



New colon-cancer-screening guidelines

By [Kyung M. Song](#), 3/31/08

For four consecutive years, the Rev. Vaughn Profit-Breaux, of Seattle, took an inexpensive test that detects possible colon cancer by looking for hidden blood in the stool. Four times, the results came back negative. Then last year, Profit-Breaux, who was uninsured, underwent a colonoscopy, a \$1,500 procedure during which a lighted tube is threaded through the rectum and the colon. It found colon cancer.

Profit-Breaux, an associate pastor at Mount Zion Baptist Church, believes that had he been able to afford a colonoscopy earlier, he would have avoided the scare and ordeal of chemotherapy and radiation. "If this had been caught in the polyp stage, I would not have had cancer," said Profit-Breaux, 52, "But I didn't have the money to pay for it."

Now clinical experts are urging Americans to do just what Profit-Breaux eventually did. Earlier this month, the **American Cancer Society and two other groups released revised colon-cancer-screening guidelines that recommend patients get colonoscopies or similar exams that can find polyps, instead of fecal tests**, which only indicate the potential presence of precancerous or cancerous cells. It's the first time the guidelines have made such a preferential distinction.

But the advice is likely to heighten the dilemma for patients who — for reasons of finance or discomfort — have shied away from more invasive screening for colon cancer. **Half of Americans 50 and over have not been screened for colon cancer**, and almost 20 percent of them got screened with a recent fecal test, according to the National Center for Health Statistics.

The **new recommendation takes into account that not all tests are equal at preventing colon cancer**, said Robert Smith, the cancer society's director of screening. Unlike breast or prostate cancer, colon cancer is largely preventable. But polyps, or abnormal growths that are a precursor to most colon cancer, must be caught in time. "Prevention is the priority as opposed to just detecting cancer," Smith said.

Colon cancer is the second-biggest cancer killer among Americans. Almost 50,000 men and women are expected to die of it this year, including about 1,000 Washington residents. But tests that can find polyps can be arduous and expensive. They involve prepping the bowel, inserting a scope into the rectum or pumping air into the colon for special X-rays. For instance, colonoscopy, the most comprehensive test, costs an average of \$1,500 in Washington and typically requires a day off from work, according to the American Cancer Society. As with any invasive procedure, colonoscopy

carries risks, including potential bleeding and infections. A fecal test, on the other hand, detects hidden blood that may or may not be a sign of cancer. But it's less trouble: Patients can collect the sample at home and return it to the lab.

The new guidelines call for **men and women with average risk of colon cancer to get one of three types of polyp-detecting tests — a flexible sigmoidoscopy, virtual colonoscopy or a double-contrast barium enema — every five years starting at age 50 instead of an annual fecal test.** A colonoscopy is recommended every 10 years.

But for many uninsured patients, fecal tests remain the standard option. Community clinics, which serve low-income patients, don't do colonoscopies. Rich Kovar, medical director of Country Doctor Community Health Centers in Seattle, said fecal tests can be acceptable to all but high-risk patients. Still, he acknowledged that even for people with worrisome symptoms, the fecal test "was about the best we could do for most patients without insurance."

Thanks to a three-year federal grant, Country Doctor and other community clinics now can refer patients to gastroenterologists for free colonoscopies. That's how Profit-Breaux, the Mount Zion pastor, underwent the procedure. The program, however, is available only in King and Clallam counties. Patients must be uninsured and have incomes below 250 percent of the federal poverty level, or \$26,000 for a single person and \$53,000 for a family of four.

Profit-Breaux is grateful the colonoscopy caught his cancer before it spread to the lymph nodes. About 90 percent of patients in his situation survive at least five years, compared with only 10 percent of patients who are diagnosed after the cancer has spread to distant parts of the body. Profit-Breaux now preaches vigilance against colon cancer to middle-age congregants more likely to be fretting over high blood pressure or diabetes. His regret is that he had to wait for the gold-standard test. A colonoscopy "would have saved me a lot of grief," he said.

Invasive, but better

NOT ALL COLON-CANCER TESTS are equally good at detecting and preventing cancer. The American Cancer Society's revised guidelines recommend that, if possible, patients choose a test that can find polyps as well as cancer instead of just the latter.

Tests that find both polyps and cancer

Flexible sigmoidoscopy: A thin, flexible tube allows a doctor to look through the rectum and lower half of the colon. A "flex-sig" can remove polyps. But if cancer is detected, a colonoscopy will be needed to check for cancer in the rest of the colon.

Colonoscopy: Similar to flex-sig, but with a longer scope that offers a view of the entire colon. It can remove polyps as well as take small samples of abnormal-looking tissue for a cancer biopsy. Requires sedation.

CT "virtual" colonoscopy: A new option that works like a super X-ray. The patient lies on a rotating table while a CT scanner takes pictures. Requires cleaning and emptying the bowels. A colonoscopy is required if polyps or other problems are detected.

Double-contrast barium enema: The colon is partly filled with a chalky substance and pumped with air to expand it before X-rays are taken. Does not require sedation, but a colonoscopy is needed if the pictures don't look normal.

Tests that primarily find cancer

Fecal occult blood testing (FOBT) and fecal immunochemical test (FIT): Both tests find hidden blood in the stool, which can signal cancer or a bleeding polyp. Bleeding can be caused by unrelated problems, such as hemorrhoids. Patients get a kit to collect stool samples, which are sent to labs for testing.

Stool DNA test: A new addition to the guidelines. This checks for certain changes in the DNA known to be related to colon cancer. Unclear how often the test must be done in order to have acceptable chance of finding cancer. All stool tests need to be followed with a colonoscopy if anything looks abnormal.

Source: The American Cancer Society

Colorectal cancer — common, but preventable

Colorectal cancer typically begins with abnormal growths called polyps. Screening is crucial because most people with early-stage colon cancer show no symptoms. Over a lifetime, about 1 in 18 Americans will get colon cancer. The following factors raise your risks:

Age: More than 90 percent of people diagnosed with colon cancer are older than 50.

Previous polyps or colon cancer

Close family member with colon cancer

Inflamed bowels: Two bowel diseases, ulcerative colitis and Crohn's disease, raise the risk of colon cancer. The conditions are different from irritable-bowel syndrome, which carries no additional risks.

Race and ethnicity: For reasons not fully known, colon-cancer rates are higher for blacks and for Ashkenazi Jews from Eastern Europe.

Source: American Cancer Society; Centers for Disease Control and Prevention

Free screening

Uninsured people with limited income can get free colon-cancer screening, including a colonoscopy, through a program administered by Public **Health** — Seattle & King County. Contact the Community **Health** Access Program at 800-756-5437 or www.metrokc.gov/health/colon/

American Cancer Society: 800-ACS-2345 or www.cancer.org. Information, including treatment and prevention options, is available in English, Spanish, Chinese, Korean and Vietnamese.