

# Prevention and Screening for Colorectal Cancer

## Colorectal Cancer Risk

Cancer that starts in the colon and rectum is referred to as *colorectal cancer*. Colorectal cancer is the second leading cause of cancer-related deaths in the United States for men and women. About 131,000 Americans will be diagnosed every year with colorectal cancer, and about 55,000 will die from their disease. Detection and removal of pre-cancerous growths (polyps) is important to the prevention of colorectal cancer and cancer-related deaths.

## Cause of Colorectal Cancer

Cancer is a disease that is caused by the uncontrolled growth of abnormal cells. Nearly all colon and rectal cancers come from polyps. Polyps are small, non-cancerous (benign) growths on the lining of the colon and rectum. About 20% of all people will develop polyps. Polyps rarely cause symptoms. Most people are unaware that they have polyps. While not every polyp will turn into cancer, it is impossible to tell which polyps will go on to become cancers. If polyps are present, and found early, before they become cancerous, they can be removed, preventing their growth into cancer.

## Colorectal Cancer Screening

**Screening** is designed to locate polyps and remove them before cancer develops. Prevention of cancer is the number one goal. If cancer is already present, early detection is helpful to prevent cancer from spreading. Screening is also an important factor in leading to a cure and saving lives.

The screening used to find polyps is called a **colonoscopy**. A colonoscopy is an examination of the entire colon and rectum using a lighted, flexible tool. This test, is performed while the patient is asleep (sedated) and requires clearing the colon with medicine (laxatives). A colonoscopy has the advantage of viewing the complete lining of the colon. A biopsy (small sample) may be taken and viewed under a microscope to determine if cancer may be present. Also, this screening allows for polyps or other growths to be removed

# Colorectal Screening Guidelines

The table below lists the risk factors for individuals who are at **average, moderate** or **high** risk for developing colorectal cancer.

	Average risk	Moderate risk	High risk
Risk factors	This category does not have the same risk factors as the moderate to high risk groups	<p>If you have one or more of the following:</p> <p>Family history (sister, brother, parents, or children) of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Colorectal cancer or polyps</li> </ul> <p>Personal history of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Polyps or colorectal cancer</li> <li><input type="checkbox"/> Breast, ovarian, or endometrial cancer</li> <li><input type="checkbox"/> Inflammatory bowel disease, such as ulcerative colitis or Crohn's disease</li> </ul>	<p>If you have one or more of the following:</p> <p>Family History (sister, brother, parents, or children) of:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Familial adenomatous polyposis</b> - Genetic disorder causing cancer to develop at an early age in 100% of those affected, if no treatment is given</li> <li><input type="checkbox"/> <b>Hereditary non-polyposis colon cancer</b> - Genetic disorder causing colorectal cancer at an early age in 50% of those affected</li> </ul>
Age to begin colonoscopy	At <b>50</b> years of age	At <b>40</b> years of age	At <b>21</b> years of age—or as soon as an individual finds out they are in the high-risk group
How often to receive a colonoscopy	If no polyps are found, this test would only need to be done about once <b>every ten years</b>	Every <b>3 to 5 years</b> after your first colonoscopy	Every <b>2 years</b> until 40 years of age then every <b>1 year thereafter</b>
Additional Information	The risk of developing cancer is about 1 in 20 if no screening is done	The risk of developing cancer is about 1 in 6 if no screening is done	Genetic testing is available , but is not sufficiently accurate, by itself, to be useful as a screening test at this time

These recommendations are based on published guidelines for colorectal cancer screening. **Your doctor may offer you other options for screening and surveillance based on your state of health and risk factors.**

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