



March 2008

Colon and rectal cancer

Beginning at age 50, both men and women at *average risk* for developing colorectal cancer should use one of the screening tests below. The tests that are designed to find both early cancer and polyps are preferred if these tests are available to you and you are willing to have one of these more invasive tests. Talk to your doctor about which test is best for you.

Tests that find polyps and cancer

1. flexible sigmoidoscopy every 5 years*
2. colonoscopy every 10 years
3. double contrast barium enema every 5 years*
4. CT colonography (virtual colonoscopy) every 5 years*

Tests that mainly find cancer

- fecal occult blood test (FOBT) every year*,**
- fecal immunochemical test (FIT) every year*,**
- stool DNA test (sDNA), interval uncertain*

*Colonoscopy should be done if test results are positive.

**For FOBT or FIT used as a screening test, the take-home multiple sample method should be used. A FOBT or FIT done during a digital rectal exam in the doctor's office is not adequate for screening.

People should talk to their doctor about starting colorectal cancer screening earlier and/or being screened more often if they have any of the following colorectal cancer risk factors:

- a personal history of colorectal cancer or adenomatous polyps
- a personal history of chronic inflammatory bowel disease (Crohns disease or ulcerative colitis)
- a strong family history of colorectal cancer or polyps (cancer or polyps in a first-degree relative [parent, sibling, or child] younger than 60 or in 2 or more first-degree relatives of any age)
- a known family history of hereditary colorectal cancer syndromes such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (HNPCC)

Five Myths About Colon Cancer

Many times, colorectal cancer can be prevented. Still, it's the second most common cause of cancer death among men and women in the United States. Don't let these 5 common myths stop you from getting the lifesaving tests you need, when you need them.

Myth: Colorectal cancer is a man's disease.

Truth: Colorectal cancer is just as common among women as men.

Myth: Colon cancer cannot be prevented.

Truth: In many cases colon cancer can be prevented. Colon cancer almost always starts with a small growth called a polyp. If the polyp is found early, doctors can remove it and stop colon cancer before it starts.

Myth: African Americans are not at risk for colon cancer.

Truth: African-American men and women are diagnosed with and die from colon cancer at higher rates than men and women of any other US racial or ethnic group.

Myth: Age doesn't matter when it comes to getting colon cancer.

Truth: More than 90% of colon cancer cases occur in people age 50 and older. For this reason, the American Cancer Society recommends you start getting tested for the disease at age 50. People who are at increased risk for colon cancer -- for example, those with a family history of the disease -- may need to begin testing at a younger age. You should talk to your doctor about your specific situation and when you should begin getting tested.

Myth: It's better not to get tested for colon cancer because it's deadly anyway.

Truth: Colon cancer is often highly treatable. If colon cancer is found and treated early, the 5-year survival rate is 90%. But because many people are not getting tested, only 39% of cases are diagnosed at this early stage when treatment is so successful.