Colon Polyps and Colonoscopy

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Simply Screening , *Total Endoscopic Health & Prevention*

Colorectal cancer is second only to lung cancer as the leading cause of cancer deaths in the United States. It strikes all ages, all ethnic groups, and all socioeconomic groups. Men and women are affected equally. African-Americans have a higher likelihood of both getting colon cancer and dying from it than in any other ethnic group. Over three thousand cases of colorectal cancer are diagnosed in Virginia each year.

Colon cancer is both preventable and/or curable with early diagnosis. Colorectal cancer is avoidable as nearly all arise from polyps. Identification and removal of polyps during colonoscopy has been shown to prevent most colon cancers.

What is a polyp?
A polyp is a protrusion from the lining of the large intestine, or colon, caused by an abnormal growth of cells. It may be a small raised bumps, look like a mushroom, or lie flat like a piece of shag rug carpet.

What are the symptoms of polyps?
Most polyps cause no symptoms. Sometimes they bleed easily, and the blood can be seen mixed with the stool or on the surface. A polyp may also secrete clear mucous which is passed with the stool. Very rarely, a polyp can cause a partial or complete blockage of the bowel which leads to unexpected constipation or diarrhea with abdominal pain, bloating and in severe cases, vomiting.

How do you treat a polyp?
When polyps are detected, they can be removed painlessly during your colonoscopy, although occasionally for large polyps an operation is required. When using a colonoscope, a wire loop or "snare" is maneuvered around the polyp, tightened and the polyp is cut free and cauterized from the bowel wall using a small electric current. Small polyps may be removed with biopsy forceps that remove a small "nip" of tissue.

What happens after removal of a polyp?
It will be examined by a pathologist using a microscope. The microscopic appearance will help decide whether the polyp has been removed completely and determine the kind of polyp.

What is the follow-up after polyp removal?
There are two main kinds of polyps, benign and pre-cancerous. Benign polyps (like "hyperplastic" or "juvenile") do not develop into cancer. If you have this kind of polyp, often no further treatment or follow up is necessary except for routine screening as scheduled.

However, there are polyps which do carry a risk of becoming cancerous or are cancerous. This kind of polyp is called an **"adenoma". It has a risk of becoming a cancer over a ten to twelve year span.** If an adenoma was present and was fully removed at colonoscopy no further treatment at this time is necessary. Even after complete removal of an adenoma there is a risk of developing new adenomas, so you will need repeated colonoscopies. **We currently recommend a repeat colonoscopy after three to five years, and then every five years after removal of an adenomatous polyp.**

Occasionally, the microscopic analysis of the polyp will suggest that there is a risk that the polyp was not completely removed, or had cancerous cells within it. A second colonoscopy or even an operation may then be needed to try to ensure that the abnormal tissue is removed completely.

Does colon cancer have any symptoms?
Colon cancer is usually asymptomatic. However, notify your doctor for signs such as: rectal bleeding or blood on toilet tissue or on bowel movements, change in shape or size of the bowel movements, urgent or uncomfortable bowel movements, or crampy abdominal pain.

Congratulations on choosing to take charge of your health!

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What else can you do to reduce your risk of colon cancer?

Insist on screening if you have a family history of polyps or colon cancer.
If you have a close family member such as a parent or brother/sister who has had colorectal cancer or polyps, your risk of developing colorectal cancer is approximately twice that of the general population. If several relatives have had colorectal cancer or polyps, especially if colon cancer occurred in a relative younger than 60 years of age, your personal risk increases further.

It is recommended that screening for colon cancer start at age 40, or at an age 10 years younger than your relative who developed colon cancer, whichever is earlier. If no family history of colon cancer, start at age 50. If you are African-American, you should start your colon cancer screening at age 45 if of average risk.

Moderate exercise and weight control
A recent study from Harvard (Ann Int Med 1995) showed that as little as three hours of walking per week may drop the risk of developing colon cancer, the more activity the lower the risk. Weight control and moderate exercise will also reduce cancers of breast and uterus, as well as cardiovascular disease.

Low dose aspirin
Some studies have shown that low dose aspirin therapy, at doses used for prevention of heart disease, seems to reduce of colon polyps and cancers. Ask your physician if you should be on low dose aspirin therapy.

Limit your alcohol intake
Higher rates of colon cancer are seen in people who are regular drinkers of alcohol, especially in women, than in non-drinkers. The risk of colon polyps in regular drinkers are increased four times.

What about increased dietary fiber and polyps or colon cancer? Recent studies have found no association between eating additional fiber and a reduction of colon polyps and colon cancer.

Our recommendations of the past regarding decreased risk of colon cancer with increased fiber intake have not been proved.

At present, it appears that general good health practices do reduce your risk of colon cancer. Current recommendations are that you should eat more leafy green vegetables, and eat less than two servings per week of red meat. Given our epidemic of obesity in this country, as well as studies showing a 40 percent reduction in colon cancer risk with moderate exercise of 30 minutes daily, my strongest recommendations are to simply take better care of yourself with both diet and exercise.

"A sigmoidoscopy is much like doing a mammogram on one breast and assuming the other breast to be perfectly fine."

Much has recently changed in our understanding of colon cancer screening and prevention. Two studies published in the New England Journal of Medicine found that a screening flexible sigmoidoscopy at age 50 for colon cancer screening as had been previously recommended is inadequate. It was found that colon cancer and polyps are evolving to a position higher up in the colon than previously seen, and are less likely to be diagnosed with a short and limited flexible sigmoidoscopy. In fact, 52 percent of patients who had a cancer higher in the colon than could be reached with the short sigmoidoscopy had no polyps lower in the colon. These patients colon cancers would have been missed on routine colon cancer screening with a flexible sigmoidoscopy.

In fact, gastroenterologists now believe that all people regardless of family history of cancer risk and without symptoms should have full colonoscopy at age 50.

Landmark legislation in Virginia mandates coverage of colorectal cancer screening by colonoscopy for all average risk Virginians enrolled in managed care insurance plans, state employee health plans, or who are covered by Medicaid. Those in other plans may need to have a family history of polyps or cancers, or a bowel symptom such as a change in bowel habits or blood in or on the stool. Discuss if you should be screened for colon cancer with your doctor.

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