


Understanding

Colon Cancer Screening



ADVANCING THE PRACTICE OF GI ENDOSCOPY



ASGE Members Specialize in *Endoscopy*

and *Digestive Health*

Six questions That Could Save Your Life (or the Life of Someone You Love):

What You Need to Know about Colon Cancer Screening

March is National Colorectal Awareness Month and the American Society for Gastrointestinal Endoscopy (ASGE) encourages everyone over 50, or those under 50 with a family history or other risk factors, to be screened for colorectal cancer.

Test Your Knowledge About Colorectal Cancer (CRC) Screening

If you think the answer is true or mostly true, answer true. If you think the answer is false or mostly false, answer false. Answers appear below.

Colorectal cancer is predominantly a “man’s disease,” affecting many more men than women annually.

FALSE – Colorectal cancer affects an equal number of men and women. Many women, however, think of CRC as a disease only affecting men and might be unaware of important information about screening and preventing colorectal cancer (CRC) that could save their lives, says the American Society for Gastrointestinal Endoscopy.

Only women over the age of 50 who are currently experiencing some symptoms or problems should be screened for colorectal cancer or polyps.

FALSE – Beginning at age 50, all men and women should be screened for colorectal cancer EVEN IF THEY ARE EXPERIENCING NO PROBLEMS OR SYMPTOMS.

A colonoscopy screening exam typically requires an overnight stay in a hospital

FALSE – Colonoscopy is almost always done on an outpatient basis. A mild sedative is usually given before the procedure and then a flexible, slender tube is inserted into the rectum to look inside the colon. The test is safe and the procedure itself typically takes less than 30 minutes.

Colorectal cancer is the third leading cause of cancer deaths in women in the United States.


TRUE – After lung cancer and breast cancer, colorectal cancer is the third leading cause of cancer deaths in women in the United States, and the third leading cause of death in men. Annually, approximately 130,000 new cases of colorectal cancer are diagnosed in the United States and 56,000 people die from the disease. It has been estimated that increased awareness and screening could save 30,000 lives each year.

Tests used for screening for colon cancer include digital rectal exam, stool blood test, flexible sigmoidoscopy, and colonoscopy.

TRUE – These tests are used to screen for colorectal cancer even before there are symptoms. Talk to your healthcare provider about which test is best for you. Current recommendations for screening* include:

Beginning at age 50, men and women should have, at a minimum:

- An annual occult blood test on spontaneously passed stool
- A full colonoscopy every ten years;



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- An annual digital rectal examination
- * **Important:** You may need to begin periodic screening colonoscopy earlier than age 50 years if you have a personal or family history of colorectal cancer, polyps, or long-standing ulcerative colitis.

Colon cancer is often preventable.

TRUE – Colorectal cancer is highly preventable. Colonoscopy may detect polyps (small, warty growths on the lining of the colon). Removal of these polyps (by biopsy or snare polypectomy) results in a major reduction in the likelihood of developing colorectal cancer in the future.

The American Society for Gastrointestinal Endoscopy encourages you to talk with your healthcare provider about colon cancer screening and encourages everyone over the age of 50 to undergo the appropriate screening.

If your primary healthcare provider has recommended a colonoscopy, you can find a physician with specialized training in these GI endoscopic procedures by using the free **Find an Endoscopist** tool on the ASGE's web site at www.askasge.org. For a free information pamphlet on "Understanding Colonoscopy" or "Choosing an ASGE Member for Your Screening Procedure," visit the **Patient Information** section of the ASGE web site at www.askasge.org.

IMPORTANT REMINDER: The preceding information is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.

Endoscopy Procedures at a Glance

There are a variety of endoscopic procedures used in the diagnosis and treatment of many problems and diseases of the digestive tract. They include:

- » *Flexible Sigmoidoscopy*
- » *Colonoscopy*
- » *Upper Endoscopy*
- » *Endoscopic Ultrasound*
- » *ERCP*
- » *and others*

Please see your physician for ASGE materials on these procedures or visit the ASGE web site at www.askasge.org.





The American Society for Gastrointestinal Endoscopy (ASGE), founded in 1941, is the preeminent professional organization dedicated to advancing the practice of endoscopy. ASGE promotes the highest standards of endoscopic training and practice, fosters endoscopic research, recognizes distinguished contributions to endoscopy, and is the foremost resource for endoscopic education. ASGE, with more than 7500 members worldwide, serves the medical profession and the public by developing and advocating responsible positions for the benefit of patients, the public and medical professionals. ASGE publishes the leading peer-reviewed endoscopic journal, *Gastrointestinal Endoscopy (GIE)*. ASGE's web address is www.askasge.org.

The preceding information is the opinion of and provided by the American Society for Gastrointestinal Endoscopy.



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