SCREENING FOR COLON CANCER
PREVENTING CANCER,
SAVING LIVES

American Hospital
Delivering Better Health in the Middle East
As part of the American Hospital Dubai’s commitment to supporting wellness in the community, a new screening program for Colon Cancer has been introduced.

Colorectal cancer is one of the leading causes of cancer-related deaths in the world among men and women, yet it is one of the most preventable types of cancer. Colorectal cancer is often curable when detected early.

Put simply, screening saves lives.

Colonoscopy – the preferred method of screening is a quick and safe procedure carried out under sedation, by providing fast and accurate results.

**WHAT IS THE COLON?**

The Colon is a part of the body’s digestive system which removes and processes nutrients (vitamins, minerals, carbohydrates, fats, proteins, and water) from food and helps pass waste from the body.

The digestive system is made up of the esophagus, stomach, and the small and large Intestines. The colon is the large intestine (or large bowel). The rectum is a passageway that connects the colon to the anus.
WHAT IS COLORECTAL CANCER?
Colorectal (large bowel) cancer is a disease in which malignant (cancer) cells form in the inner lining of the colon or rectum. Most colon and rectal cancers originate from benign wart-like growths on the inner lining of the colon or rectum called polyps. Not all polyps have the potential to become cancerous – those that do are called adenomas.

WHAT ARE THE RISK FACTORS?
Colon cancer affects men and women equally and is most common after the age of 50; it can also affect younger people but the risk of developing colorectal cancer rises with age.

Health history can also affect the risk of developing colon cancer. Risk factors include:

- Family history of cancer and polyps of the colon or rectum.
- Hereditary conditions, such as familial adenomatous polyposis and hereditary nonpolyposis colon cancer (HNPCC; Lynch Syndrome).
- A history of ulcerative colitis (ulcers in the lining of the large intestine) or Crohn's disease.
- A personal history of cancer of the colon, rectum, ovary, endometrium, or breast.
- A personal history of polyps in the colon or rectum.

WHAT ARE THE SYMPTOMS?
In the early stages, there are generally no symptoms, which is why screening for colorectal cancer is so important.

Symptoms if present may include:

- New onset of abdominal pain
- Blood in or on the stool
- A change in stool size or characteristics or shape
- A change in typical bowel habits, constipation or diarrhea

WHAT ARE THE BENEFITS OF EARLY SCREENING?
Most colorectal cancers originate from benign wart-like growths on the inner lining of the colon or rectum called polyps. If polyps grow unnoticed and are not removed, they may become cancerous.

Screening tests can find precancerous polyps that must be removed before they turn into cancer. The development of more than 75-90 percent of colorectal cancer can be avoided through early detection and removal of pre-cancerous polyps.
WHO SHOULD BE SCREENED?
Anyone with risk factors must be screened.

Everyone age 50 and older.
- The majority of colorectal cancer occurs in people age 50 years or above.
- Current recommendations are to begin screening at the age of 50.
- Lifetime risk of colorectal cancer is roughly equal in men and women.
- Risk of developing colorectal cancer increases with age.

Anyone with a family/personal history of colorectal cancer/colon polyps.
- Having a family member (parent, sibling or child) with history of colon cancer increases the risk of developing colorectal cancer.
- Anyone with a personal history of colorectal cancer or adenomas at any age, or cancer of endometrium (Uterus) or ovary, diagnosed before age 50.

Anyone with chronic inflammation in the bowel.
- People who have chronic Inflammatory Bowel Disease (Crohn’s disease or Ulcerative Colitis) are at increased risk of developing colon cancer.

WHAT ARE THE SCREENING OPTIONS?
For average risk people, screening tests begin at age 50. The options for screening include:

- Colonoscopy - every 10 years;
- Stool test for blood - annual
- Flexible sigmoidoscopic exam - every 3 to 5 years.
- Alternative options include CT Colonography and Fecal Immunochemical Testing. These tests are not widely available. When positive, a Colonoscopy is recommended.

Screening colonoscopy must be done at more frequent intervals for people at high risk for colon cancer.

For more information about the screening colonoscopy package and to book an appointment, please contact us

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