

Colon Cancer Screening Strategies

Since the Government and public hold many promotions to increase the awareness of colon cancer, many people get more information and being more educated for the diseases.

It would be in the best interests of the entire population if reliable, safe, and effective methods are found to reduce the incidence of cancer. Screening by colonoscopy is one of the best examples of an effective preventive measure.

It is widely acknowledged by the medical profession, that endoscopic screening, together with removal of precancerous adenomatous polyps, has decreased the incidence of colorectal cancer by 76% to 90%, compared to an unscreened population.

Those classified as average risk individuals (without a history of colon cancer for two generations) were previously recommended to undergo regular screening from the age of 50 years, in the form of either fecal occult blood testing, or endoscopy.

It is now known that colorectal cancer can occur in much younger individuals. This writer treated a 25-year old colon cancer patient without a family history to suggest that he was in a high risk category, but who presented as an emergency bowel obstruction. Clearly, there is a need to recommend that routine screening for bowel cancer should begin at 45 years or younger.



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Patients frequently ask how often they should undergo colonoscopy.

The first step in determining an appropriate colorectal cancer screening strategy is to assess the individual's cancer risk. The screening program should be tailored according to the individual's medical history and family history of cancer. A history of colonic polyp or colorectal cancer in a first-degree relative will increase an individual's risk between two and five-fold.

In patients with a family history suggestive of hereditary colon cancer syndrome, colonoscopy should be performed every one to two years, beginning at age 25. If the patient has had abnormal findings observed with previous colonoscopies, such as polyps, then depending on the number, location, morphology, and histology, the interval of assessment needs to be adjusted accordingly.

Major deterrents for patients participating in endoscopic colorectal screening

Patients are required to have a full bowel preparation for colonoscopy, as the quality of the examination depends on the cleanliness of the patient's colon. Previously, it was recommended that the patient drink four liters of bowel preparation solution, causing quite a number of patients to complain of nausea, vomiting, and abdominal pain. Many were unable to drink all the prescribed fluid, and as a result, their bowel preparation was insufficient, thereby adversely affecting the accuracy of the examination.

With the development of an improved formula, fluid consumption has been cut to one litre, just one fourth of the 'dinosaur' recommendation. Additionally, the combined effects of stimulant and osmotic laxatives have produced a much higher quality of bowel cleansing.

Patient discomfort during the procedure was another major concern. Whilst sedation improved patient tolerance for the procedure, and enhanced colonoscopy completion rates, it has been demonstrated in recent times that a monitored general anesthetic during colonoscopy leads to a faster recovery rate, and higher patient satisfaction. There has been no increase in side-effects, compared to using the drugs traditionally employed to produce sedation during colonoscopy.

These advancements in patient care minimize patient discomfort associated with the procedure in a very practical way.

Prevention of colon cancer is unlikely to result from a single measure, with healthy life style, diet, and exercise, also contributing to a reduction in the incidence. Colonoscopy screening is however, the most efficacious, practical, and cost-effective preventive measure.