Colon cancer screening saves lives

by Dr. David M. Wolfsohn
American College of Gastroenterology

March is Colon Cancer Awareness Month. As a gastroenterologist, I can tell you that colon cancer screening definitely saves lives. Recently, I met with a patient who is a very intelligent, high-powered businessman. He is in his early 60s and battling metastatic colon cancer. He has already undergone surgery and is now getting chemotherapy.

Several years ago, he ignored the pleadings of his wife and children to have a colonoscopy, saying he was "too busy." He obviously regrets that decision. I hear stories like this one all too often.

Among cancers that affect both men and women, colon cancer is the second leading cause of death in the United States. The average American has a 5 to 6% lifetime risk of getting colon cancer. The risk increases with age, with most cases occurring in people over the age of 50.

Studies suggest that if all Americans had colon screenings, most cases of colon cancer could be cured or avoided altogether. Screening techniques can detect cancer before it develops (i.e., pre-cancerous polyps) or at an early enough stage where treatment can be successful. Colonoscopies are arguably the most efficient way to screen for colon cancer.

A colonoscopy is a procedure that allows physicians to view the inside of the colon and detect and enable the physician to remove abnormal growths, such as polyps, before they become cancerous. What many people don’t realize is that polyps and early cancers do not cause symptoms or warning signs that would alert one to see a physician.

Although colonoscopy is not a perfect test, it dramatically reduces both the risks of getting colon cancer or dying from the disease. Other screening techniques are available, including various stool tests, sigmoidoscopy, or virtual colonoscopy, and although I believe colonoscopy remains the gold standard, it should be noted that at least some screening is better than none. Although there is a slight risk to the procedure, most people find a colonoscopy both painless and uneventful with the exception of needing to drink laxatives beforehand.

It is recommended that most people have a colonoscopy at the age of 50. African-Americans should begin screening at age 45 as they are more susceptible to getting colon cancer at an earlier age. Certain individuals are at higher risk and may require earlier screening as well. Those with family histories of colon cancer, including known genetic conditions such as familial polyposis, should speak to their physicians about the appropriate age for screening. Furthermore, those with a history of inflammatory bowel disease such as ulcerative colitis or Crohn’s disease need to speak with their physicians. It should be noted that there is an increased risk of colorectal cancer in people who are obese, smoke, drink heavily, eat a lot of red meat, or are deficient in calcium.

The real point is that in most cases, colon cancer is a preventable disease. Not enough people are being screened. More lives can be saved.

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Colorectal Cancer is Preventable, Treatable and Beatable.

Daniel J. Pambianco, M.D., Fellow, American College of Gastroenterology

Colorectal cancer is the second leading cause of cancer-related deaths in the United States – for both men and women. But, this would not have to be the case. Sixty percent of these deaths could be prevented if everyone 50 years of age or older had regular screenings.

As a Fellow of the American College of Gastroenterology (ACG), I am compelled to share ACG’s recently updated guidelines on what it considers ‘best practices’ for colorectal screening. These new guidelines replace the prior set of guidelines from over a decade ago. Published just in time for Colorectal Cancer Awareness month, the guidelines appeared in the March issue of The American Journal of Gastroenterology.

ACG’s guidelines suggest a colonoscopy every 10 years, beginning at age 50. Furthermore, colonoscopy screening is named the ACG’s preferred strategy for colorectal cancer detection and prevention. Data supports the value of a colonoscopy screening for early detection and prevention. In February of this year, the New England Journal of Medicine (NEJM) published findings of a 53 percent reduction in colorectal cancer deaths following removal of benign or pre-cancerous polyps during colonoscopy.

I simply cannot stress enough the value of colon cancer screening. Serving as the Director of Endoscopy for Martha Jefferson Hospital and an Associate with Charlottesville Gastroenterology, my colleagues and I have witnessed first-hand what research has now proven. Early detection and removal of pre-cancerous polyps is the most effective method for stopping colorectal cancer in its tracks. Colonoscopy screenings save lives, and it is imperative for everyone over the age of 50 to get screened.

According to the American Cancer Society (ACS) rates of colorectal cancer have been declining in the United States since the mid-1980s. And, in fact, rates have declined 3.0% in men and 2.3% in women each year since 1998. ACS contends that the declines in the past decade are completely attributable to early detection of precancerous growths and their removal as a result of colorectal cancer screening. That is the good news. The bad news is that almost half of Americans 50 and older are still not getting screened.

