

Colon cancer is the #2 cancer killer, but with early detection and removal of pre-cancerous polyps chances of survival exceed 90 percent. The physicians of the American College of Gastroenterology urge you to be screened, and we have dedicated ourselves to the remarkable effectiveness and safety of complete colonoscopy in the hands of trained and skilled colonoscopists.

Why Complete Colonoscopy is the Gold Standard

Complete colonoscopy allows us to look directly at the entire colon, identify any suspicious growths... and complete colonoscopy is the *only* test that allows a biopsy or removal of a polyp at the very same time when it is first identified by the doctor — no follow-up test is needed.

While colonoscopy is the most effective test for colon cancer, there are other approved screening tests. While not as reliable as complete colonoscopy, these other tests have been evaluated and approved for screening by groups like the American Cancer Society and others, and are certainly preferable to not being screened at all. If any of these tests is positive, your doctor will order a colonoscopy.

test are that it leaves two-thirds of the colon unexamined and it may be more uncomfortable than colonoscopy because sedation is not used.

Barium X-Ray: Preparation consists of laxatives prior to the procedure. A rectal tube is inserted and barium and air are pumped into the colon. Studies show that only about half of large polyps are detected. Because the colon is viewed indirectly with an X-ray, the discovery of polyps or other abnormality will require a complete colonoscopy for removal.

Experimental Tests

CT Colonography (Virtual Colonoscopy): CT colonography is an X-ray test for

for colorectal cancer screening by the recognized scientific bodies, and is not paid for by Medicare or private insurers. Any patients who anticipate trying this technique would probably want to assure that the newer 3-D imaging using multi-slice scanning is used, rather than the more readily available but less reliable 2-D equipment.

- The risks related to radiation with CT colonography remain uncertain.

Fecal DNA Testing: This test involves collection of a stool sample at home that is mailed to a central laboratory. The laboratory checks for abnormal DNA shed from the surface of colon cancers and polyps.

- The test detects 52% of colon cancers and 15% of large polyps. If negative it is repeated every 3 to 5 years. This test is better than a stool blood test but much more expensive. Fecal DNA testing is not nearly as effective as colonoscopy for finding cancers or polyps.

When you see a gastroenterologist, we want our report after your screening to be a good one, and we will continue to tell you whatever you need to know to maximize the prospects for a good report...and a lifetime free of colon cancer.



Your golden years deserve the gold standard of colon cancer screening.

Straight Talk: Complete Colonoscopy is the most effective screening method for colon cancer.

Alternative Screening Options

While colonoscopy is the most effective and most comfortable test, some persons are unwilling to have any test that involves sedation. A number of alternative tests are available for such persons:

Fecal Occult Blood Testing: This test requires no preparation and involves examining a small stool sample for hidden blood not visible to the naked eye. The sample can be obtained by the patient at home or in a physician's office. This test, on its own, is only about 50% effective in detecting early colon cancer, and tends to identify cancers at more advanced stages. It detects only a small fraction of even the largest polyps.

Flexible Sigmoidoscopy: Preparation usually consists of an enema prior to the procedure. A sigmoidoscope is inserted into the rectum for this test. Sedation is generally not used. It is a good test for examining the lower one-third of the colon. The most significant shortcomings of this

colon polyps based on performance of abdominal-pelvic CT scan which has also been referred to as virtual colonoscopy. Patients first undergo complete bowel cleansing, then a rectal tube is inserted and the colon is distended with air. Following this, patients have a CT scan, one while lying on the back and one while lying on the abdomen.

- CT colonography is a diagnosis-only test. Patients with polyps ≥ 6 mm in size, and sometimes even when smaller polyps are present, should undergo colonoscopy to remove the polyps.
- CT colonography is not with sedation and therefore generally causes more discomfort than colonoscopy.
- A recent study using 3-D images showed very good results; additional studies will be needed to see if these good results can be replicated. Previous studies, using two dimensional imaging, have had very mixed results. CT colonography has not been endorsed

Complete Colonoscopy

- Recommended by medical and cancer groups for colon cancer screening.
- Detects polyps in colon larger than 1 centimeter.
- Detects polyps in colon smaller than 1 centimeter.
- Painless.
- Allows removal of suspicious polyps without surgery.



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