

Colon Cancer Prevention

No one knows the exact causes of colorectal cancer. Doctors can seldom explain why one person develops the disease and another does not. However, it is clear that colorectal cancer is not contagious. No one can "catch" this disease from another person.

Research has shown that people with certain risk factors are more likely than others to develop colorectal cancer. A risk factor is anything that is linked to an increased chance of developing a disease.

Studies have found the following risk factors for colorectal cancer:

Age: Colorectal cancer is more likely to occur as people get older. More than 90 percent of people with this disease are diagnosed after age 50. The average age at diagnosis is in the mid-60s.

Colorectal polyps: Polyps are growths on the inner wall of the colon or rectum. They are common in people over age 50. Most polyps are benign (noncancerous), but some polyps (adenomas) can become cancer. Finding and removing polyps may reduce the risk of colorectal cancer.

Family history of colorectal cancer: Close relatives (parents, brothers, sisters, or children) of a person with a history of colorectal cancer are somewhat more likely to develop this disease themselves, especially if the relative had the cancer at a young age. If many close relatives have a history of colorectal cancer, the risk is even greater.

Genetic alterations: Changes in certain genes increase the risk of colorectal cancer.

Hereditary nonpolyposis colon cancer (HNPCC) is the most common type of inherited (genetic) colorectal cancer. It accounts for about 2 percent of all colorectal cancer cases. It is caused by changes in an HNPCC gene. About 3 out of 4 people with an altered HNPCC gene develop colon cancer, and the average age at diagnosis of colon cancer is 44.

Familial adenomatous polyposis (FAP) is a rare, inherited condition in which hundreds of polyps form in the colon and rectum. It is caused by a change in a specific gene called APC. Unless familial adenomatous polyposis is treated, it usually leads to colorectal cancer by age 40. FAP accounts for less than 1 percent of all colorectal cancer cases.

Family members of people who have HNPCC or FAP can have genetic testing to check for specific genetic changes. For those who have changes in their genes, health care providers may suggest ways to try to reduce the risk of colorectal cancer, or to improve the detection of this disease. For adults with FAP, the doctor may recommend an operation to remove all or part of the colon and rectum.

Personal history of colorectal cancer: A person who has already had colorectal cancer may develop colorectal cancer a second time. Also, women with a history of cancer of the ovary, uterus (endometrium), or breast are at a somewhat higher risk of developing colorectal cancer.

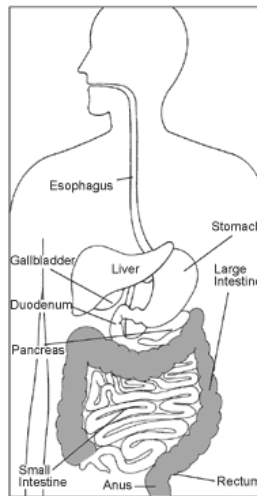
Ulcerative colitis or Crohn's disease: A person who has had a condition that causes inflammation of the colon (such as ulcerative colitis or Crohn's disease) for many years is at increased risk of developing colorectal cancer.

Diet: Studies suggest that diets high in fat (especially animal fat) and low in calcium, folate, and fiber may increase the risk of colorectal cancer. Also, some studies suggest that people who eat a diet very low in fruits and vegetables may have a higher risk of colorectal cancer. More research is needed to better understand how diet affects the risk of colorectal cancer.

Cigarette smoking: A person who smokes cigarettes may be at increased risk of developing polyps and colorectal cancer.

People who think they may be at risk should discuss this concern with their doctor. The doctor may be able to suggest ways to reduce the risk and can plan an appropriate schedule for checkups.

What I need to know about Colon Polyps



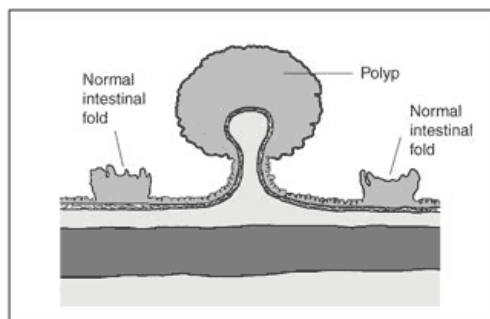
Digestive tract

A **polyp*** is extra tissue that grows inside your body. Colon polyps grow in the **large intestine**. The large intestine, also called the colon, is part of your digestive system. It's a long, hollow tube at the end of your digestive tract where your body makes and stores **stool**.

*Medical terms are defined in the glossary.

Are Polyps Dangerous?

Most polyps are not dangerous. Most are **benign**, which means they are **not** cancer. But over time, some types of polyps can turn into cancer. Usually, polyps that are smaller than a pea aren't harmful. But larger polyps could someday become cancer or may already be cancer. To be safe, doctors remove all polyps and test them.



Colon polyp

Who Gets Polyps?

