

Colon Cancer Screening Saves Lives

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Most Colon Cancers Can Be Prevented

Colon cancer does not need to be the second leading cause of cancer death in the United States—over 95% is curable or preventable with timely removal of polyps (growths). Yet, colon cancer is so common. Statistically, 3 of the next 50 people you see will have colon cancer.

Proper screening finds precancerous polyps so they can be removed before turning into cancer. If cancer has developed, screening can detect it early, when the chance of complete cure with appropriate intervention is high.

Everyone Needs Screening for Colon Cancer

Unfortunately, colon cancer is usually silent until it is well advanced. You do not want to wait until symptoms occur, such as blood in your stool or bleeding from the rectum, low blood count from anemia, lack of energy, change in the shape or consistency of your bowel movements, or unexpected weight loss. If these symptoms are present, see your doctor for evaluation immediately.

Some Need to be Screened Much Earlier

Every person needs to be screened for colon cancer. The time for screening will depend on risk factors (things that can influence the presence and rate of growth of abnormal cells which become cancer)

For people who have no risk factors (known as **“AVERAGE RISK”**), the current standard is to start screening at age 50, except for African Americans, who, because of higher risk, need to start with colonoscopy at an earlier age of 45.

Four recognized risk factors (known as **“INCREASED RISK”**) (reasons to start with a colonoscopy as the recommended screening test, starting much earlier than age 50, and needing repeat colonoscopy at more frequent intervals) include:

- 1** Family history of colorectal cancer or “benign pre-malignant or pre-cancerous” colon polyps. Start screening at age 40, or 10 years earlier than the age at which a relative was diagnosed, whichever is earlier. Repeat every five years.
- 2** Personal history of colorectal cancer or pre-cancerous colon polyps. Do a colonoscopy every three to five years, depending on findings at each colonoscopy.
- 3** Personal history of inflammatory bowel disease (ulcerative colitis or Crohn’s disease) Colonoscopy recommended starting 8 to 10 years after the initial diagnosis, then at 1 to 3 year intervals, depending on findings and individual factors.

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4 Genetic colorectal cancer syndromes (inherited gene mutations that can cause colon cancer). Two examples are:

Familial Adenomatous Polyposis (FAP) leads to hundreds of polyps in the colon, starting in childhood, with 100% development of colon cancer in time if not removed. Genetic testing, frequent colonoscopic screening starting at an early age, and screening for associated non-colonic cancers recommended (such as duodenum and stomach, thyroid, skin, bone, eyes, abdomen).

Hereditary Non-Polyposis Colorectal Cancer (HNPCC) accounts for 5% of all colorectal cancers. People with HNPCC have an 80% chance of developing colorectal cancer, and females have a 60% chance of developing uterine cancer. Monitoring with frequent colonoscopy starting at an early age is also recommended, as well as monitoring for other associated cancers (such as female reproductive organs, urinary tract, and other parts of the intestinal tract including pancreas, liver and biliary tract, brain). Genetic testing may be useful in 50% of families affected.

Screening Options

If you are in a **high risk category**, the **ONLY** test that is useful is a colonoscopy. Although no test is perfect, out of all the options colonoscopy is considered the “gold standard” because it misses the least number of lesions, if performed correctly and if there is an adequate cleansing preparation.

If you are in the average risk category, you may consider one of the other screening tests, but be aware that if any of them test positive (show an abnormality) you will need a colonoscopy performed. Also, if your test is negative (“normal”) that does not mean there is not a problem, as there may be a high rate of missed lesions, which is a problem.

The other tests, which are offered because any screening is better than no screening, are:

- ➡ Fecal Occult blood testing: testing stool samples for blood (detects possible lesions <50% of the time)
- ➡ Air contrast barium enema: x-ray test; requires colon cleansing and outlines the colon by putting barium and air in the colon through the rectum (Detects less than 60% of the lesions found by colonoscopy; more uncomfortable than colonoscopy done by appropriately trained physician; usually also requires a flexible sigmoidoscopy be done to assess the sigmoid, which it does not see well)
- ➡ Virtual Colonoscopy (CT colography): CT exam which requires colon cleansing preparation, and placement of contrast and air in the colon through the rectum (Depending on technique used detects from 25% to 85% of the polyps or cancers larger than 1 cm found at colonoscopy; not good for anything smaller; not covered by medicare or most insurances; more uncomfortable than colonoscopy)
- ➡ Flexible sigmoidoscopy: using a short tube to look at the rectum and sigmoid part of the colon (examines less than 1/4 of the colon; a problem particularly in women, who tend to have lesions more often in the parts of the colon this test does not examine; requires cleansing; more uncomfortable than colonoscopy)

Other Important Steps You Can Take to Decrease Your Risk of Colon Cancer

- ✓ Exercise at least 18 METS (metabolic equivalents) a week: the energy burned walking 6-10 hrs a week.

For comparison: golfing with a cart, 2.5 mets/hour, without a cart 4.4 mets/hr; dancing, 3 to 5 mets/hr; tennis, 5 mets/hr; calisthenics, 4mets/hr; aerobics, 6 mets/hr; cycling moderately, 5.7 mets/hr; jogging, 10.2 mets/hr.)

- ✓ Don't smoke.
- ✓ Don't drink, or drink no more than 1 serving of red wine a day.
- ✓ Have your fats come from omega 3 sources such as grass fed meat, fish, linseed canola **flax seed or olive oil, grass fed/organic dairy and high omega 3 eggs.**
- ✓ **AVOID** hydrogenated (trans) fats in all forms.
- ✓ Your meals should consist mostly of fruits, vegetables and legumes, and foods with a low glycemic index.

For example: blueberries, cherries, raspberries, cranberries garlic, onions, shallots, leeks. Brussel sprouts and cabbage, beets, spinach, kale, asparagus, cauliflower, broccoli, turnips, mushrooms, lentils, peas, beans, chick peas, organic soy, sweet potatoes and yams, whole grain cereals, oats, millet, buckwheat, quinoa.

The most important advice I can give you is--DON'T WAIT. . .Screening Saves Lives.

AN OUNCE OF PREVENTION IS DEFINITELY WORTH A POUND OF CURE.

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