People over age 50 are at highest risk for colorectal cancer. Other risk factors include smoking, having a family history of colorectal cancer, and being African American. Those with a family history of colorectal cancer should discuss the appropriate screening timelines with their health care providers. And, African Americans should consider getting screened starting at the age of 45 due to earlier onset of the disease for this population.

It is important to note if you are any age and experience these symptoms you should get screened immediately:

• Rectal bleeding
• Blood in stools or in the toilet after having a bowel movement/Dark-or black-colored stools
• Narrowing of stools or change in stool shape
• Pain or cramping in the lower stomach
• Unexplained anemia/weight loss or sudden constipation/diarrhea

Because colonoscopy screening is the number-one-way to stop colorectal cancer, coverage is becoming a national priority. Medicare now covers colonoscopy screenings. Also, the healthcare reform that has been signed into law provides greater access to colonoscopy screenings. Of course, you should directly check with your private health insurance provider to find out which tests are covered for you.

Colorectal cancer is so deadly because often there are no immediate signs or symptoms. If
left undetected, colorectal cancer can spread throughout the body. But routine colonoscopy screenings can stop this killer cancer. Please take these recommendations to heart this March and schedule your colonoscopy screening. Do it not only for yourself, but for those you love. Just one screening can save your life.

Dr. Daniel J. Pambianco is an Associate at Charlottesville Gastroenterology Associates, the Director of Endoscopy/Motility at Martha Jefferson Hospital. He is also a vice chair of the Board of Governors of the American College of Gastroenterology. For more information visit www.cvileggi.com. Or to schedule a screening call 434-817-8484.

Having practiced gastroenterology over the past twenty years, my colleagues and I have seen first-hand what research has now proven. Early detection and removal of pre-cancerous polyps is the most effective method for stopping colorectal cancer in its tracks. Colonoscopy screenings save lives, and it is imperative for everyone over the age of 50 to get screened.

Dr. Daniel J. Pambianco,
Director of Endoscopy for Martha Jefferson Hospital and Associate with Charlottesville Gastroenterology
Regular screenings, healthy choices key to colorectal cancer prevention

By LAUREN WEBER, DO

March is National Colorectal Cancer month. The Centers for Disease Control and Prevention estimates that nearly 150,000 people will be diagnosed with colorectal cancer this year. According to Global Cancer Statistics, it is the third most commonly diagnosed cancer in males and the second in females. It is the second leading cause of cancer-related death in men in developed countries and the third most prevalent cause of death from cancer for women.

However, when found and treated early, the five-year relative survival rate is 90 percent. Unfortunately, less than 40 percent of colorectal cancers are found early. Therefore, recognizing signs and symptoms of problems could save your life.

Colorectal Cancer (CRC) occurs when cells mutate and divide too quickly resulting in a tumor. The tumor can block the colon and grow into nearby organs. Symptoms may include abdominal pain, a change in bowel habits, blood in the stool, or unexplained anemia/fatigue. Although hemorrhoids cannot lead to colon cancer, they may produce symptoms similar to colon cancer. CRC may be present with no symptoms, as well, making regular screening important for early detection.

RISK FACTORS

Risk for developing colorectal cancer increases with age, and it is most commonly diagnosed in people over the age of 50.

Risk factors include having a family member who has been diagnosed with colorectal cancer (especially a first degree relative), a history of precancerous polyps (known as adenomas), and a history of inflammatory bowel diseases (IBD) such as ulcerative colitis and to a lesser extent Crohn’s disease. Also, African-Americans have a higher rate of colon cancer.

Other risk factors include a high fat, low fiber diet; obesity; smoking and excessive alcohol use.

PREVENTIVE MEASURES

Although heredity plays a role in colorectal cancer, there are measures patients can take to help reduce their risk for developing the disease. According to the American College of Gastroenterology (ACG), screening for CRC should begin at age 50 for average-risk patients—those without a family history of colorectal cancer.

Those at higher risk due to race, family history, or IBD should be considered for screening at an earlier age. The ACG recommends that African Americans or anyone with a higher risk begin to have colorectal screenings at age 45. A higher risk due to family history includes anyone who has a first-degree family member with a history of colon cancer—a parent or sibling, specifically. And, patients with features of a hereditary syndrome associated with CRC should discuss genetic counseling with their physician.

