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Colon Cancer Frequent Q&A

By Alan Thorson, MD, Nebraska Medical Association Past President

Will screening for colorectal cancer prevent all colorectal cancers?

No. No test is perfect. The purpose for screening is to prevent ***most*** colorectal cancer by finding and removing pre-cancerous polyps and diagnosing cancers at an early stage when they can be more easily treated for cure.

Who needs to be screened for colorectal cancer?

Screening tests are for people who have no signs or symptoms of the disease that is being screened for. They are normal healthy people who meet criteria for a screening exam due to age or some other specified factor. The criteria for colorectal cancer screening generally is age 45 and over. After age 75, criteria become more variable and dependent upon individual patient factors.

What is a screening examination?

A screening examination is a test or examination given to a person who has no signs or symptoms of the disease being screened for. With colorectal cancer, this means any person with normal bowel habits and no complaints related to their intestinal tract or abdomen who has reached the age of 45. A person with symptoms of the disease in question should have a diagnostic examination.

I have noticed blood in my stool. Do I need to be screened for colorectal cancer?

You definitely need to be examined. Anyone with symptoms needs to have a **diagnostic** examination to identify the cause of the symptoms and to rule out colorectal polyps or cancer as a cause. ***This is true for any age and not limited just to those aged 45 or older.***

What is a diagnostic examination?

A diagnostic examination is given to a patient with symptoms of a disease or illness. For colon and rectal cancer this may be to evaluate rectal bleeding, blood in the stool, diarrhea, a change in bowel habits or abdominal pain. Diagnostic tests for these symptoms might include a colonoscopy, barium enema x-ray, CT scan, or MRI.

I have had colon polyps removed before. My doctor says that now I need surveillance examinations. What is a surveillance examination?

A surveillance examination is given to patients who have had a disease or finding in the past which now places them at increased risk for a disease. For colorectal cancer this would include patients with a history of colon cancer or colon polyps, inflammatory bowel disease, pelvic radiation for

prostate or female cancers (cervical or endometrial cancer) and a known genetic risk factor such as Familial Adenomatous Polyposis (FAP) or Hereditary Nonpolyposis Colorectal Cancer (HNPCC or Lynch Syndrome). Surveillance examinations are done more frequently than screening examinations, some as often as every year.

How do you screen for colon cancer?

There are a number of tests that you can choose from. These include colonoscopy, stool blood tests (also known as FOBT or FIT), stool DNA tests, flexible sigmoidoscopy alone or in combination with FOBT/FIT or colon x-ray examinations such as CT colonography (sometimes called virtual colonoscopy).

How often do you need to be screened?

It depends upon the test that you select for your screening. If you choose a stool blood test, it needs to be done every year in order to be as accurate as the most accurate examination which is generally felt to be colonoscopy. If you choose stool DNA, it needs to be done every 3 years. Flexible sigmoidoscopy by itself or in combination with stool blood tests needs to be done every 3-5 years. Most x-ray examinations would need to be done every 5 years.

What is meant by "increased risk" screening?

Patients with certain family histories may not have any symptoms but may need to have screening examinations done more frequently. Since they don't have symptoms they are considered for screening. But the family history may increase their risk for polyps or cancer so screening examinations are done more frequently. For a patient with a first degree relative (parents, brother or sister or child) with colorectal polyps or cancer, screening should be done every 5 years and start 10 years before the youngest age of diagnosis in the family.

I have been told that I need "high-risk screening." What is meant by that?

High-risk screening refers to patients who have a family history suggestive of a genetic or inheritable cancer risk. These include not only colorectal cancers but also certain combinations of other cancers in the family history (endometrial, ovarian, ureteral, stomach, pancreatic, etc.). If the actual genetic status is not known (e.g. FAP or HNPCC/Lynch) but the history is highly suggestive, then screening intervals as often as every year ("high risk screening") may be appropriate. This includes patients who may have a **known genetic change in the family but who have personally not had the genetic test performed on themselves.** If these patients were to have a genetic test performed and found to be negative, then they could revert to standard cancer screening intervals.

Is my family history important?

