



Heritage Medical Group, LLP

Listening, caring, leading.

Colorectal Cancer Screening

Colorectal cancer (cancer of the colon or rectum) is the second most common cause of cancer death in the United States. Most of these deaths could be prevented with appropriate screening for the disease. Colorectal cancer usually starts in certain slow-growing polyps that are easily detected with screening tests. Removal of these polyps prevents cancer. Once a cancer has developed, it tends to grow slowly. Colorectal cancers detected in the early stages before symptoms start can be cured in up to 80% to 95% of cases. However, by the time a person with colorectal cancer has symptoms, cure rates may be 20% or less. Putting off screening for colorectal cancer because you feel fine and have no symptoms simply doesn't make sense!

Recommendations for screening change as we learn more about which screening options work best. This handout reviews current recommendations.

Definitions

High Risk - Any of the following conditions or history places a person at higher- than- average risk for developing colon cancer:

- A family history of colorectal cancer or adenoma-type polyp in any first-degree relative (father, mother, brother or sister). Risk goes up if the relative was less than 60 years old at the time, or if more than one relative is affected.
- A family history of Familial Adenomatous Polyposis syndrome (FAP) or Hereditary Nonpolyposis Colorectal Cancer syndrome (HNPCC).
- A personal history of an adenoma-type colon polyp or previous colon cancer.
- A personal history of Inflammatory Bowel Disease (IBD), either Ulcerative Colitis or Crohn's Disease.

Average Risk – A person with average risk is anyone over the age of 50 that doesn't have any of the conditions or history listed above.

Colorectal Cancer Screening Methods

Fecal Occult Blood Testing (Hemoccult®): This test involves smearing a small sample of stool (feces) onto a special paper, which is then treated with a chemical to show a color change if blood is in the stool. This test can detect even tiny amounts of blood that can't be seen. The stool sample is collected either by the patient at home from a bowel movement or during the course of a rectal exam in our office. Blood in the stool can come from many sources (a bloody nose, eating rare meat) but the most concerning sources would be a polyp or tumor. Fecal Occult Blood Testing can reduce deaths from colorectal cancer by 15% to 30% when done yearly, but does not detect all colorectal cancers and should be done in combination with other tests.



Colorectal Cancer Screening (continued)

Flexible Sigmoidoscopy: This is a scoping procedure that allows us to examine the lower 1/3 to 1/2 of the colon where many colorectal cancers form. It can be done without sedation or anesthesia in a doctor's office.

Colonoscopy: This is a scoping procedure that allows examination of the entire colon. It is most commonly done by a specialist as an outpatient procedure and requires sedation or anesthesia.

Which Option is Best for You?

If you are at **average risk**, the preferred screening options are either of the following, beginning at age 50:

- Colonoscopy every 10 years, or
- Flexible sigmoidoscopy every 5 years with Fecal Occult Blood Testing yearly.

If you are at **high risk**, the preferred screening option is the following, beginning at age 40, or 10 years before the youngest case in the family was detected, whichever is earlier:

- Colonoscopy every 3 to 5 years.

Please talk to us about these recommendations so that together we can develop a plan of screening that is best for you.

A Word about Insurance Coverage for Screening

Not all insurances cover colonoscopy or flexible sigmoidoscopy for screening of patients at average risk. Medicare does now cover a colonoscopy every 10 years for patients at average risk.

Please check with your health insurance company to see whether the preferred testing options are covered for your level of risk. If not covered, you may still have the testing but you may have to pay for the testing out of your pocket. Remember that this is an insurance matter, not a medical one.

