Options for Colorectal Cancer Screening

Colon cancer is a common disease, but screening can reduce your chances of developing it.

Colonoscopy is a commonly performed screening method for colon cancer. A tube, light, and camera are inserted into the colon so that a doctor can see the inside of the colon. A major advantage of colonoscopy is that doctors can detect **polyps** (growths that can turn into cancer) in the colon and remove them at the same time (**polypectomy**). Also, if your test shows no abnormalities and you do not have any risk factors, you will need a colonoscopy only once every 10 years.

However, there are some disadvantages to colonoscopy. It requires taking time off work and someone to accompany you. Colonoscopy requires sedation, and there is some risk that the colonoscopy tube can tear the colon, requiring emergency repair.

Alternatives to Colonoscopy

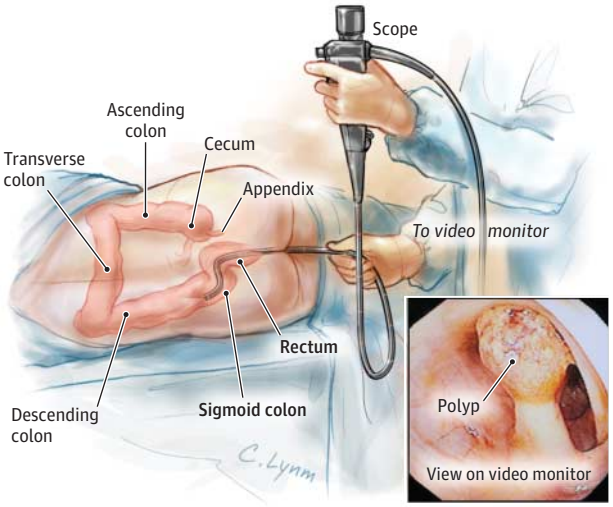
Several physician and government organizations have endorsed alternatives to colonoscopy for people older than 50 years with an average risk of colon cancer. These procedures need to be repeated more often. If doctors find anything abnormal, the likelihood of which increases with age, then a follow-up colonoscopy is needed.

"Virtual" colonoscopy is also called **computed tomography colonography** or simply colonography. This screen uses x-rays to create pictures of the interior of the colon. Like colonoscopy, colonography requires drinking a laxative to cleanse the colon. Because a tube is inserted only into the rectum rather than the entire length of the colon, usually no sedation is needed and there is minimal risk of perforation. However, colonography involves radiation exposure.

Guidelines issued by a group of professional societies in 2008 state that data are sufficient to show colonography's effectiveness as a screening tool. However, the Centers for Medicare & Medicaid Services and the US Preventive Services Task Force argue that there is not enough evidence to assess colonography as a screen for colorectal cancer.

High-quality data show that **flexible sigmoidoscopy** can prevent colorectal cancer incidence and mortality. The basic difference between colonoscopy and sigmoidoscopy is that sigmoidoscopy looks at the lower colon and rectum. Therefore, sedation is usually not needed, although some discomfort is possible. Instead of a laxative drink, an enema is given in preparation.

A **fecal occult blood test**, also called a **fecal immunochemical test**, is low risk and done at home. A small amount of stool is placed on a card and sent to the doctor. Fecal occult blood testing does not require diet restriction, bowel preparation, or time off of work, but it is a less sensitive test so it should be done annually.



Endoscopic image courtesy of Arnold J. Markowitz, MD

Evidence does not yet support any one of these screening tools over another, so in deciding which screening option is best for you, consider your personal health situation and talk with your doctor. Not all screening tests are covered by all insurance plans, so check to see if the test you prefer is covered.

FOR MORE INFORMATION

- National Cancer Institute
  www.cancer.gov/cancertopics/factsheet/detection/colorectal-screening
- American Cancer Society
  www.cancer.org/cancer/colonandrectumcancer/moreinformation/colonandrectumcancerearlydetection/colorectal-cancer-early-detection-toc
- American Gastroenterology Association
  www.gastrojournal.org/article/S0016-5085%2808%2900232-1/fulltext#sec2
- US Preventive Services Task Force
  www.uspreventiveservicestaskforce.org/uspstf/uspscolo.htm

To find this and previous JAMA Patient Pages, go to the Patient Page link on *JAMA*'s website at *www.jama.com*. Many are available in English and Spanish. A Patient Page on colon cancer was published in the December 17, 2008, issue; one on colon cancer screening in the March 8, 2008, issue; and one on colonoscopy in the March 16, 2011, issue.

Author: Deborah Tolmach Sugerman, MSW

Conflict of Interest Disclosures: The author has completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

Sources: National Cancer Institute, American Cancer Society, American Gastroenterology Association, US Preventive Services Task Force