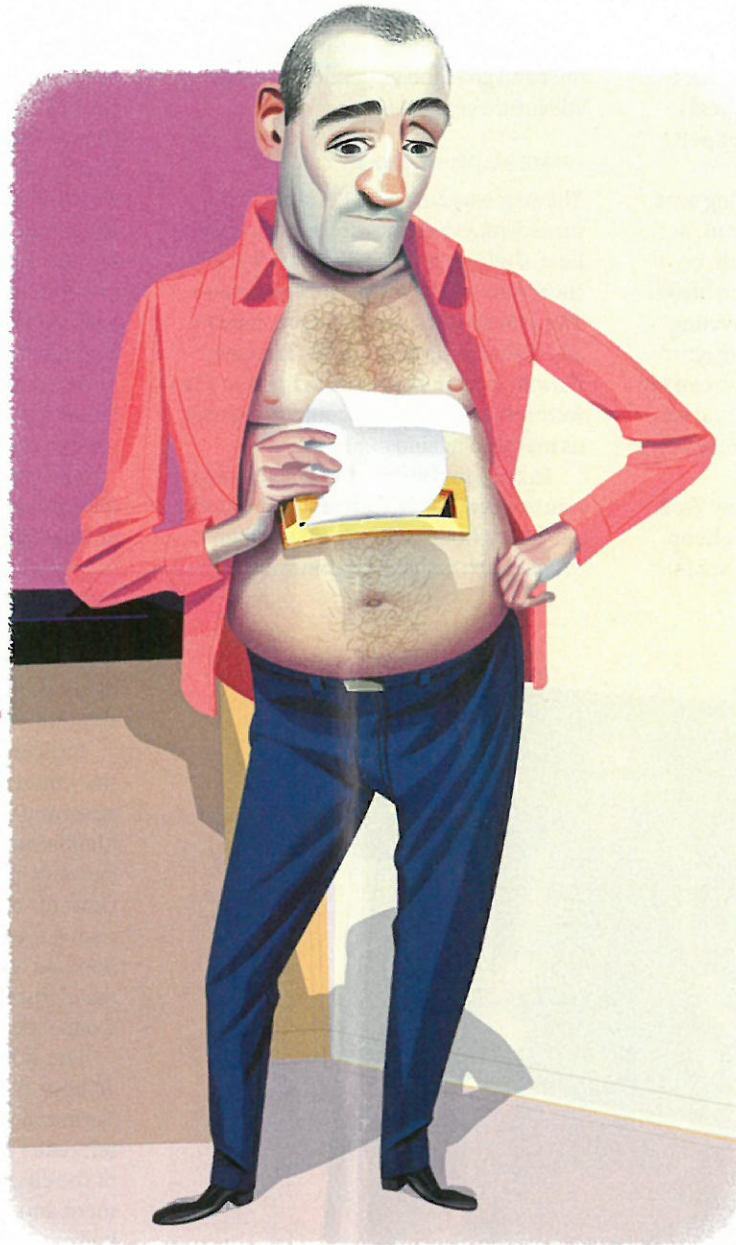


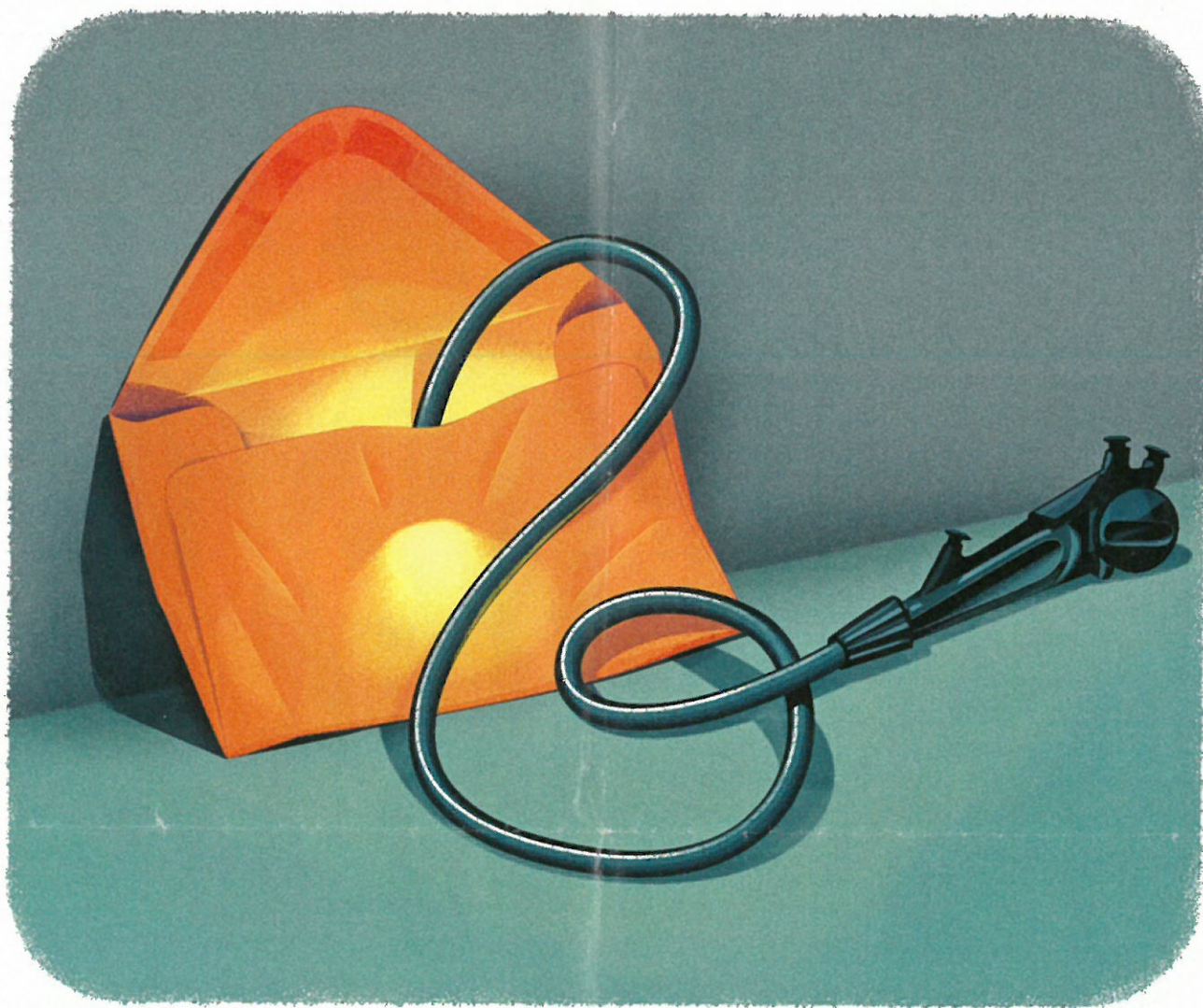
# A Letter from Your Colon

WHY GET A COLORECTAL CANCER SCREENING?  
HEAR IT FROM THE COLON ITSELF

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**DEAR BRAIN,** Are you there? It's me, your colon. You probably don't think about me much. Don't worry. I'm not offended. Nobody much notices me unless something goes wrong. »



**I**'m important, especially for our digestive system. I'm also known as the large bowel or large intestine. I'm the last place food goes before it goes, well, out.

A lot can go wrong if you're not having me checked on a regular basis, especially now that you're getting, ahem, *mature*.

I know the thought of examining me can make our friend the heart pump pretty fast. Maybe our skin gets a little sweaty just thinking about the dreaded cancer screening.

The *real* thing to sweat is that every year, colorectal cancer is diagnosed in 140,000 Americans—more than a third of whom will die from it. In fact, it's the second-leading cause of cancer

**"It's a highly preventable and curable disease."**

—STEPHANIE GUIFFRE

death for men and women. They'll die! Because of me! That hurts.

But you're also to blame, Brain, for not getting me screened. Some brains think that colorectal cancer can't be prevented, so why look for it at all? That's just not true.

"It's a highly preventable and curable disease," Stephanie Guiffre, director of prevention and research at the Colon Cancer Alliance, reminded me.

Cancer down here starts out as a little tiny thing called a polyp. Found and removed early, it can stop cancer

in me before it starts. Sad thing is, only four out of 10 people get a diagnosis at that stage.

Polyps don't just cause cancer. These cauliflower-like growths can kill you by causing diarrhea or bleeding from your rectum or by obstructing me, causing colon perforation and inflammation.

Have I persuaded you to get a screening yet? How about this—about 30 percent of middle-aged (that's you!) or elderly people have colonic polyps. And here's the thing: If you have polyps, you probably won't even realize it. Most people who have them show no symptoms. If anything, you'll experience rectal bleeding, iron deficiency anemia or maybe diarrhea or constipation. But not always.

