



Prevention

National Colon Cancer Prevention Month March 2017

COLON CANCER AWARENESS MONTH

STOOL DNA TESTING FOR COLON CANCER Who Can Benefit from Stool DNA Testing

A non-invasive test to check for colon cancer may appeal to people who want to be screened, but do not want to undergo the usual preparation required for a colonoscopy or flexible sigmoidoscopy.

Screening is defined as looking for cancer or pre-cancer in people who have no symptoms.

The FDA has approved the DNA stool test, called Cologuard and the Centers for Medicare & Medicaid Services (CMS) cover it.

A DNA stool test looks for specific gene changes that are sometimes found in colon cancer cells. Like other colon cancer screening tests, it can find some colon cancers early, before symptoms develop, when they're likely to be easier to treat.

Some screening tests can also sometimes find growths called polyps so they can be removed before they turn into cancer. That means screening can sometimes prevent colon cancer altogether.

However, not everybody will meet the criteria for this type of colon screening test, and some people who get the test will still need to follow it up with a colonoscopy.

The Cologuard Test

Cologuard is a stool test that can find abnormalities that indicate colon or rectal cancer or polyps. The patient uses a kit at home to collect a stool sample and mail it to a laboratory for analysis.

The test checks for DNA changes that could indicate cancer or pre-cancerous polyps, and also checks for the presence of blood in the stool that can also indicate cancer.

No special diet or bowel preparation (no laxatives or enemas) are required for a stool DNA test.

However, if the Cologuard test does indicate cancer or pre-cancer, the patient would then need a colonoscopy to confirm it, and possibly to remove any polyps.

The American Cancer Society recommends regular colon cancer screening for most people starting at age 50. People with a family history of the disease or other risk factors should talk with their doctor about beginning screening at a younger age.

For example, both smoking and inheriting certain genes are risk factors for some types of cancer, but only smoking can be avoided. Risk factors that a person can control are called modifiable risk factors.

Many other factors in our environment, diet, and lifestyle may cause or prevent cancer.

This summary reviews only the major cancer modifiable risk factors and protective factors that can be controlled or changed to reduce the risk of cancer.

Risk factors that are not described in the summary include certain sexual behaviors, the use of estrogen, and being exposed to certain substances at work or to certain chemicals.

The American Cancer Society's guidelines list several different tests that can be used to screen for colon cancer, including the stool DNA test. Medicare will cover the Cologuard test if the patient meets certain criteria:

The patient is 50 or older and at average risk for colon cancer. Average risk is an individual who has no personal history of pre-cancerous polyps, colon cancer, or inflammatory bowel disease, including Crohn's Disease and ulcerative colitis; no family history of colon cancer or pre-cancerous polyps; no familial adenomatous polyposis, or hereditary non-polyposis colorectal cancer.

People with private medical insurance will need to call their insurance company directly to find out if the test is covered for them.

The American Cancer Society recommends that people who choose DNA stool testing as their screening method should have the test every 3 years. If the results are positive (indicate a problem), a colonoscopy is needed.

COLON CANCER SCREENING SAVES LIVES

Colon Screening Saves Lives

According to the Centers for Disease Control and Prevention (CDC), about one-third of US adults who should be getting screened for colon cancer are not getting screened. It is hoped that new non-invasive tests like stool DNA tests will encourage more people to get recommended screenings.

Anyone 50 or older, or has risk factors for colon cancer, should talk to their doctor about which test is best and get tested as often as recommended.

COLON CANCER IN YOUNGER PEOPLE

The American Cancer Society estimates that 135,000 (90,000 in the colon and 45,000 in the rectum) will be diagnosed this year in the US. In recent years colon and rectal cancer has been declining in older individuals probably because of widespread use of screening colonoscopy which can detect and remove polyps which precede most cancers.

Although the majority of cancers (90%) occur over age 50, it has been recently observed that there is an increase in colon and rectal cancer in individuals younger than 50 with cancer occurring in some as young as their twenties or thirties. The American Cancer Society projects that approximately 13,500 cases will be diagnosed in the US under age 50 this year. Those born in 1990 have double the risk of colon cancer and quadruple the risk of rectal cancer compared to the risk of those born in 1950. Those under 50 are at risk for having their cancer diagnosed later as physicians do not usually consider colon and rectal cancer in younger patients.

The cause of colon and rectal cancer in younger individuals is unknown although related factors such as obesity, Type 2 diabetes and HPV infection may be factors. Screening the population under 50 is not practical. Attention to symptoms such as constipation, diarrhea, cramping, abdominal pain and blood in the stool may indicate colon and rectal cancer.

