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Colorectal Cancer Screening

What is cancer?

The body is made up of many types of cells. Normally, cells grow, divide and then die. Sometimes, cells mutate (change) and begin to grow and divide more quickly than normal cells. Rather than dying, these abnormal cells clump together to form tumors. If these tumors are cancerous (also called malignant tumors), they can invade and kill your body's healthy tissues. From these tumors, cancer cells can metastasize (spread) and form new tumors in other parts of the body. By contrast, noncancerous tumors (also called benign tumors) do not spread to other parts of the body.

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What is colorectal cancer?

Colon cancer is cancer of the large intestine (called the colon). Rectal cancer is cancer of the rectum (which is the part of the large intestine closest to the anus). These forms of cancer have many common features. They are often referred to together as colorectal cancer.

Colorectal cancer is the second leading cause of cancer deaths in the United States. Many of these deaths happen when the cancers are found too late to be effectively treated. If colorectal cancer is found early enough, it is usually very treatable and not life threatening.

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What are the signs and symptoms of colorectal cancer?

Most colorectal cancers begin as a polyp (say: "pohl-ip"). At first, a polyp is a small, harmless growth in the wall of the colon. However, as a polyp gets larger, it can develop into a cancer that grows and spreads.

See your doctor if you have any of the following warning signs:

- Bleeding from your rectum
- Blood in your stool or in the toilet after you have a bowel movement
- A change in the shape or consistency of your stool (such as diarrhea or constipation lasting several weeks)
- Cramping pain in your lower stomach
- A feeling of discomfort or an urge to have a bowel movement when there is no need to have one
- Weakness or fatigue
- Unintended weight loss

Other conditions can cause these same symptoms. You should see your doctor to find what is causing your symptoms.

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What are screening tests for colorectal cancer?

Screening tests can find polyps or cancers before they are large enough to cause any symptoms. Screening tests are important because early detection means that the cancer can be more effectively treated. Your doctor will choose the tests that are right for you. The following are some screening tests for colorectal cancer:

Digital Rectal Exam. In this exam, your doctor puts his or her gloved finger into your rectum to find any growths. This exam is simple to do and is not painful. However, because this exam can find less than 10% of colorectal cancers, it must be used along with another screening test.

Barium Enema. For this test, you are given an enema (injection of fluid into the rectum) with a liquid that makes your colon show up on an X-ray. Your doctor looks at the X-ray to find abnormal spots in your entire colon. If you have an abnormal spot or if the radiologist detects polyps in your colon, your doctor will probably want you to have colonoscopy.

Fecal Occult Blood Test. This test checks your stool for blood that you can't see. Your doctor gives you a test kit and instructions to use it at home. Then you return a stool sample to your doctor for testing. If blood is found, another test is done to look for a polyp, cancer or another cause of bleeding. Your doctor will also ask you to not eat certain foods or take certain medicines that may interfere with test results a few days before the test.

Certain foods and medicines can make this test turn out positive, even though you don't really have blood in your stool. This is called a "false-positive" test. These include some raw vegetables, horseradish, red meat, non-steroidal anti-inflammatory drugs (such as ibuprofen), blood thinners, vitamin C supplements, iron supplements and aspirin. Some medical conditions, like hemorrhoids, can also cause a false-positive test result.

Stool DNA Test. This test checks your stool for cells that are shed by colon cancers or precancerous polyps. Your doctor will give you a test kit with instructions on how to collect a stool sample. Your doctor may also ask you to not eat certain foods or take certain medicines that may interfere with test results a few days before the test. If your test turns out positive, your doctor will probably want you to have a screening test called colonoscopy.

Colonoscopy. Before you have this test, you are given a medicine to make you relaxed and sleepy. A thin, flexible tube connected to a video camera is put into your rectum, which allows your doctor to look at your entire colon. The tube can also be used to remove polyps and cancers during the exam. Colonoscopy may be uncomfortable, but it is usually not painful.

Virtual Colonoscopy. This is a new test that uses a computerized tomography (CT) machine to take pictures of your colon. Your doctor can then see all of the images combined in a computer to check for polyps or cancer. If your doctor finds polyps or other abnormalities in your colon, you will need to have a traditional colonoscopy to examine them in more detail or to remove them.

Flexible Sigmoidoscopy. In this test, your doctor puts a thin, flexible, hollow tube with a light on the end into your rectum. The tube is connected to a tiny video camera so the doctor can look at the rectum and the lower part of your colon.

This test can be a bit uncomfortable, but it lets your doctor see polyps when they are very small (before they can be found with a fecal occult blood test). Because flexible sigmoidoscopy may miss cancerous polyps that are in the upper part of the colon, some doctors prefer a colonoscopy. Your doctor will discuss these options with you.

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When should I be screened for colorectal cancer?

Colorectal cancer is more common in older people, so doctors usually screen people 50 years of age and older. Some people have risk factors that make them more likely to get colorectal cancer at a young age. Screening should begin earlier in these people.

You should be screened for colorectal cancer at a younger age if:

- You have had colorectal cancer or polyps in the past
- You have a family history of colorectal cancer or polyps
- You have ulcerative colitis or Crohn's disease
- You have a hereditary colon cancer syndrome

If you are in one of these groups, you may also need to be tested more often than a person who doesn't have risk factors for colorectal cancer.

Any one of the screening programs (with a digital rectal exam at each screening) may be used every 5 to 10 years, beginning at 50 years of age.

Talk to your family doctor to decide which screening tests you should have and how often you should be screened. If you don't have any risk factors for colorectal cancer, you will probably have your first screening test around 50 years of age.

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Other Organizations

- [American Cancer Society](http://www.cancer.org)
<http://www.cancer.org>

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