Everyone should do their best to get as accurate a family history as possible including any and all types of cancer and the age at which those cancers were diagnosed. This information is critical in order to be able to determine whether routine screening is appropriate for you or if you need enhanced screening as increased or high risk.

Why would I choose to do a stool blood test instead of a colonoscopy?

Some people prefer stool blood tests because they do not want any type of invasive examination, they prefer doing the test in the privacy of their own home, they are less expensive and they do not

like the idea of doing the bowel prep needed for the more extensive colonoscopy examination. However if the test comes back positive, it is critically important to get a colonoscopy.

Is there a down side to stool blood tests?

Probably the biggest down side to stool blood tests is the need to do them every year. If not done annually, the ability of the test to nearly equal the accuracy of colonoscopy decreases rapidly and cannot be considered a safe alternative. Because a year goes by so quickly, it is easy to forget to do the test if not carefully scheduled and that schedule followed.

Why would I choose to do a stool DNA test instead of a stool blood test or colonoscopy?

The stool DNA test offers those advantages of stool blood tests such as being a home test, not needing a bowel prep and being non-invasive. It is less expensive as a single test than colonoscopy but is much more expensive than stool blood tests. It is recommended to be done every three years rather than every year. As with stool blood tests, a positive test needs to be followed with a colonoscopy.

Is there a down side to the stool DNA test?

The overall cost savings of a single test over colonoscopy are rapidly decreased since the test needs to be done every 3 years rather than once every 10 years. Because it needs to be done every 3 years, it is important to keep an accurate schedule so that the test is done that often or its accuracy falls short of colonoscopy.

I had a negative colonoscopy after testing positive on a stool test. Now what do I do?

Generally, it is not necessary to repeat annual stool blood tests if a follow-up colonoscopy for a positive stool blood test was negative. For normal risk individuals a negative colonoscopy is considered adequate to delay the next examination for 10 years. At that point one could consider repeating a colonoscopy at 10 year intervals or beginning stool blood testing again every year.

If a person has a negative colonoscopy after a positive DNA stool test, further evaluation is not generally recommended at that time but screening should resume 10 years later with either colonoscopy at 10 year intervals or stool DNA testing every 3 years.

There is some divergent opinion as to these follow-up recommendations regarding a negative colonoscopy for evaluation of positive stool tests. This is especially true after positive stool DNA testing. Stool DNA testing is still quite new and the causes of a false positive DNA test are not yet fully understood. The best solution for any individual situation should be discussed with your physician based on personal history and circumstances.

Is there a blood test that can be used to screen for colorectal cancer?

Everyone's dream is to find a test where all you have to do is have some blood drawn. Then you would need to have a colonoscopy only if it was highly likely that a polyp or cancer were present.

Do I have to take that awful sounding bowel prep?

If you choose to have an examination that looks at the colon (colonoscopy, flexible sigmoidoscopy, CT or virtual colonoscopy), then it is critically important that you get the colon very clean or the

accuracy of the examination falls abruptly and you will not be adequately screened. Bowel preps are not necessary for stool tests.

Is there a choice in bowel preps?

Yes. There are a wide variety of bowel preps available at a wide variety of costs. You should discuss this with your doctor. Whichever bowel prep you select, it is very important to follow the instructions very carefully so that you get the best result possible.

The last time I took a bowel prep for colonoscopy I was empty half way through so I didn't take the rest of the prep. When the colonoscopy was done, my doctor told me my prep was marginal and that I would have to repeat the colonoscopy in two years instead of 10 years. Why was that?

If your colon was not completely clean at time of the examination, smaller polyps and even cancers could be missed. Even if you feel completely cleaned out half way through a prep it is extremely unlikely that you actually are. Preps are carefully designed to work the best for the most people most of the time. Cutting them short prevents the last remnants of stool from being completely eliminated and can compromise the accuracy and value of the examination. If your colon is not clean, your doctor may recommend a follow-up exam at an earlier date. Sometimes failure to complete a prep will mean the colonoscopy cannot be done and will have to be rescheduled following additional preparation. Admittedly, this can sometimes happen even if you follow instructions very carefully.