

Screening for Colorectal Cancer

What is colorectal cancer?

Colorectal cancer is cancer of the colon (large intestine) or rectum (outside opening to the intestine). Most of these cancers begin as a polyp (a small harmless growth in the colon walls) which, if untreated, can grow in abnormal ways, forming tumours. In Canada, colorectal cancer is the third most common cancer for both men and women. If found early enough, colorectal cancer can usually be removed and cured.

What tests are available to detect colorectal cancer?

Fecal Occult Blood Test (recommended by the Canadian Task Force on Preventive Health Care and the United States Preventive Services Task Force)

A safe, simple test that checks your stool (bowel movement) for blood that you can't see. **To be effective, this test must be done every year.** Your doctor will give you a kit with instructions to use at home. You then return a stool sample for testing. If blood is found, further tests will be done to look for the cause of the bleeding, which may be a polyp or early cancer. For 3 days before you collect stool samples, your doctor will probably advise you to avoid certain foods and medications (e.g., red meat, cantaloupe and melons, raw turnip, radishes, broccoli and cauliflower, vitamin C supplements, aspirin (and other non-steroidal anti-inflammatory drugs) which can affect the test results.

Colonoscopy or Flexible Sigmoidoscopy

After receiving medicine to make you sleepy, a thin, flexible tube connected to a video camera is put into your rectum, so the doctor can take a good look at your rectum and lower part of your colon for any polyps. The tube can also be used to remove polyps or cancers found during the exam. This test may be uncomfortable, but it is usually not painful.

Colonoscopy involves viewing the whole bowel, whereas another test called flexible sigmoidoscopy just looks at the lower half.

Double-contrast Barium Enema

Fluid is injected into your rectum so that the lining of your colon will show up on an x-ray. The doctor then looks at the x-ray to find abnormal spots. If any spots are found, you will have a colonoscopy or flexible sigmoidoscopy.

What if colorectal cancer runs in my family?

It is important to keep in mind that only a small portion of colorectal cancers are inherited. For some people, however, the chance of developing inherited colorectal cancer may be higher. By discussing your family history with your doctor, you can find out if you might be a candidate for genetic testing. This testing can identify the presence of genetic mutations that increase the risk for colorectal cancer.

Do these tests have any risks?

While the benefits of these tests are greater than the harms, there are certain risks involved:

- C false positive result—when a test indicates there may be cancer, but it turns out there isn't (this can lead to unnecessary further testing)
- C false negative result—when cancer or a genetic mutation is present, but missed by the screening test (this can lead to false reassurance and failure to come for follow-up)
- C bowel perforation—where the instrument used for the test (sigmoidoscopy and colonoscopy) makes a hole in the wall of the bowel

Be sure to talk about these and any other risks with your doctor.

Adapted from: Colorectal Cancer Screening. American Academy of Family Physicians. Updated October 2000 and Genetic Testing for Risk of Cancer of the Colon or Rectum: What Does It Mean to Me? Genetic Screening for Hereditary Breast/Ovarian and Colorectal Cancers. The Foundation for Medical Practice Education. Educational Module Vol 19(6), May 2002.

