

# Spotlight on Health

## Colorectal Cancer Screening

Cancer of the colon (large intestine) and rectum (the last part of the large intestine) is called colorectal cancer, or CRC. CRC is one of the most preventable cancers.<sup>1</sup> But it is still the third most common cancer, and the second leading cause of cancer death.<sup>2</sup>

Screening tests can help you find out if you have CRC, even if you don't have symptoms. They can also help detect abnormal tissue before it becomes cancer. But not enough people get screened. About one-third of people in the United States who should be screened have not been.<sup>3</sup>

This newsletter will explain the risk factors for developing CRC and why screening is so important. It will also discuss a convenient screening method that you can do at home.

### How CRC Develops

CRC usually begins with a polyp (an abnormal growth in the large intestine). When a polyp first begins to grow, it is not cancerous. However, if a polyp is not removed, it may keep growing and eventually become cancerous.<sup>3</sup> A polyp usually takes 10 or more years to become a cancer.<sup>4</sup> Screening for CRC is effective because if a polyp is found early, it can be removed before it becomes a cancer.

### Who Is at Risk for CRC?

Everyone is at risk. Men and women of all racial and ethnic groups can get CRC. However, some factors can increase your risk. People who drink a lot of alcohol, smoke, don't exercise, and are overweight are more likely to get CRC.<sup>4</sup> A diet high in fat and cholesterol, and low in fiber, may also increase your chances of getting CRC. If one of your parents or a brother or sister had CRC, you are more likely to get it.<sup>4</sup> But age is the biggest risk factor: 90% of people who get CRC are 50 years old or older.

### When You Should Begin Screening

If you are 50 years old or older and have never had a screening test, you should get screened as soon as possible. The United States Preventive Services Task Force recommends that everybody 50 to 75 years old should have regular CRC screening.<sup>5</sup> But if you have a higher-than-average risk for developing CRC, your doctor may recommend that you begin screening before you are 50 years old. For example, African Americans have a greater risk. This population should start screening when they are 45 years old.<sup>6</sup>

### Screening Options<sup>5</sup>

Screening tests fall into 2 general categories: direct visualization and stool-based. Recommendations on how frequently the average person should be screened are mentioned below. Screening recommendations may be different if you have more risk factors.

Direct visualization involves looking at the inside of the colon. Colonoscopy is the main direct vision test. Your physician uses a flexible endoscope to look at the inside of your large intestine while you are under sedation. This is an important test because polyps that are present can be removed. A colonoscopy is recommended every 10 years. There are similar tests, but colonoscopy is recommended. Your healthcare provider will tell you if there are reasons it should not be done.



### Symptoms of Colorectal Cancer<sup>1</sup>

Screening for CRC is important because symptoms may not be noticeable, especially early on. Some common symptoms are:

- Blood in your stool—the blood can be red, or cause your stool to be dark
- A change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts for more than a few days
- Unintended weight loss
- Persistent cramping or abdominal pain

Stool-based methods involve checking stool for traces of blood. As polyps grow, they can bleed, and the blood mixes with the stool. Usually the amount is too small to be seen. This is called occult blood. Stool tests look for occult blood in the stool. There are 2 methods.

- 1) One method is called guaiac-based. This test is performed every year. The drawback is that many different foods can cause a positive result even though there is no blood. You may be advised to be on a special diet for 2 or 3 days before the test.
- 2) The other stool-based method is called a fecal immunochemical test—FIT for short. This test is very accurate and the results are not affected by what you eat. So you do not have to be on a special diet.

If a stool test indicates you have blood in your stool, your doctor may recommend that you have a colonoscopy.

### How Your Healthcare Provider Can Help

Your healthcare provider can help you determine the best method for you, and how often you should be screened. He or she can also answer any questions you may have about screening. Make sure you tell your healthcare provider if you have any symptoms suggestive of CRC (Sidebar 1).

### How the Laboratory Can Help

Quest Diagnostics offers a stool screening test (InSure ONE®) that is simple to do at home and does not require you to handle stool. It only needs to be performed once a year. The InSure ONE® test only requires that you brush the surface of the stool in the toilet with the supplied brush after a bowel movement. You then dab the brush on the test card and mail the card to the lab. If you do not want to have any of the recommended screening tests (colonoscopy or stool test), Quest Diagnostics offers the ColoVantage® test. This is a blood test that detects DNA released into the blood from cells that are becoming cancerous.<sup>6</sup>

### Additional Information

For more information, visit the **American Cancer Society** website (<https://www.cancer.org/cancer/colon-rectal-cancer.html>) or these helpful websites:

- **National Cancer Institute:** <https://www.cancer.gov/types/colorectal>
- **MedlinePlus:** <https://medlineplus.gov/colorectalcancer.html>
- **Centers for Disease Control and Prevention:** <https://www.cdc.gov/cancer/colorectal/index.htm>

### References

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