March is Colorectal Cancer Awareness Month. Colorectal cancer screening saves lives.

Regular screening, beginning at age 45, is the key to preventing colorectal cancer (cancer of the colon or rectum). If you're 45 to 75 years old, get screened for colorectal cancer regularly. If you're younger than 45 and think you may be at high risk of getting colorectal cancer, or if you're older than 75, talk to your doctor about screening.

Colorectal cancer is a disease in which cells in the colon or rectum grow out of control. Sometimes it is called **colon cancer**, for short. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.

Sometimes abnormal growths, called **polyps**, form in the colon or rectum. Over time, some polyps may turn into cancer. Screening tests can find polyps so they can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage, when treatment works best. Colorectal polyps and colorectal cancer don't always cause symptoms, especially at first. That is why getting screened regularly for colorectal cancer is so important.

Screening Test Options

Several screening tests can be used to find polyps or colorectal cancer, including some that you can do at home. Each test has advantages and disadvantages. Talk to your doctor about the pros and cons of each test, and how often to be tested.

Stool Tests

- The **guaiac-based fecal occult blood test (gFOBT)** uses the chemical guaiac to detect blood in the stool. It is done once a year. For this test, you receive a test kit from your health care provider. At home, you use a stick or brush to obtain a small amount of stool. You return the test kit to the doctor or a lab, where the stool samples are checked for the presence of blood.
- The **fecal immunochemical test (FIT)** uses antibodies to detect blood in the stool. It is also done once a year in the same way as a gFOBT.
- The **FIT-DNA test** (also referred to as the stool DNA test) combines the FIT with a test that detects altered DNA in the stool. For this test, you collect an entire bowel movement and send it to a lab, where it is checked for altered DNA and for the presence of blood. It is done once every three years.

Flexible Sigmoidoscopy

For this test, the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer inside the rectum and **lower third** of the colon.

How often: Every 5 years, or every 10 years with a FIT every year.

Colonoscopy

This is similar to flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the **entire** colon. During the test, the doctor can find and remove most polyps and some cancers. Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening tests.

How often: Every 10 years (for people who do not have an increased risk of colorectal cancer).

CT Colonography (Virtual Colonoscopy)

Computed tomography (CT) colonography, also called a virtual colonoscopy, uses X-rays and computers to produce images of the entire colon, which are displayed on a computer screen for the doctor to analyze.

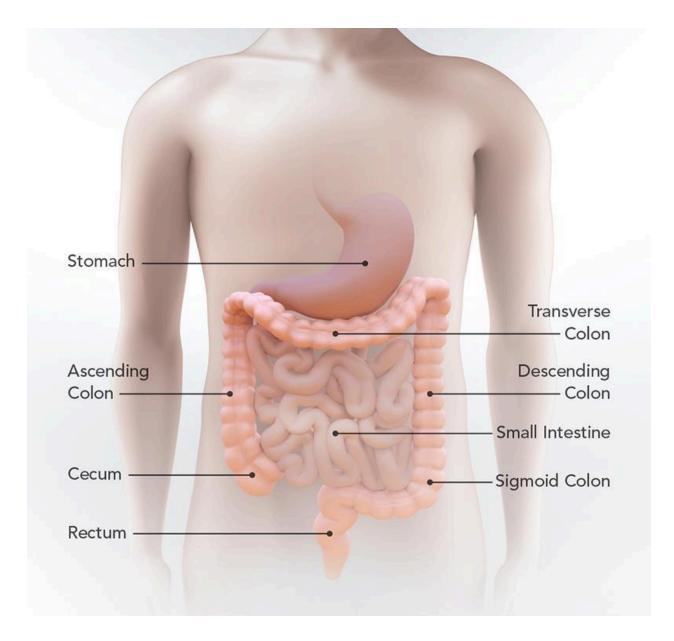
How often: Every 5 years.

Symptoms

If you have symptoms, they may include—

- A change in bowel habits.
- Blood in or on your stool (bowel movement).
- Diarrhea, constipation, or feeling that the bowel does not empty all the way.
- Abdominal pain, aches, or cramps that don't go away.
- Weight loss and you don't know why.

If you have any of these symptoms, talk to your doctor. They may be caused by something other than cancer. The only way to know what is causing them is to see your doctor.



This diagram shows the location of the stomach, small intestine, cecum, ascending colon, transverse colon, descending colon, sigmoid colon, and rectum.

For more information, go to: <u>https://www.cdc.gov/cancer/colorectal/</u>

To contact Diane or Glenn, parish nurses, you can leave a message for them at 540-662-3824.