An anatomical illustration of the human digestive system, showing the esophagus, stomach, small intestine, and large intestine. The large intestine is highlighted in a golden-yellow color, and several irregular, nodular masses are shown on its surface, representing colon cancer lesions. The background is a light gray gradient.

# Screening for **Colon Cancer**

Gastroenterology & Hepatology



Prosser Digestive Health Center  
Prosser Memorial Health

## What is colon cancer?

The colon is the last several feet of your digestive system. Colon cancer occurs when abnormal cells develop and grow in your colon. Colon cancer begins as small growths of these abnormal cells called polyps.

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

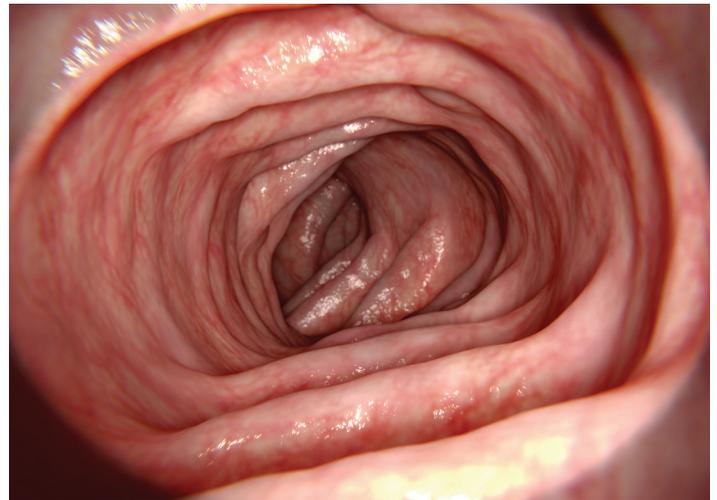
## What causes colon cancer?

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 to start screening you for colon cancer at a younger age 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 become large. When colon cancer causes symptoms (visible blood in the stool, stomach pain, thin stools, constipation, weight loss), 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 **45 and 75 years of age** 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.

## What are my choices for colon cancer screening?

There are several ways to screen for colon cancer. These various choices can make decisions about colon cancer screening hard. There are benefits and harms to each choice. The latest research tells us that the 2 best choices now are colonoscopy every 10 years or FIT (fecal immunochemical testing) every year. The Prosser Digestive Health Center suggests our patients choose one of these two tests.

**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.

**FIT** (fecal immunochemical testing) is a stool-based test which detects blood in the stool.

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

## Which screening test is best?

*The best screening test is the one that you will actually do.*

We don't know yet for sure which test is best at preventing death from colon cancer. Colonoscopy and FIT are both very good at finding colon cancers. Studies comparing both tests are being done now to answer this question.

**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?

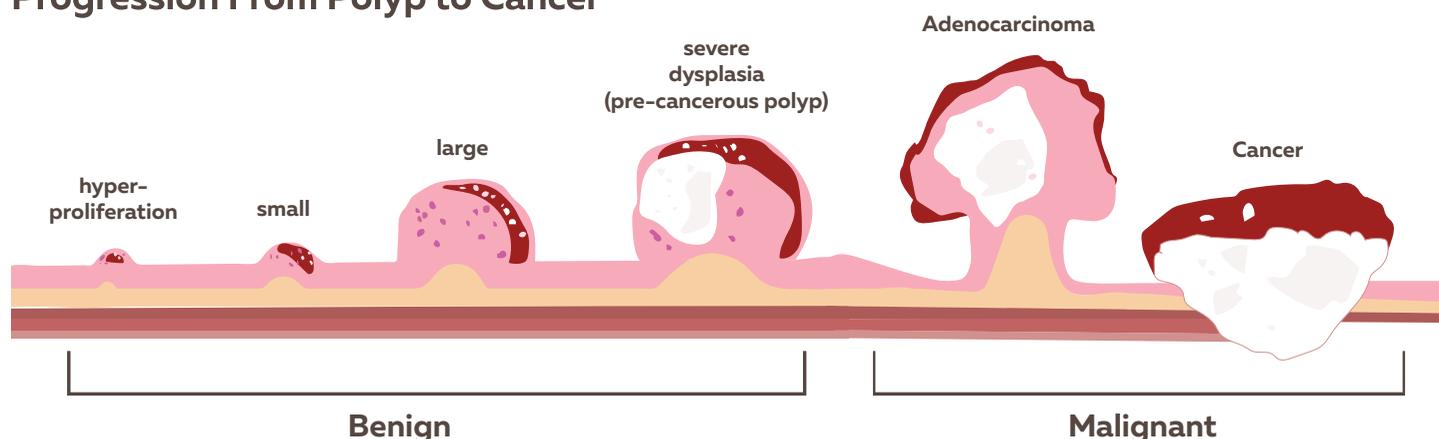
### Colonoscopy

- 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 on average takes 20-30 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, return to work that day, or sign legal documents. This means you will need to take time off work the day of the procedure and you will need someone to drive you home. Most people do not have pain and often don't even remember having the colonoscopy. If no polyps are found, most people need to have a repeat colonoscopy 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.

## Progression From Polyp to Cancer



# Colonoscopy versus FIT

## Colonoscopy



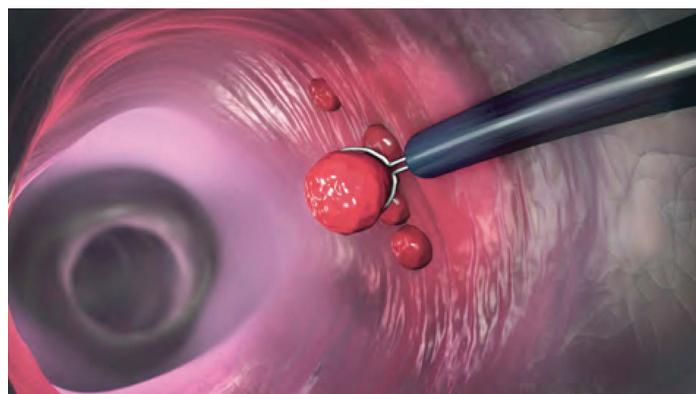
### Benefits

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 provides a substantial benefit in reducing colon cancer deaths. Colonoscopy every 10 years between ages 45 and 49 provides a moderate benefit in reducing colon cancer deaths.

Colonoscopy can also prevent cancer in the first place by removing polyps that can later become cancer.

### Harms

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. Evidence shows that the harms of screening for colorectal cancer in adults aged 45 to 75 are small.



## FIT (fecal immunochemical testing)



### 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 between ages 50 and 75 provides a substantial benefit in reducing colon cancer deaths. Yearly FIT between ages 45 and 49 provides a moderate benefit in reducing colon cancer deaths.

### 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.

### 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 but are not cancer.

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 despite a positive FIT.

The most serious harms of FIT come from the harms of colonoscopy done to look for the cause of a positive test.

## Questions for Provider:

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**Mitchell L. Cohen, MD, AGAF, FACG, 2022**

**Prosser Digestive Health Center**

820 Memorial St., Suite 3 | Prosser, WA  
509.786.5599 | ProsserHealth.org