

## ***Colon Cancer Screening and Prevention***

**Colorectal cancer (CRC)** is the third leading cause of cancer (130,000 new cases each year), and second leading cause of cancer death (56,600 deaths/year) in the United States.

There is now *compelling evidence that screening asymptomatic populations can reduce the mortality of CRC.*

**Ideal screening would target sensitive tests for high-risk individuals.**

*Unfortunately, most CRC occurs in patients with no known risk factors*

### **High Risk**

➤ *Hereditary syndromes*

•Patients with familial adenomatous polyposis syndrome (FAP) develop hundreds to thousands of polyps, beginning in the teenage years, and all will develop CRC if the colon is not removed.

•Patients with hereditary non-polyposis colorectal cancer syndrome (HNPCC) will generally have family histories of occurring in multiple family members who develop colorectal cancer at a young age (less than 50 years old).

➤ *Chronic inflammatory bowel disease*

Patients with ulcerative colitis or Crohn's colitis of greater than 8 to 10 years duration have an increased risk of CRC

➤ *Personal or family history of breast, uterine, or ovarian cancer*

There is epidemiologic data which suggest that these patients may have an increased risk of CRC.

➤ *Common familial risk*

Epidemiologic data strongly suggest that patients with one or more first-degree relatives (father, mother, sibling, or child) with CRC have a twofold to fourfold increase in risk of developing CRC.

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### **Other Risk Factors:**

A diet mostly from animal sources. Limited vegetables, fruits and grains (fiber). Limited Folic acid and Calcium and Vitamin D. Physical inactivity. Overweight. Smoking. Excessive alcohol. Consider NSAID's/Baby Aspirin 81 mg.

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### **Screening in average-risk individuals & Age of screening**

In most patients, initiation of screening in average-risk individuals should be at age (40-) 50, based on demographics of CRC, except in high-risk individuals described above. Also consider symptoms and results of screening efforts.

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### **Screening programs: Options**

- *Fecal occult blood test (FOBT) every year and Flexible sigmoidoscopy every 5 years*
- *Barium enema with air contrast every 5-10 years*
- *Colonoscopy every 10 years; "virtual" = requires further study*

In the future, genetic tests may help identify patients at higher risk, who would be referred for colonoscopy.

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**Sources:** American Society for Gastrointestinal Endoscopy, American Cancer Society, Proctology Associates, others

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