Colorectal Cancer Risk Factors You Can Change

Several lifestyle-related factors have been linked to colorectal cancer. In fact, the links between diet, weight, and exercise and colorectal cancer risk are some of the strongest for any type of cancer.

Being Overweight or Obese

If you are overweight or obese (**very overweight**), your risk of developing and dying from colorectal cancer is higher. Being overweight (especially having a larger waistline) raises the risk of colon cancer in both men and women, but the link seems to be stronger in men.

Physical Inactivity

If you are not physically active, you have a greater chance of developing colorectal cancer. Being more active might help lower your risk.

Certain Types of Diets

A diet that is high in red meats (such as beef, pork, lamb, or liver) and processed meats (such as hot dogs and some luncheon meats) can raise your colorectal cancer risk. Cooking meats at very high temperatures (frying, broiling, or grilling) creates chemicals that might raise your cancer risk, but it's not clear how much this might increase your colorectal cancer risk. Diets high in vegetables and fruits, and whole grain fibers have been linked with a lower risk of colorectal cancer, but fiber supplements have not been shown to help. It's not clear if other dietary components (for example, certain types of fats) affect colorectal cancer risk.

Smoking

People who have smoked for a long time are more likely than non-smokers to develop and die from colorectal cancer. Smoking is a well-known cause of lung cancer, but it is also linked to other cancers, like colorectal cancer. If you smoke and want to know more about quitting, see [Strang's Lung Cancer PREVENTION](#) newsletters.

Heavy Alcohol Use

Colorectal cancer has been linked to heavy alcohol use. Limiting alcohol use to no more than 2 drinks a day for men and 1 drink a day for women could have many health benefits, including a lower risk of colorectal cancer.

Author: Michael P. Osborne MD, MSurg, FRCS, FACS President, [Strang Cancer Prevention Institute](#)

SOURCES: American Cancer Society, Centers for Disease Control and Prevention

For further information please visit www.strang.org

The Strang Cancer Prevention Cookbook

Miso Soup

4 to 6 servings

Reduce your Risk for Cancer by Eating a Healthy Diet!

There are many different types of miso, all with different intensities of flavor. For soup, dark miso can be combined with water to make a broth or "tea" or enriched with vegetables. This healthy recipe freezes well; make a large batch and store in small containers for easy defrosting and reheating.



3 tablespoons dark miso paste, 1 tablespoon canola oil, 1 celery rib (about 2 ounces) sliced thin, 1 medium red onion sliced thin, 1 garlic clove, peeled and crushed, 1 medium carrot peeled and sliced thin, 2 cups shredded white, savoy, or Chinese cabbage, 1 cup sliced mushrooms, ¼ teaspoon grated fresh ginger, 2 teaspoons rice wine vinegar or sherry vinegar, 1 teaspoon tamari (a Japanese soy sauce), salt and freshly ground black pepper, 2 teaspoons brown sugar, ½ pound extra- firm low fat (lite) tofu, cut into small cubes, 2 scallions, sliced thin; for garnish.

In a large bowl, dissolve the miso paste in 6 cups boiling water or whatever the package instructions call for- usually 1 tablespoon miso for 2 cups water. Stir to combine well and set aside.

Heat the canola oil on a large nonstick sauce pan over medium- high heat . Add the celery, onion and garlic and cook stirring often for 5 minutes. Add the carrot, cabbage and mushrooms. Continue cooking for 15 more minutes; lower the heat if necessary and stir often to prevent browning. Add the ginger and miso-water mixture; bring to a boil, then reduce the heat so the mixture simmers. Cook for 15 to 20 minutes, then season with the rice wine vinegar, tamari, salt and pepper to taste and brown sugar. Add tofu 1-2 minutes before serving. Garnish with scallions.

Calories 135, Protein 8g, Carbohydrates 15g, Fat 5g, Cholesterol 0 mg, Dietary fiber 4g, Saturated fat 0g

Major Sources of Potential Cancer fighters:

Phytochemicals: allium compounds glucosinolates, phytic acids, plant polyphenols, (flavonoids, isoflavones), plant sterols, protease inhibitors, terpenes (carotenoids, monoterpenes, triterpenes).

For further information see the Strang cookbook p. 170

Recipe by Laura Pensiero, R.D., Owner, Gigi Trattoria, Rhinebeck, New York



March is National Colon Cancer Awareness Month



Strang Cancer Prevention Institute

575 Madison Avenue 10th Floor

New York, NY 10022

Tel: (212) 501-2111 www.strang.org

Editor

Merle K. Barash MA AEd, MA Psya

© Strang Cancer Prevention Institute