## LET'S GET TESTED

Don't wait for the screening until your doctor brings me up. In one study, Guiffre tells me, only four of 10 doctors recommended colon cancer screenings to their patients.

"They have a wealth of things they need to cover, and often, this falls by the wayside," she says.

When it comes to screenings, you have several options:

- The **fecal occult blood test (FOBT)** is a noninvasive option. It's used to find blood in your stool that can't be seen with the naked eye. All you have to do is send samples to a lab. A kit is provided. Doctors recommend repeating this test every year.
- The test you probably have heard the most about is the **colonoscopy**, in which the inside of the rectum and the entire colon are examined using a long, lighted tube called a colonoscope. If you spring for the colonoscopy, you'll only have to think about me every 10 years after age 50.
- During a **flexible sigmoidoscopy**, your rectum and the lower part of me are checked with a sigmoidoscope, a lighted tube. During a **virtual colonoscopy**, X-rays and a computer are used to take two- or three-dimensional images of me and the rectum. Both tests only need to be done every five years.
- For a **double-contrast barium enema**, air and barium are pumped into your rectum, and a solution will show polyps or tumors on X-rays. You should repeat this test every five to 10 years.

That doesn't sound too bad, does it? Still, 44 percent of women and 40



### KNOW YOUR RISK

How great is your risk for colorectal cancer? Get an idea by taking a quiz from the Colon Cancer Alliance at [ccalliance.org/risk-quiz](http://ccalliance.org/risk-quiz).

percent of men 65 or older haven't had a colonoscopy or sigmoidoscopy, even though Medicare covers both procedures.

"The best test is the test that gets done," Guiffre says.

### GETTING ME READY

OK, getting ready for a screening isn't a beach vacation. For a colonoscopy, I need to be fully prepped. This means any solids need to be out of the stomach and bowels in time for the procedure. Our doctor will recommend a clear liquid diet for at least 24 hours before the exam.

Avoid drinks that use red or purple dye. Instead, consume fat-free broth, strained fruit juice, water, plain coffee or tea, sports drinks and gelatin. You always wanted an excuse to eat Jell-O for days, right?

The evening before the colonoscopy, you will take a prescription laxative, usually a liquid, that cleanses the bowels. This is the most unpleasant part of the process, some people say. Invest in a good book and quality toilet paper. It's important to follow our doctor's prep instructions to ensure that the colonoscopy can be performed safely and successfully. If I'm not clean, our doctor might not be able to see polyps—and that's the whole point, remember?

### OUR BIG DAY

Good news: You won't remember much about the colonoscopy. Before the procedure, you'll be lightly sedated and maybe given pain medication to help you fully relax. I hear they're strong drugs, so make sure you get a ride home.

A tube will then be inserted inside the anus, through the rectum and then through me, the colon. A camera on the scope will provide a picture to the doctor. I'm not bad-looking, if I do say so myself.

When the tube gets to the small intestine, the doctor will start to remove the device and take a second look on the way out. This whole process takes 15 minutes to an hour.

Most polyps that are found can be removed right then and there, then sent to be biopsied for cancer cells.

## FEAR FACTOR

SCARED OF COLORECTAL CANCER SCREENINGS? SO ARE A LOT OF PEOPLE.

In a survey by the Colon Cancer Alliance, fear was the No. 1 reason people didn't get a colonoscopy or other cancer screening. Participants gave other excuses, too: They were too busy, didn't have good enough insurance or were "squeamish" or "procrastinating."

"A lot of the reasons are ... feeling discomfort or even discussing that area of the body," says Stephanie Guiffre, director of prevention and research at the Colon Cancer Alliance.

In one study, African Americans were most likely to avoid getting screened. That's especially concerning because African Americans—for reasons not understood—are diagnosed and die from colorectal cancer at higher rates than other ethnic groups in the United States. Experts recommend they begin screenings at 45 instead of 50.

Some people assume that without a family history of colorectal cancer they don't need to get screened. But only 10 or 20 percent of those with colorectal cancer have relatives who had the disease. People with a confirmed family history, though, should talk to their doctor about getting screened before they turn 50.

Any weird-looking tissues in me can be looked at, too.

You know, 90 percent of colorectal cancers are found in people over 50. Start getting me checked then. The young 'uns aren't off the hook, though. If there's a history of colon or rectal cancer in their families, getting screened at an earlier age isn't a bad idea.

I'll see you at our next screening. 🍌