Other preventive measures that help to support and maintain a healthy digestive tract and to minimize inflammation include increasing daily fiber intake. Good sources of fiber include whole grains, beans, nuts, fruits, vegetables and oatmeal. Fiber plays a very important role in colon health by normalizing bowel movements. The recommended dietary...
allowance is to eat 20-35 grams of fiber a day, but to reach that level, increase your intake gradually. Too much, too quickly can cause abdominal cramping, bloating, gas and constipation.

Drink sufficient amounts of water to stay hydrated and to help the fiber do its job. Limit alcohol and caffeine intake, which can contribute to the dehydration and can cause constipation. Reduce your intake of high fat foods, such as red meat and animal fat, which may contribute to inflammation. Regular exercise can help to normalize bowel movements.

There are some studies that show postmenopausal hormone therapy, vitamin D, aspirin, and eating fish may help to reduce your risk for colon cancer.

Above all, talk with your doctor if you have any risk factors or persistent symptoms. It is important to tell your doctor what color your stool is, because dark-colored or black stool may indicate the presence of blood. Your doctor can then advise you on the appropriate screening tests as well as on the appropriate lifestyle measures that can help you to improve your health.

Visit clevelandclinic.org/score to take a quick online survey to determine your colon cancer risk score, screening recommendations, and personalized family tree.

To schedule an appointment with any of our physicians in Cleveland Clinic's Center for Specialized Women's Health, please call 216.444.4HER. Visit us online at clevelandclinic.org/womenshealth.
March Is Colorectal Cancer Awareness Month

In the U.S. this year more than 143,000 people will be diagnosed with colorectal cancer, and more than 50,000 people will lose their lives to it. It is the second leading cause of cancer deaths overall in the country. However, colorectal cancer also is one of the most preventable and most easily treated cancers. If it is found at an early stage, usually the only treatment needed is surgery without chemotherapy. Once the colorectal cancer has been surgically removed at an early stage, it is considered cured and there is a greater than 90 percent five-year survival rate.

Some people believe colorectal cancer is a cancer found mostly in older men. Not so. It is an equal opportunity disease. Colorectal cancer is diagnosed at an almost equal rate between men and women. For women in the U.S., it is the third most common cause of cancer deaths after lung and breast. Yet in a survey conducted by the American Cancer Society, it was discovered that 54 percent of women expressed concern about their risk for breast cancer, while only 10 percent expressed concern about their risk for colorectal cancer.

Another factor that is important to understand is the increasing incidence and deaths from colorectal cancer among African Americans. Both African American men and women have a higher incidence of colorectal cancer at a younger age than any other race in the U.S. In response to these statistics, the American College of Gastroenterology recommends screening start at the age of 45, rather than 50.

Although the total number of colorectal cancers diagnosed each year is decreasing due to increased prevention and screening through colonoscopies, the number of new cases of colorectal cancer diagnosed each year in African Americans has not decreased. About 50 percent of people in the US older than the age of 50 have regular screening colonoscopies. However, according to an article published by Black Women’s Health Imperative, 70 percent of black women over the age of 45 are not getting screened for colorectal cancer.

Additionally, if you have a first degree relative (parent, sibling or child) with a history of colorectal cancer, you should start having screening colonoscopies at age 40 or 10 years before the age at which they were diagnosed. So if your first degree relative was diagnosed at age 45, you should start having screening colonoscopies at age 35.

Also, there is a genetic type of colorectal cancer called Hereditary Non-Polyposis Colorectal Cancer (HNPCC) or Lynch Syndrome. If a woman carries the gene for this genetic colorectal cancer, they also have up to a 70 percent chance of also being diagnosed with endometrial cancer in their lifetime. Often a woman carrying the gene for Lynch Syndrome is diagnosed with endometrial cancer before colorectal cancer and before the age of 50. So for any woman diagnosed with endometrial cancer before the age of 50, it is recommended she also be screened for colorectal cancer and have genetic testing.

Discussing the importance of colorectal cancer prevention and getting colonoscopies does not usually earn me the reputation of being a patient’s favorite nurse. However, by having a colonoscopy, not only can we find cancer early and cure it, but we can also find polyps in your colon and remove them before they become cancerous. So, even though colorectal cancer may not be one of your favorite subjects to discuss, it could be a life-saving subject for you or someone you know.

Get the colonoscopy that could save your life! To schedule a colonoscopy with Summa, call 888-720-5318 or visit www.summahealth.org/colon to learn more.

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