Colon Cancer Screening

Simple testing can lead to early detection in most cases of colorectal cancer.

Question: I recently turned 50 and was told that because of my age I should have a “screening colonoscopy.” Would you advise this as well?

G.B., Lady Lake, Florida

Answer: The U.S. Preventive Services Task Force (USPSTF) recommends screening for men and women at 50 years of age who are at average risk for colorectal cancer.

If, however, you have a higher risk for this type of cancer—for example, if you have or have had a first-degree relative (a parent, brother or sister) who was diagnosed with it before age 60—then you should be screened at an earlier age. If you are a very high-risk patient, which includes individuals who have a history of ulcerative colitis or familial polyposus, then you should begin the screening even earlier.

The USPSTF is an independent panel of experts in primary care and prevention that systematically reviews evidence of effectiveness and develops recommendations for clinical preventive services.

Screening options for colorectal cancer include fecal occult-blood testing, flexible sigmoidoscopy (this can be performed in a doctor’s office), a combination of these two tests, colonoscopy, and double-contrast barium enema.

A fecal occult-blood test simply requires sending test cards

from three consecutive stool samples to your physician's office for interpretation.

How often should you be tested? I recommend fecal occult-blood testing every year beginning at age 50. A flexible sigmoidoscopy, if chosen, should be performed every five years.

A colonoscopy is the most sensitive and specific test for detecting both polyps and cancer. It should be performed every 10 years after age 50 if you are at average risk for developing colorectal cancer.

However, for those individuals who for some reason cannot have a colonoscopy or may not be able to afford one, I recommend that you still schedule the fecal occult-blood testing every year and the flexible sigmoidoscopy every five years.

Colorectal cancer is the third most common cancer in both men and women, and it is extremely important that you see your family practitioner, internist or primary-care physician annually to have these screening tests performed. Remember, an ounce of prevention is worth a pound of cure.

Colorectal cancer is a life-threatening disease. However, following these simple screening measures can lead to early detection and cure in most cases.

Question: I have a 5-year-old son who, despite the fact that I spank him almost daily, keeps misbehaving. What can I do?
H.S., Springfield, Missouri

Answer: Research shows that more than 90 percent of American families practice corporal punishment—which involves spanking—as a form of discipline for toddlers. The Bible says to train up a child in the way he should go (see Prov. 22:6); not to withhold correction from a child (see Prov. 23:13-14); and that he who spares the rod hates his son (see Prov. 13:24).

However, the majority of pediatricians and family practitioners do not believe it is acceptable to strike a child with an object, including a rod or a belt, at any time. You should know that some pediatricians may report such discipline as child abuse.

Using an open hand on the buttocks or an extremity to modify the child's behavior and not inflict injury is considered acceptable by many physicians. You shouldn't spank children under 18 months because they are too young to associate the behavior with the punishment.

What I call "praise therapy" focuses on the child's good behavior and reinforces it with praise, hugs, smiles and other forms of rewards. Be quicker to compliment good behavior than to scold undesirable behavior.

I recognize that many people have strong views on this controversial subject. In my opinion the Bible is clear and should be followed. For further insight on this, I recommend that you seek counseling with a pastor, church counselor or Christian family service.