



Survivorship Care at the Brown Cancer Center  
*We are all survivors from day one and beyond*

MARCH 2019



March is  
**colon cancer,**  
**kidney cancer,**  
and  
**multiple myeloma**  
awareness month

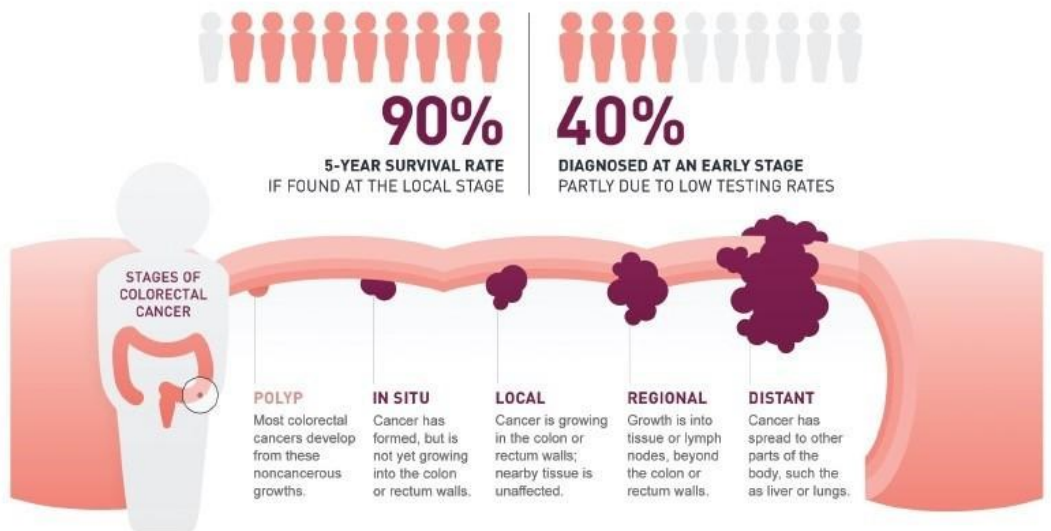
## Colon Cancer Screening: Is a Colonoscopy My Only Option?

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As the survivorship nurse, I discuss with patients on a daily basis the importance of routine health screenings and at what age they are recommended. When discussing colorectal screening with patients, they are not enthusiastic about having a colonoscopy. Patients have reservations about getting a colonoscopy done for a number of reasons, including pain/discomfort of the procedure, doing the bowel prep, and/or concern about whether or not they will be sedated, to name a few.

Colorectal cancer survival rates have increased over the years, but it is still the second leading cause of death in the United States. Screening is important because it can detect polyps, which could potentially become cancerous, and may find colorectal cancer at an early stage, when it is more easily treatable.

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# Colorectal Screening Options

The best colorectal screening is the one that you will do. Although a colonoscopy is the most effective screening tool, there are other options, each having their own pros and cons.

Regardless of which option you choose, screening is recommended to start at the age of 45. If you are at higher risk of having colorectal cancer, your doctor may recommended screening at an earlier age. Talk to you primary care provider about getting screened.

Test	Frequency	Pros	Cons
Colonoscopy	Every 10 years (if polyps are found, your MD will recommend more frequently)	Considered the gold standard, examines the entire colon, allows for removal/ biopsy of suspicious masses during procedure	Requires a bowel prep, risk of complication of procedure/ sedation
Fecal Immunochemical Test (FIT)	Annually	Inexpensive, can be done at home by collecting a stool sample	Less effective than a colonoscopy (can sometimes give a false positive), will require a colonoscopy, if positive
Guaiac Fecal Occult Blood Test (FOBT)	Annually	Inexpensive, can be done at home by collecting a stool sample	Less effective than a colonoscopy (can sometimes give a false positive), will require a colonoscopy, if positive
Flexible Sigmoidoscopy	Every 5 years	No sedation, a biopsy can be done on a small polyp during exam	Only examines part of the colon, may require an enema, will require a colonoscopy if a larger polyp is noted
Virtual Colonoscopy	Every 5 years	No sedation, examines the entire colon, effective at identifying medium to large polyps, non-invasive	Expensive, not effective in identifying small polyps, requires a bowel prep, will require a colonoscopy if a polyp is found
Stool DNA (Cologuard)	Every 3 years	More accurate than other stool sample tests, can be done at home by collecting a stool sample	Will require a colonoscopy if it produces abnormal results, more expensive than other stool sample tests
Double Contrast Barium Enema	Every 5-10 years	No sedation, less expensive than a colonoscopy	Will require a colonoscopy if polyps are found, requires a bowel prep, low sensitivity to detecting polyps