WHY IS COLON CANCER TESTING SO IMPORTANT?

LCDR Joseph R. McPhee, Surgeon

So what is colorectal cancer? Colorectal carcinoma is the third most common cancer in men and women. According to the American Cancer Society, 147,000 new cases were expected in 2003 with 57,100 deaths. This accounts for 10% of all cancer deaths. Risk factors for colorectal cancer include**:** 1) Age 50 or greater 2) A personal or family history of colorectal polyps or cancer 3) Inflammatory Bowel Disease 4) Smoking 5) Alcohol consumption 6) Obesity 7) Physical inactivity 8) High fat, low fiber diets. There is also some evidence that non-steroidal anti-inflammatory medications, such as aspirin, may reduce cancer risk.

Studies have shown that people don't just all of a sudden have colorectal cancer. Rather there is a progression from a benign (non-cancerous) change in mucosal cells that progress into a cancerous state. There appears to be an orderly progression of cellular transformation from normal colonic cells, to small polyps, to large polyps, and then to carcinomas. Without getting into too much detail, the reasons why these cells change lies in a series of genetic alterations leading to a progressive disordering of the normal mechanisms that control cell growth. The important thing to take out of all this scientific lingo is that we can catch a colorectal cancer before it actually becomes cancerous.

There are very few early signs or symptoms of colorectal cancer. More advanced disease may present with rectal bleeding, blood in the stool, a change in bowel habits, or crampy abdominal pain. Given the fact that early signs and symptoms are limited, colorectal cancer screening becomes that much more important. Just as with mammograms for breast cancer and Pap smears for cervical cancer, screening for colon

cancer is of utmost importance. Current recommendations for individuals with “low risk” include a yearly rectal exam with fecal occult blood screening starting at the age of 40. At the age of 50, “low risk” patients should also undergo a sigmoidoscopy or barium enema every 3-5 years, or a colonoscopy every 5-10 years. If significant risk factors exist, a family history of colon cancer, these additional studies should start at the age of 40.

I personally recommend to my patients that a screening colonoscopy be performed every 5-10 years starting at the age of fifty. The procedure itself is relatively painless. The most difficult part of the colonoscopy is the bowel prep the night before. It’s a same day procedure that takes about an hour. Anesthesia is used and individuals often wake up afterwards amazed that the exam is over. Risks include colonic perforation and or bleeding, both which occur less than 1% of the time. I choose colonoscopy over sigmoidoscopy or barium enema because it gives the physician the ability to see the entire colon and remove the polyp if found. Sigmoidoscopy only sees about one-third of the colon and the barium enema, does not allow one to treat the lesion when found. If you are over 50 with low risk or 40 with a higher risk, contact your primary care physician for a referral to the general surgery clinic for your screening colonoscopy.

On the horizon is the virtual colonoscopy, which uses a cat scan to reconstruct the colon and is totally non-invasive and used to see if any abnormalities exist. If abnormalities are found then the colonoscopy does need to be used for further testing of the abnormalities. The virtual colonoscopy may become the standard of care in the next 10 to 15 years.