COLORECTAL CANCER IS THE THIRD MOST COMMONLY DIAGNOSED CANCER IN THE UNITED STATES.

colon cancer: how getting screened can SAVE YOUR LIFE

BY BILL HOLLERAN

Colon or rectal cancer—also known as colorectal cancer—is one of the leading causes of cancer-related deaths in the United States. In 2012, the National Cancer Institute (NCI) estimates that there will be more than 143,460 new cases of colorectal cancer and 51,690 deaths from the disease.

This makes colorectal cancer the third most common cancer diagnosed in both men and women in the United States (excluding skin cancers), according to the American Cancer Society. The good news, said Anu Gupta, M.D., a radiation oncologist who is medical director of the Cancer Center at Gaithersburg, is that the society's statistics show that the death rate from colorectal cancer has been dropping for more than 20 years.

When it comes to preventing colorectal cancer, screening makes all the difference.

Colorectal cancer begins in the tissues lining the large intestine (colon) or the rectum (end of the colon).

"If you do anything, you are going to reduce your risk compared to doing nothing."

-Sean Hunt, M.D.

"There is no single cause of colon cancer," according to PubMed Health, a service of the U.S. National Library of Medicine. "Nearly all colon cancers begin as noncancerous polyps, which slowly develop into cancer."

"We've made amazing progress in early detection and prevention since 1999," said Richard Chasen, M.D., a gastroenterologist who is a partner with the Capital Digestive Care in Laurel and Takoma Park. "That's when the American Cancer Society and American College of Gastroenterology began recommending colonoscopy screenings starting at age 50 for Caucasians and age 45 for African-Americans."

African-Americans have the highest incidence and death rate from colon cancer in the United States, hence the recommendation for earlier screening, according to the American Cancer Society. These target ages are for average-risk individuals with no family history of colorectal cancer or personal history of polyps, Chasen pointed out.

Since 1999, approximately 65 percent of Americans who should have been screened have been screened, according to Chasen, who has privileges at Washington Adventist Hospital in Takoma Park and at Laurel Regional Hospital.

"In that period of time, according to a recent article in The New England Journal of Medicine, we have lowered the colon cancer death rate by 53 percent," Chasen said. "Now the challenge is to screen the other 35 to 40 percent of people who are at risk."

According to PubMed Health, people have a higher risk for colon cancer if they:

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- Are older than 60
- Are African-American or of eastern European descent
- Eat a diet that is high in red or processed meats
- Have colorectal polyps
- Have inflammatory bowel disease (such as Crohn's disease or ulcerative colitis)
- Have a family history of colon cancer
- Have a personal history of breast cancer

Both polyps and early-stage colorectal cancer are usually asymptomatic, according to Chasen.

"Symptoms of more advanced colorectal cancer are abdominal pain, bleeding, anemia or change in bowel habits," said Sean Hunt, M.D., a gastroenterologist with Frederick Gastroenterology Associates, who has privileges at Frederick Memorial Hospital. "But here's the sad part. If you have a symptom that is related to the cancer, you're probably not curable. That's why it is so important to follow the screening recommendations."

"The most important thing, by far, is prevention," Hunt said. "By finding polyps and removing them, we can prevent colon cancer 70 to 90 percent of the time."

THERE ARE SEVERAL SCREENING methods for the prevention of colorectal cancer. "Evidence from the National Polyp Study showed clear evidence that removing (polyps) during a colonoscopy reduces risk for colorectal cancer significantly," according to the Washington, D.C.-area based advocacy group Fight Colorectal Cancer.

A colonoscopy is a procedure that allows the doctor to see the entire colon by using a thin, long, flexible instrument with a lighted lens or video camera at its end, according to a description of the procedure by Fight Colorectal Cancer. Polyps can be removed and tissue samples taken for biopsies using instruments that are introduced through the scope.

In some cases, said Chasen, during a colonoscopy, the cancer can be caught before it has grown from the polyp into the wall of the colon. "The polyp is just turning into cancer and that's all that needs to be removed."

Routine colonoscopy screenings should continue every 10 years up to age 75, according to the U.S. Preventive Services Task Force. Between 75 and 85, screenings are recommended only when risk factors are present. After 85, the screenings are not recommended by the task force.

MEANWHILE, THE EFFECTIVENESS OF flexible sigmoidoscopy as a screening test for colorectal cancer has been supported by the results of a study NCI announced in May.

That study concluded that sigmoidoscopy "is less invasive and has fewer side effects than colonoscopy (and) is effective in reducing the rates of new cases and deaths due to colorectal cancer."

During a flexible sigmoidoscopy exam, a thin tube known as a sigmoidoscope is inserted into the rectum. A tiny video camera at its end provides a view of the rectum and the end of the large intestine. If necessary, biopsies can be taken through the scope, according to the Mayo Clinic.

In that study announced by NCI, "researchers found that overall colorectal cancer mortality was reduced by 26 percent and incidence [new cases] was reduced by 21 percent as a result of screening with sigmoidoscopy." The study spanned almost 20 years.

According to Hunt, the recommendation for sigmoidoscopy screening is once every three to five years, more frequent than the colonoscopy because the procedure does not provide a view of the entire colon. Additional screening methods include: [continued on 20]

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• Virtual colonoscopy, a computerized tomography (CT) scan or MRI with special software to focus on the colon. No scope is used. According to Hunt, a virtual colonoscopy can detect "good sized"—one centimeter in length—polyps just as effectively as a traditional colonoscopy, but may miss smaller polyps.

"If you find a polyp with a virtual colonoscopy, then you need a regular colonoscopy to remove it," he said. The recommended screening frequency for virtual colonoscopy, according to Hunt, is once every five years.

• Barium enema, which Hunt said can reduce risk by 30 to 50 percent if conducted once every five years

• Stool testing for occult (hidden) blood. According to Hunt, "If you do stool testing once a year and act on a positive result, risk is reduced by 30 percent."

When it comes to screening for colorectal cancer, "If you do anything, you are going to reduce your risk compared to doing nothing," Hunt said.

STANDARD TREATMENT OPTIONS FOR COLORECTAL cancer are surgery, chemotherapy and radiation treatments, according to Gupta.

Colorectal cancer is "potentially curable" with surgery, said Hunt. "It depends on the stage. Stage 4 is not curable, but stage 1 has a 90 percent cure rate with surgery." Surgery, he said, involves cutting out the cancerous part of the colon and "hooking it back together."

According to Gupta, chemotherapy is usually indicated for large tumors or when lymph nodes have become involved. Radiation, she said, is used "routinely" in the treatment of rectal cancer because surgery is more difficult due to the location of the rectum near the pelvis.

Research is being conducted "into more targeted therapies that work on the cellular level, looking at what transforms normal cells into cancerous cells," Gupta said. There are certain pathways that a cell goes through to become cancerous, she explained, and this research "is gathering information about what happens along these pathways so that new drugs can be developed to stop that progression from happening."

African-Americans have the highest incidence of and death rate from colon cancer in the U.S., so screenings for that population should begin at 45.

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