spotlight on health

Screening Helps Win The War Against Cancer

(NAPSA)—More people are surviving America's third-most-common cancer, and new methods of early detection may continue to improve these survival rates in the future.

According to the American Cancer Society (ACS), deaths from colorectal cancer (CRC) have declined for two years in a row due to screening, early detection and effective treatment.

A drop in deaths for one year might have been considered an isolated event. However, having a second consecutive drop in the number of actual cancer deaths—that's even greater than the first—shows it to be a positive trend, says the ACS. Efforts devoted to preventing cancer, catching it early and making treatment more effective have dramatically saved lives.

Colorectal cancer originates in the lower gastrointestinal (GI) tract and begins as a noncancerous growth that can bleed intermittently. Detection and removal of these precancerous polyps or abnormal growths can help prevent cancer from developing. When colorectal cancer is found early and treated, the five-year relative survival rate is 90 percent.

However, more lives can still be saved. For example, an estimated 14,000 lives would be saved if 90 percent of adults over 50 were screened regularly for colorectal cancer. Because screening rates are low, less than 40 percent of colorectal cancers are found early.

Although the ACS suggests that, at age 50, men and women have a yearly multiple-day fecal immunochemical test (FIT) or fecal occult blood test (FOBT), or a sigmoidoscopy every five years, or a colonoscopy every 10 years, only 42 percent of American adults age 50 or older have been screened by any method.

Efforts toward prevention, early detection and treatment of cancer are saving an increasing number of lives.

One reason that many adults avoid a colonoscopy is that it requires sedation, and preparation for the test can include following a special diet for days and taking strong laxatives.

Fortunately, having a yearly, multiple-day FIT or FOBT may reduce the need for more frequent colonoscopies—and these tests do not require sedation or advance preparation.

As for people who used the FOBT, one clinical trial reported a 33 percent reduction in colorectal cancer deaths and a 20 percent reduction in cancer incidence.

As the next-generation FOBT, the FIT was specially developed to detect only human blood in stool for CRC screening, thus reducing the need for diet or drug restrictions and producing fewer false positive results than FOBT that require invasive follow-up procedures. The FIT is an inexpensive yet effective at-home test that detects blood in the lower GI tract. Both FIT and FOBT are private, easy to use and noninvasive.

For more information, visit www.easycancerscreening.com.