Anyone can get polyps, but certain people are more likely than others. You may have a greater chance of getting polyps if:

- you're over 50. The older you get, the more likely you are to develop polyps.
- you've had polyps before.
- someone in your family has had polyps.
- someone in your family has had cancer of the large intestine.



Find out if someone in your family has had polyps.

You may also be more likely to get polyps if you

- eat a lot of fatty foods
- smoke
- drink alcohol
- don't exercise
- weigh too much

What Are The Symptoms?

Most small polyps don't cause symptoms. Often, people don't know they have one until the doctor finds it during a regular checkup or while testing them for something else.

However, some people do have symptoms like these:

- bleeding from the **anus**. You might notice blood on your underwear or on toilet paper after you've had a bowel movement.
- constipation or diarrhea that lasts more than a week.
- blood in the stool. Blood can make stool look black, or it can show up as red streaks in the stool.

If you have any of these symptoms, see a doctor to find out what the problem is.

How Does The Doctor Test For Polyps?

The doctor can use four tests to check for polyps:

- **Digital rectal exam.** The doctor wears gloves and checks your **rectum**, the last part of the large intestine, to see if it feels normal. This test would find polyps only in the rectum, so the doctor may need to do one of the other tests listed below to find polyps higher up in the intestine.
- **Barium enema.** The doctor puts a liquid called barium into your rectum before taking x rays of your large intestine. Barium makes your intestine look white in the pictures. Polyps are dark, so they're easy to see.

- **Sigmoidoscopy.** With this test, the doctor can see inside your large intestine. The doctor puts a thin flexible tube into your rectum. The device is called a sigmoidoscope, and it has a light and a tiny video camera in it. The doctor uses the sigmoidoscope to look at the last third of your large intestine.
- **Colonoscopy.** This test is like sigmoidoscopy, but the doctor looks at all of the large intestine. It usually requires sedation.



Colonoscopy or sigmoidoscopy testing.

Who Should Get Tested For Polyps?

Talk to your doctor about getting tested for polyps if:

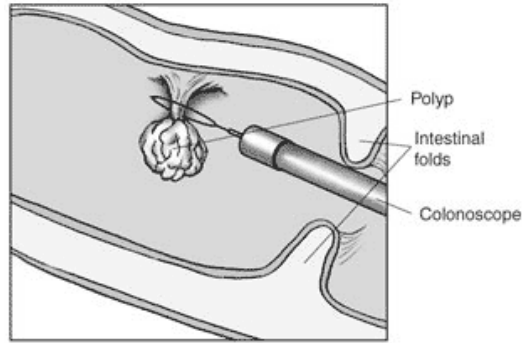
- you have symptoms
- you're 50 years old or older
- someone in your family has had polyps or colon cancer



How Are Polyps Treated?

The doctor will remove the polyp. Sometimes, the doctor takes it out during sigmoidoscopy or colonoscopy. Or the doctor may decide to operate through the **abdomen**. The polyp is then tested for cancer.

If you've had polyps, the doctor may want you to get tested regularly in the future.



Polyp removal

How Can I Prevent Polyps?

Doctors don't know of any one sure way to prevent polyps. But you might be able to lower your risk of getting them if you

- eat more fruits and vegetables and less fatty food
- don't smoke
- avoid alcohol
- exercise every day
- lose weight if you're overweight

Eating more calcium and folate can also lower your risk of getting polyps. Some foods that are rich in calcium are milk, cheese, and broccoli. Some foods that are rich in folate are chickpeas, kidney beans, and spinach.

Some doctors think that aspirin might help prevent polyps. Studies are under way.



Points to Remember

- A polyp is extra tissue that grows inside the body. Most polyps are not harmful.
- Symptoms may include constipation or diarrhea for more than a week or blood on your underwear, on toilet paper, or in your stool.
- Many polyps do not cause symptoms.
- Doctors remove all polyps and test them for cancer.
- Talk to your doctor about getting tested for polyps if
 - you have any symptoms
 - you're 50 years old or older
 - someone in your family has had polyps or colon cancer

Glossary

Abdomen: The area between the chest and the hips. It contains the stomach, small intestine, large intestine, liver, gallbladder, pancreas, and spleen.

Anus: The opening through which stool leaves the body.

Benign: Not cancerous.

Colonoscopy: A test to look inside the entire large intestine. The doctor uses a flexible tube that contains a light and a tiny video camera. This device is called a colonoscope.

Large intestine: A long, hollow tube in your body that makes and stores stool. Also called the colon.

Polyp: An extra piece of tissue that grows inside the body.

Rectum: The last section of the large intestine, leading to the anus.

Sigmoidoscopy: A test to look inside the lower section of the large intestine. The doctor uses a flexible tube that contains a light and a tiny video camera. The device is called a sigmoidoscope.

Stool: The solid waste that passes through the rectum as a bowel movement.