

Colorectal Screening

Getting Tested Can Save Your Life

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Colorectal cancer will kill more than 48,000 people this year, including 23,000 men, yet it is a disease that can be detected early through screening and treated early to prevent fatalities. Studies have concluded that many minority men are either afraid to be screened or are simply unaware that screening is available for the disease.

"In my opinion, men are afraid to get screened because of their perception that the procedures will be painful. The other factor is the cost. It's expensive to be screened for colorectal cancer and if you don't have insurance it becomes a problem. It's hard to recommend to poor minority men," said Dr. Kimoon Bang, senior epidemiologist of the National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

Colorectal cancer develops in the colon or rectum. Most begin as a *polyp* (adenoma) and over many years develop into cancer. Screening tests can detect cancer, polyps that may eventually become cancerous, and other abnormal conditions.

"Blacks and other minority men are at a higher risk for colorectal cancer. For minority men over age 50, it's worth it to do a screening once a year. If you detect the cancer early, there's a much better survival rate," said Dr. Bang.

According to the American Cancer Society, colorectal cancer is the third most common cancer diagnosed in men and women in the United States. They estimate that about

98,200 new cases of colon cancer, (46,200 men), and 37,200 new cases of rectal cancer (21,100 men), will be diagnosed this year.

"Because of diet, excess weight, genetic factors, smoking and inactivity, minority men are at higher-risk of developing colorectal cancer," Dr. Bang said. "Occupational factors such as working with dust can also lead to high risk."

Other risk factors include age, because colorectal cancer is more likely to develop as people get older; presence and growth of polyps; and a family history of the disease.

Despite minority men's high-risk status and fear of screening, the death rate for colorectal cancer has been going down for the past 20 years. Many cases are being found early, and treatment methods have improved.

Screening Tests

There are a number of standard tests used to screen for and detect colon cancer or abnormalities that may indicate disease.

These tests include:

Fecal Occult Blood Test (FOBT)—a test for hidden blood in the stool. Studies show that a FOBT performed every one or two years in people between the ages of 50 and 80 decreases the number of deaths due to colorectal cancer.

Sigmoidoscopy—an examination of the rectum and lower colon with a lighted instrument. Studies suggest that fewer people may

die of colorectal cancer if they have regular screening by sigmoidoscopy after the age of 50.

Digital Rectal Exam (DRE)—a test in which the doctor inserts a lubricated, gloved finger into the rectum to feel for abnormal areas. DRE is often included as part of a routine physical examination, but it is not recommended as a stand-alone test for finding colorectal cancer. The evidence available does not suggest that digital rectal examination is effective in decreasing mortality from colorectal cancer.

Double Contrast Barium Enema—a series of x-rays of the colon and rectum. The x-rays are taken after the patient is given an enema with a white, chalky solution that contains barium to outline the colon and rectum on the x-rays. Barium enema may be effective in detecting large polyps.

Colonoscopy—an examination of the rectum and entire colon with a lighted instrument. If a doctor sees polyps or other abnormal tissue during the procedure, they can be removed and further examined under a microscope. Studies suggest that colonoscopy is a more effective screening method than barium enema.

For more information, call the National Cancer Institute's Cancer Information Service at 1-800-4-CANCER (1-800-422-6237), or go to <http://cancernet.nci.nih.gov/>

Common Signs of Colorectal Cancer

A change in bowel movements

Diarrhea, constipation, or feeling that the bowel does not empty completely

Blood in the stool (either bright red or very dark in color)

Stools that are narrower than usual

General abdominal discomfort (frequent gas pains, bloating, fullness and/or cramps)

Weight loss with no known reason

Constant tiredness

Vomiting

