

50 YEARS OR OLDER? GET TESTED REGULARLY FOR COLON CANCER.

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Colon cancer is cancer of the colon or rectum.

If you are 50 or older, you should begin having regular tests for colon cancer. There are different kinds of tests. Talk with your doctor about which type of test you should have. These tests can find polyps in your colon or rectum before they turn into cancer. When colon cancer is found early, medical treatment works best and can save your life.

Testing Can Save YOUR Life

In the **early stages of colon cancer**, there are often **no symptoms**. This means you could have colon cancer and not know it.

But sometimes there are symptoms, such as:

- blood in or on the bowel movement;
- unexplained and frequent pain, aches, or cramps in your stomach;
- a change in bowel habits, such as having stools that are narrower than usual; and
- losing weight for no apparent reason.

If you have any of these symptoms, talk to your doctor! These symptoms may also be caused by something other than cancer, but the only way to know what is causing the symptoms is to see a doctor.

TERMS YOU MAY HEAR YOUR DOCTOR SAY

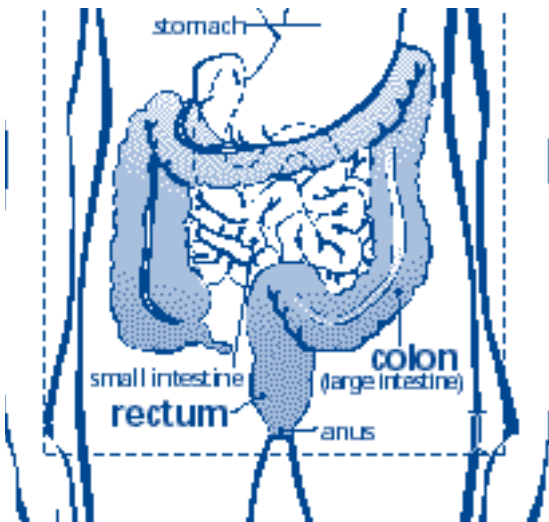
Colon — It's the same thing as your large intestine and is about 6 feet long. Food you eat passes through the colon, where it turns into waste matter or bowel movement.

Rectum — This is the last 8–10 inches of the large intestine. Bowel movements travel through the rectum and pass out of the body through the anus.

Polyp — This is a growth inside the colon or rectum that is not normal. These growths sometimes turn into cancer if they are not removed.

Cancer — This is a growth inside of your body that should not be there. Most colon cancers start from polyps in the colon or rectum.





Colon cancer, or colorectal cancer, is the 2nd leading cause of cancer death in the USA.

SCREENING TESTS

Several tests are available to screen for colorectal cancer. Some tests are used alone, while others are used in combination with other tests. Talk with your doctor about which type of test is best for you. Each test is described below.

FECAL OCCULT BLOOD TEST (FOBT) — This test, which is recommended to be done yearly, checks for hidden blood in the stool. Your doctor will provide the test kit. At home, you place a small amount of your stool from three bowel movements on test

cards. You then return the cards to your doctor's office or a lab where the stool samples are tested for hidden blood. If any blood is found in the stool samples, a follow-up test will be needed.

FLEXIBLE SIGMOIDOSCOPY (FLEX SIG) — This test, which is recommended to be done every 5 years, examines the lining of your rectum and lower part of your colon using a thin, flexible, lighted tube called a sigmoidoscope. It is inserted into your rectum and lower part of your colon. If polyps or lesions are found, a follow-up test is needed.

COMBINATION FOBT AND FLEXIBLE SIGMOIDOSCOPY — Some experts recommend using both of these tests to increase the chance of finding polyps and cancers. It is recommended every 5 years.

COLONOSCOPY — This test is similar to the flexible sigmoidoscopy, except it allows the doctor to look at the lining of your rectum and entire colon using a thin, flexible, lighted tube called a colonoscope. It is inserted into your rectum and colon. The doctor can also find and remove most polyps and some cancers using a colonoscope. A colonoscopy is recommended every 10 years for individuals with no family or personal history of colon cancer and no symptoms.

DOUBLE CONTRAST BARIUM ENEMA — This test allows the doctor to see an x-ray image of the rectum and entire colon. First you are given an enema with a liquid called barium that flows from a tube into your colon, followed by an air enema. The barium and air create an outline around your colon, allowing the doctor to see if anything is wrong. A double contrast barium enema is recommended every 5–10 years. If polyps or lesions are found, follow-up testing will be needed.

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