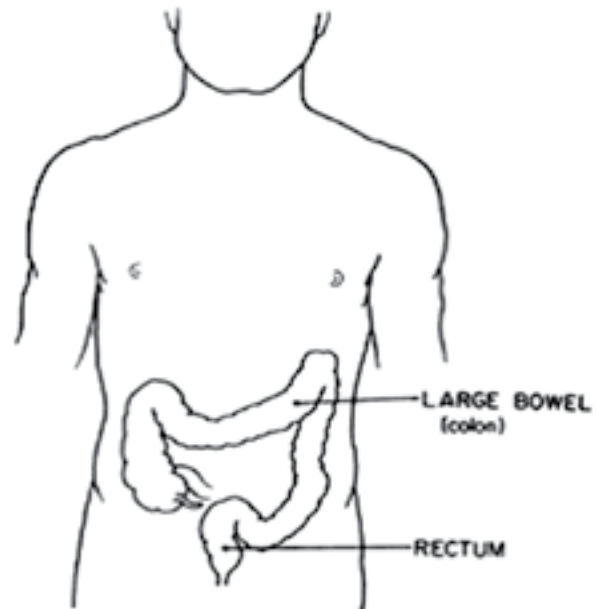


Colorectal Cancer Screening

Here is information about when and how you can be checked to be certain that you are free of colorectal cancer.

The lower portion of your digestive system is the colon. It also is called the large bowel or large intestine. Your colon is the last 5 to 6 feet of your intestine. The last 8 to 10 inches of your colon is called the rectum. After food is digested solid wastes move through the colon and rectum to the anus, where they are passed out of the body.



What are the risk factors for Colorectal Cancer?

- Age is the primary risk factor - risk increases over the age of 45
- A strong family history of colon or rectal cancer, especially when diagnosed under age 50
- More than 10 polyps (a small abnormal growth found in the inside of the colon) in you or your close relative (FAP)
- A family history of hereditary colorectal cancer syndromes (HNPCC)
- If you have had colon or rectal cancer or chronic inflammatory bowel disease (such as Ulcerative Colitis or Crohn's Disease)

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

- If you have had radiation to your abdomen (belly) or pelvic area to treat a prior cancer.
- Smoking tobacco
- Drinking alcohol
- No exercise
- Diet low in fruits and vegetables
- Diet high in animal fats and/or red meat

What are the signs and symptoms of Colorectal Cancer?

Colorectal cancer in early stages often has no symptoms. This makes screening important. See a doctor if you have any of these symptoms:

- Diarrhea or constipation
- Blood in or on the stool (bright red or very dark red)
- Stools that are narrow (pencil size)
- Bloating, fullness, or cramps
- Frequent gas pains
- A feeling that the bowel does not empty completely
- Loss of weight with no reason
- Constant tiredness
- Change in bowel habits

How will I be checked for Colorectal Cancer?

You may have one or more of these tests or procedures to check for colorectal cancer:

- Medical history for you and your family.
- A digital rectal exam (DRE). For this test, the doctor inserts a lubricated, gloved finger into your rectum and gently feels for any lumps.
- A Fecal Occult Blood Test (FOBT) or fecal immunochemical test (FIT). This checks for hidden blood in the stool.
- Blood test for tumor marker called a CEA (Carcinoembryonic Antigen).

- Barium enema (DCBE). For this test a chalky liquid is inserted into the rectum and colon by an enema. This helps make the colon visible on x-ray film.
- Flexible sigmoidoscopy (FSIG). The doctor inserts a thin, lubricated, flexible tube with a light at the end into your rectum and sigmoid colon (lower part of your colon).
- Colonoscopy. A doctor inserts a thin, lubricated, flexible tube with a light at the end into your rectum and up into the entire large bowel.

How often should I be screened for Colorectal Cancer?

The American Cancer Society recommends the following screening guidelines for colorectal cancer.

Starting at age 45, both men and women should begin screening with one of the following:

- A fecal occult blood test (FBOT) or fecal immunochemical test (FIT) every year
- A flexible sigmoidoscopy (FSIG) every 5 years
- Annual FOBT or FIT and FSIG every 5 years
- A double contrast barium enema (DCBE) every 5 years
- A colonoscopy every 10 years (preferred)

Cancer screening should be started before age 45 or done more often if you have additional risk factors:

- Strong personal or family history of colorectal cancer. Especially, if the cancer was diagnosed at a young age.
- Multiple polyps (FAP)
- Genetic cancer syndrome (HNPCC)

You may also be referred for a Cancer Genetics Consultation. During the consultation you will meet with genetic counselors and doctors. They will help you determine your risk for developing cancer and provide you with tailored cancer screening recommendations. You can schedule a cancer risk assessment from the Clinical Cancer Genetics Program by calling 614-293-6694 or 1-888-329-1654.

Reducing your risk of Colorectal Cancer

You can make these lifestyle changes to help reduce risk:

- Do not smoke.
- Limit alcohol intake.
- Eat plenty of fruits, vegetables, fiber and whole grain foods. Limit the amount of high fat foods such as foods from animal sources.
- Moderate exercise every day.

Additional resources you may use to find health information include:

- JamesLine at 1-800-293-5066
- American Cancer Society at 1-800-ACS-2345
- The James Cancer Hospital at cancer.osu.edu
- The National Comprehensive Cancer Network at www.nccn.org
- The American Cancer Society at www.cancer.org