Screening for Colon Cancer
What is colon cancer?

The colon is the last few feet of your digestive system. Colon cancer happens when cells that are not normal grow in your colon. These cancers usually begin as polyps. Polyps are growths on the inside of the colon.

Polyps in the colon are common. Polyps can grow over time. After years of growth, some will turn into cancer. Polyps can be found during screening. If they are found and removed, they do not become cancer.

What causes colon cancer?

We don’t know for sure. The cause is likely due to more than one factor. Some people are born with genes that put them at risk of getting colon cancer. Other things that increase risk are smoking, alcohol and maybe even food we eat.

If you have a family history of colon cancer or large polyps, your doctor may want you to start screening for colon cancer earlier and undergo screening more often than other people.

Why is screening important and who should be screened?

- Colon cancer now occurs in about **45 people out of 1000** during their lifetime. It is more common as people get older. About **1 in 3** colon cancers result in death. It is the second leading cause of cancer death in the US. There are fewer colon cancers and fewer colon cancer deaths now than in the past. This is partly due to more people getting colon cancer screening.

- Colon cancer does not cause symptoms until the cancer has grown large. When colon cancer causes symptoms (visible blood in the stool, weight loss, stomach pain, thin stools, constipation), it’s often too late for a cure.

- Screening tests can find cancers early, lowering your risk of dying from colon cancer.

- Men and women between **50 and 75 years** should have colon cancer screening. People in very good health between ages 76 and 85 may also benefit from screening. Most insurance companies cover colon cancer screening. If you do not have insurance and can’t afford screening, please call (509) 664-3415 for more information on a program that can assist you.
What are my choices for screening?

Confluence Health offers two choices for screening: Colonoscopy every 10 years or FIT (fecal immunochemical testing) every year.

1. **Colonoscopy** is a test that lets your doctor look inside your entire colon, using a thin tube with a light and camera on the end. Most cancers and polyps can be seen with this test. Polyps can be removed through the tube, so the polyps never have a chance to turn into cancer. If polyps are found, you may need a colonoscopy more often than every 10 years.

2. **FIT** is a test done on a sample of your stool looking for blood that can’t be seen. Colon cancers and some polyps bleed small amounts. If you have a positive FIT test, then you will need to have a colonoscopy to see if the blood was from a cancer or polyp. FIT will not find polyps that are not bleeding.

From polyp to cancer

- **Benign**
  - hyper-proliferation
  - small
  - large
  - severe dysplasia (pre-cancerous polyp)

- **Adenocarcinoma**

- **Malignant**

Colon Cancer is the 2nd leading cause of cancer death in the United States

Which screening test is the best?

**The best screening test is one that you will actually do.** Colon cancers can be missed by either test. This is called a false negative result.

We don’t know yet for sure which test is best at preventing death from colon cancer. Studies comparing both tests are being done now to answer this question. FIT and Colonoscopy are both very good at finding colon cancers. Colonoscopy is better at finding polyps before they become cancer. Some experts believe that finding more polyps before they become cancer should make Colonoscopy better at preventing death from colon cancer.

How are these tests done?

**Colonoscopy**

- You must clean out your colon before a colonoscopy. This is done by drinking only clear liquids without solid food for one day before the test. Your doctor will also give you medicine the night before that will make you go to the bathroom often. A colonoscopy takes about 30 minutes. You will be given medicine to help you sleep during the procedure. This medicine may affect you for the rest of the day, so you should not drive or return to work that day. This means you will need to take time off work the day of the test and you will need someone to drive you home after the test. Most people do not have pain and often don’t even remember having the test done. If no polyps are found, then most people need to repeat the test in 10 years.

**FIT (Fecal Immunochemical Testing)**

- For FIT, you collect small samples of your stool with a plastic stick. This stick is placed in a small bottle and mailed back to our lab for testing. FIT needs to be done every year.
Comparing the harms and benefits of **Colonoscopy** and **FIT**:

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<th>Harms</th>
<th>Benefits</th>
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<td>Choosing Colonoscopy for screening means most people will have about 4 screening Colonoscopy exams between ages 50 and 75. The most common serious harms are major bleeding, making a tear in the colon, and causing some other problem that leads to a stay in the hospital. For every 1000 people who choose Colonoscopy for screening, a total of about 12 to 16 people will have one of these harms over a 25 year screening period.</td>
<td>Only done every 10 years if no polyps are found. Colonoscopy may prevent more colon cancer deaths than FIT, but we don’t know the exact numbers yet. Experts now believe screening Colonoscopy every 10 years between ages 50 and 75 would prevent about 22 to 24 colon cancer deaths per 1000 people. Colonoscopy can also prevent cancer in the first place by removing polyps that can later become cancer.</td>
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How can I decide which test is best for me?

Talk with your Primary Care provider about which test is the best for you. If you already know which test you want, please call your Primary Care office to schedule a Colonoscopy or receive instructions on how to obtain your FIT kit.

FIT (fecal immunochemical testing)

Harms

The main harm of FIT is that most of the positive test results will not be from colon cancer. These are called false positive results. This may cause you to worry for no reason. Positive tests can happen from hemorrhoids, polyps, and other problems that cause blood in the stool.

All people with a positive FIT should have a Colonoscopy to look for a cause of the positive result. A recent study showed that people being screened with FIT for the first time had about 75 positive tests out of 1000. Colonoscopy showed about 4 of these people had colon cancer and about 41 had polyps. In the remaining 30, nothing worrisome was found in spite of the positive FIT.

The most serious harms of FIT come from the harms of Colonoscopy done to look for the cause of a positive test. Groups of people choosing FIT for screening end up with less than half the total number of Colonoscopy exams than groups of people choosing Colonoscopy for screening.

Benefits

Simple and can be done in the privacy of your own home. There is no need for colon clean out or other preparation. There is no lost time from work.

Experts now believe yearly FIT done between ages 50 and 75 would prevent about 20 to 23 colon cancer deaths per 1000 people.
REFERENCES

U.S. Preventive Services Task Force. Colorectal Cancer Screening June, 2016


