

Article 0010

Interview with Dr. Fenyves, by Quinne Bryant, April 2003 issue, Business Journal

While colorectal cancer screening will never be an item happily added to your list of things that need to be done, it is definitely one of the most important things you will ever do for yourself. It very possibly could save your life.

Colon cancer is the second leading cancer killer in the United States, according to the American Gastroenterological Association. This year alone, more than 50,000 Americans will die from colon cancer.

Because of its very slow rate of growth, colon cancer is very preventable, and almost entirely curable if caught in its early stages. Despite these facts, only about 25% of the population submits for appropriate screening, according to Jeffrey Fenyves, M.D., of Tri-Cities Gastroenterology.

It's a whole lot easier to do a 10-minute procedure, take out a polyp, and prevent colon cancer than it is to discover colon cancer and then have to deal with surgery, possibly chemotherapy and radiation, and the fear of it coming back, says Fenyves. People have to come in and get checked when they feel well, and that's a hard concept for people to grasp.

Individuals have a one-in-four risk for developing polyps in their colon, and a one-in-fifteen risk for developing colon cancer, due to aging. Family history and chronic inflammatory bowel diseases increase the risk, but 80% of colon cancer victims have no identifiable family history or other increased risk, says Fenyves. The most important thing that people need to understand about colorectal cancer screening and prevention is that you don't wait until you have symptoms to get checked, he says.

Most colorectal cancers begin as benign polyps on the lining of the colon, or large intestine, and progress at a slow rate of growth over a period of ten to twenty years. Growth is painless, and symptoms of cancer usually do not appear until the growth has invaded the other layers of the bowel wall and has possibly spread to other organs, says Fenyves.

The slow rate of growth is why individuals only need to undergo preventive colonoscopy once every 10 years, as recommended by the American Gastroenterological Association, as long as no polyps are found. It is felt that, for most people of average age, they can probably have two colonoscopies in a lifetime, starting at around age 50, says Fenyves. When colon cancer is found early and appropriately treated, adds Fenyves, survival is greatly enhanced, with a five-year survival rate of 90%. However, only one-third of colorectal cancers are currently diagnosed at an early stage.

Why undergo a colonoscopy as opposed to a sigmoidoscopy? According to Fenyves, a flexible sigmoidoscopy involves a short, thin, flexible, lighted tube to examine the last two feet of the colon, and discovers only 40 to 60% of any polyps that are present. It requires some diet modification and bowel preparation the day before, and is done while the patient is awake so he/she can drive home. It is repeated every five years, and is often combined with a barium enema. Colonoscopy is performed while the patient is sedated, and the doctor examines the entire colon with a longer tube to check for polyps, which are usually removed, or early cancer. It involves more preparation, costs more, and requires a separate driver due to the sedation.

The colonoscopy is just more thorough. Most plans allow for the choice of a colonoscopy, and it's still the preferred test, says Fenyves. It's proven to be pretty cost effective. If you have a sigmoidoscopy, you should have that every three to five years. It's still an invasive test, but (needs to be performed) much more often. The data for colonoscopy is pretty supportive that 10 years is an adequate interval. The procedure is short and offers little or no discomfort to the patient. They are usually sedated, very comfortable, and won't remember the procedure. We tailor sedation (to the patient), and we actually went to a new sedation here called Propofol anesthesia. It's given in an I.V., and once it's turned off at the end of the procedure, it's gone—no lingering effects, no grogginess, no amnesia. And nausea is almost non-existent as well, he says.

08/01/07

Continued on page 2

Very few people have discomfort from the procedure itself. And most of them are surprised that the procedure is not bad at all, he adds. A lot of people come in and have their procedure done, and they're the first case, so they come in at 6:15; by 7:30 they are at Cracker Barrel! We'll provide coffee and a snack, but they want gravy and biscuits!

Fenyves says that the procedure only takes 15 minutes or less, and the patient spends about an hour and a half at his office. His office provides such amenities to the patient as warming blankets, televisions, leather recliners, refreshments, and a computer printout of the entire procedure, a copy of which is faxed to the patient's primary care doctor immediately after the procedure is completed.

Preparation for a colonoscopy involves dietary modification beginning at 3 or 4 p.m. the previous day, as well as consumption of 32 ounces of Gatorade or another electrolyte substance, with tasteless stool softener medications mixed into it. Consumption of additional fluids is also necessary in preparation for the procedure.

The warning signs of possible colorectal cancer are rectal bleeding, changes in bowel habits, abdominal discomfort, vomiting, fatigue, anemia, iron deficiency, and/or unexplained weight loss.

While the causes of colorectal cancer are unknown, there are thought to be several risk factors in addition to age and genetic history. Diets high in animal fat, fried foods, and high-fat dairy products, and low in fiber from grains, fruits and vegetables are thought to impact colon health. Lifestyle factors such as cigarette smoking, obesity, and lack of exercise, are also believed to pose additional risk.

Studies are currently being conducted on the benefits of folic acid, calcium, Vitamin D, and aspirin therapy in the reduction of pre-cancerous polyps. The American Gastroenterological Association also recommends an annual fecal occult blood test for individuals age 50 and older.

For more information, contact your primary care physician or call Tri-Cities Gastroenterology at 423-279-1400.