

Article 0011

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In the case of COLORECTAL CANCER, an ounce of prevention may just be worth your life.

Cancer of the colon or rectum is your second highest risk for cancer death. The good news: you can avoid this major killer in possibly the majority of cases. The bad news is that only about 25% of the population submits for appropriate screening.

What exactly is colorectal cancer? This malignant growth starts out as a benign polyp, or small “bump”, on the lining of your large intestine, or colon, which is the last four or five feet of the gastrointestinal tract (nearly twenty feet long total). Over ten to twenty years this can slowly and silently grow inside you, beyond the size of a quarter, at which point the risk for cancer is large. But even then you typically do not develop symptoms until it has invaded the other layers of your bowel wall, and possibly spread to other organs.

Could you have polyps or even colon cancer? You have at least a one-in-four risk for polyps and a one-in-fifteen risk for colon cancer as an average citizen. Even if you no one in your family has polyps or colon cancer, you’re at risk since about 80% of colon cancer victims have no identifiable family history or other increased risk.

Are you at higher risk? If you have a close family member with a history of colon polyps or cancer, or several family members with ovarian or uterine cancer, you may need early screening before age 50. Also, people with chronic inflammatory bowel disease, such as Ulcerative Colitis or Crohn’s colitis are at higher risk and need periodic surveillance. If you are beyond 40 years and have/had anemia, iron deficiency, a change in bowel habits, unexplained weight loss, or any type of bleeding, either seen in the stool or detected by your doctor, you’re at higher risk.

What tests reduce your risk? Talk to your health provider about tests that visualize all or part of your colon to find polyps in the pre-cancerous state, or to catch cancer before it invades the deeper layers of your bowel. Ninety-three percent (93%) of colon cancer occurs after age 50, so typical average risk screening starts at that age.

Flexible Sigmoidoscopy is often performed in your doctor’s office, requires some modification of diet the day before as well as some bowel preparation (fluid to drink or enemas), and is done awake so you can drive home. In sigmoidoscopy, the doctor uses a short, thin, flexible, lighted tube to examine the last two feet of the colon, and discovers 40 to 60% of the polyps present. It is repeated every 5 years, and often combined with a **Barium Enema**, an x-ray by a radiologist, who performs an enema with a white liquid called barium, while taking x-rays of the outline of the colon. **Colonoscopy** is similar to flexible sigmoidoscopy, except you are sedated while the doctor examines the entire colon with a longer, flexible, lighted tube to check for polyps, which usually can be removed, or early cancer. Colonoscopy involves more preparation, costs more, and requires a driver afterward because of sedation. Average-risk people should have colonoscopy performed every 10 years beginning at age 50, for two or three exams in a lifetime if they have no polyps. It is the preferred method for examining the colon of high-risk individuals.

Why get screening? If you have pre-cancerous polyps, they can be detected and removed during certain screening procedures, thereby preventing colorectal cancer. Most cancers develop over many years from benign polyps. And when colon cancer is found early and appropriately treated, survival is greatly enhanced, with a 5-year survival of 90%. Currently only one-third of colorectal cancers are diagnosed at an early stage. Men have only a slightly increased risk compared to women. But women live longer than men do on average and so have the same lifetime risk. So everyone of average risk should request a screening exam after age 50.

Conclusions: Colon cancer can unnecessarily steal your healthy, productive years and retirement. It also is largely preventable, but only if you step out of the shadows, and ask your health provider to “Shine the Light” with colon cancer prevention.