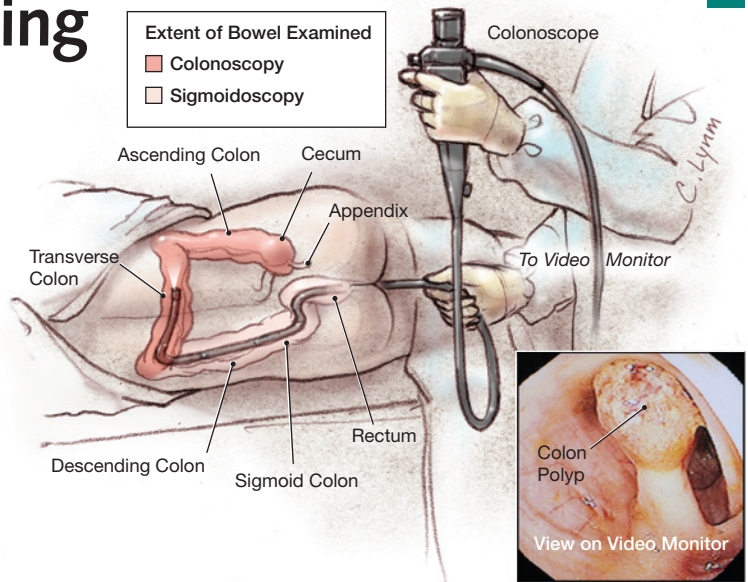


Colon Cancer Screening

Colon cancer (cancer of the large bowel) is the second leading cause of cancer deaths in the United States, exceeded only by lung cancer. Colon cancer can be treated and often cured if it is found early. Because death from colon cancer is preventable, doctors want to look for colon cancer before it grows too large or spreads to other organs. Testing persons without symptoms or signs of colon cancer (such as blood in the stool or low blood count) is called **screening**. Screening for colon cancer is recommended for everyone aged 50 years and older.

The March 8, 2006, issue of *JAMA* includes an article about screening for colon cancer. This Patient Page is based on one previously published in the March 12, 2003, issue of *JAMA*.



METHODS FOR SCREENING

• Fecal occult blood test

Colon cancer can cause a small amount of **occult** (not visible) bleeding. Testing for this occult blood involves placing a small sample of feces on a card and then adding a chemical solution. If the result indicates the presence of occult blood, further testing is required to determine the source of bleeding. This test is simple to perform but will not detect all colon cancers.

• Flexible sigmoidoscopy

The **sigmoid** colon is the lowest part of the colon, near the **rectum** (the last several inches of the large bowel). **Sigmoidoscopy** is the placement of a lighted tube into the rectum after enemas to cleanse the lower part of the bowel. This tube is gently moved forward into the sigmoid colon. The walls of the sigmoid colon are then examined for abnormal growths.

• Colonoscopy

If your doctor recommends **colonoscopy** (for screening or if growths are found on sigmoidoscopy), you will consume only clear liquids and take laxative solutions to cleanse your **intestinal tract** (bowels) during the day before the procedure. Colonoscopy is not painful but is uncomfortable enough that you may require sedative medication during the procedure. The doctor will insert the **colonoscope** (a lighted tube with a camera on the end) through your rectum while you rest on your side. The camera will display its picture on a monitor screen. The colonoscope is gently pushed forward through as much of the colon as possible. If the doctor finds any suspicious areas in the colon, **biopsies** (tissue samples) may be taken. Colon **polyps** (small growths) can also be removed through the colonoscope.

• **Barium enema**—a type of x-ray procedure that requires preparation similar to that for colonoscopy.

FOR MORE INFORMATION

- American Cancer Society
www.cancer.org
- National Cancer Institute
www.nci.nih.gov/cancertopics/pdq/screening/colorectal/Patient
- American Gastroenterological Association
www.gastro.org/wmspage.cfm?parm1=685

INFORM YOURSELF

To find this and previous JAMA Patient Pages, go to the Patient Page link on JAMA's Web site at www.jama.com. Many are available in English and Spanish. A Patient Page on colon cancer was published in the December 20, 2000, issue.

Sources: American Cancer Society, National Cancer Institute, American Gastroenterological Association, American Society for Gastrointestinal Endoscopy

Endoscopic image courtesy of Arnold J. Markowitz, MD

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