Early detection key to preventing colon cancer: a NetWellness column

By Plain Dealer guest columnist
March 03, 2010, 10:15AM

More and more people have tuned into the message. Unfortunately all too many of our friends and neighbors have tuned out, even when their body is screaming for help! While discussions of colorectal cancer awareness may not be a hit in polite circles of conversation (remember when breast cancer awareness wasn't either?) some even refuse to speak or listen privately.

The warning signs can be subtle or clear, but only if you pay attention to the signals your body sends will you catch the message.

How common is colon cancer?

Just when it seems we are making progress in the drive to promote colon health and awareness, the American Cancer Society publishes statistics that prove us wrong. Cancer of the colon and rectum remains one of the most common causes of death due to cancer in Americans – second only to lung cancer.

Over 150,000 Americans can expect to receive the diagnosis of colorectal cancer in 2010, and over one-third will ultimately die of their disease. The fact that more than half present to their doctor after the cancer has spread to lymph nodes or beyond is proof that many are
not listening to the messages from their body, friends, family, physicians, and media. In Ohio, less than 45 percent of people who should go for a screening exam actually go.

**Early detection is the key to prevention**

We know we can make a positive impact upon this deadly disease, especially when it is detected in its early stages. In fact, it is curable in over 90 percent of people when found as an early yet invasive cancer. Believe it or not, colorectal polyps can be detected before they turn into cancer, and when removed the risk of cancer formation from that polyp is gone. So what are the signals? Who should be listening?

**Signals to look for**

Signals can be extremely subtle, like a change in bowel habits. A new yet persistent change in the character of bowel movements can be a clear signal of something amiss.

**Blood in a bowel movement** is never normal, and should be thoroughly evaluated by your physician. Blood can be visible and bright red, maroon, or even black; sometimes it is hidden in the stool and special testing is required to detect it.

Pelvic pain, pressure, and abdominal bloating can also signal an abnormality, and should be investigated. Resist the urge to exhaust the list of over-the-counter preparations in an effort to avoid evaluation by your doctor!

**Risk factors**

Every American should be aware of the risk factors for the development of colorectal cancer; they will heighten your awareness of the signals your body sends.

- **Family History**: A family history of polyps or cancer markedly increases your personal risk, especially if you have a parent or sibling with the disease. Certain other cancers run in families and are associated with colorectal cancer—like uterine, ovarian and breast cancer. Often times our relatives are hesitant to speak about family health issues. Be proactive—talk to your family members about their health histories to better understand your risk factors. If one of your close relatives has had a polyp or a colorectal cancer, ask your doctor to refer you for a colonoscopy when you turn 40.

- **Age**: If your family slate is clean, go for that exam at the age of 50.

- **Other Conditions**: A patient with a longstanding history of ulcerative colitis or Crohn’s disease should be screened regularly for malignant change—the longer the duration of inflammation, the higher the risk of cancer developing.
Screening for colorectal cancer

Guidelines have been established by the American Society of Colon and Rectal Surgeons and the American Gastroenterological Association, and are readily available to all physicians and patients.

- **Home tests**: Signals that colorectal cancer may be a threat can be received in the privacy of your bathroom. While the home test for blood hidden in stool is easy and private, it is not very accurate and can be easily thrown off by certain foods and medications. Nonetheless, it has been shown to save lives when properly used.

- **Flexible Sigmoidoscopy**: While not commonly performed in most areas, this test can be combined with barium enema to screen for abnormalities.

- **Colonoscopy**: This test is the gold standard for the detection of polyps and cancers. Most polyps can be removed, and cancers can be diagnosed. While colonoscopy requires a preparation (the worst part), it is currently the most accurate way to get the answer you need about your colon health. If the blood you saw was due only to a hemorrhoid or fissure, then celebrate! Your next colonoscopy won't be necessary for 5-10 years.

**Other screening methods**: For those who are hesitant or unable to have a colonoscopy, there are other screening methods, such as CT colonography. Talk to your physician about the screening or surveillance regimen that is right for you.

Pay attention to your colon

Signals are sent by the colon when something is wrong. My goal is lofty – to prevent the need for our colons to send those signal in the first place. So listen up:

- If you are **age 50 and healthy**, with no family history of polyps or colorectal cancer, get screened.

- If your **family has had difficulty with polyps or cancers**, especially in younger members, get screened early, perhaps at 40.

- If you are of **African-American heritage**, start your screening process at the age of 45 years.

- If you have a **chronic inflammatory condition** affecting your colon, get periodic endoscopic exams to look for malignant change.

- If **your colon is speaking to you**, LISTEN!

No one dies of embarrassment, but all too many of our friends die of colorectal cancer.
I have no medical training other, but am currently watching a family member suffer with this disease.

Do not ignore: 1) Warning signs (changes in bowel movements, ribbon-like stool, blood in stool, etc.), 2) routine testing after age 50 (or earlier with family history), and 3) follow-up tests if indicated by your doctor (very important -- they know what they're talking about).

Colon cancer is a very treatable disease before it metastacizes to lymph nodes and/or liver. If it moves around the body it gets a lot tougher to treat. The colonoscopy test itself is easy (you are basically asleep). The hardest part is drinking the stuff beforehand and running to the toilet all night.

Listen to your body and call your doctor today if you think something is wrong. Lessen the amount of red meat and processed meats you eat. Enjoy your family before it's too late.