

“Live Healthy and Be Well!”

Facts about Colon Cancer

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Although you are reading this in April, I am writing it in March and realize that March is Colon Cancer (or Colorectal Cancer - CRC) awareness month. This is such an important topic, it is worth re-visiting it and putting out the word even though I missed the actual “awareness month.” For CRC, as any type of cancer, every month can and should be “awareness month!” Also, more and more we are considering CRC a preventable type of cancer. So, with proper diet, exercise, minimization of risk factors, regular checkups, and appropriate screening exams – your risk of CRC can be minimized or avoided altogether. CRC results from uncontrolled cell growth that usually starts in the wall of the large intestine (colon), lower in the rectum, or even the appendix, which protrudes off the first part of the colon called the cecum. CRC can be totally spontaneous in an individual or result from genetic predisposition. If you have a primary relative (parent, sibling, or child) that has CRC, your personal risk is increased by a factor of 2 or 3. You are also more at risk if you have inflammatory bowel disease (IBD) such as Crohn’s Disease or Ulcerative Colitis. Additional risk factors include older age, male gender, high intake of fat, consumption of alcohol and/or red meat, low fiber diet, obesity, smoking and a lack of physical exercise – so adjust these in your favor as much as possible!

CRC is the third most commonly diagnosed cancer in the world, and the fourth most common cause of worldwide cancer death after lung, stomach, and liver cancers. It is more common in developed countries – most likely due to diets containing more processed foods, fats, and less fiber. In the United States, 5% of people will have a form of CRC in their lifetime. It is currently thought that most CRC’s initially begin their course as small, pre-cancerous polyps on the wall of the colon or rectum. Over time (10 to 15 years), and with certain changes, these polyps may undergo mutation into malignant tumors which will then, through the process of uncontrolled growth, become invasive and can actually penetrate through the colon and invade nearby tissue or other organs. During this process of cancerous growth, the malignancy can also spread through the lymph node system and result in metastatic tumors far from the site of the original cancerous growth, for CRC this is most often in the liver, lung, and brain.

Symptoms of CRC depend on the location of the tumor in the bowel, and whether or not it has invaded the wall of the colon and began to spread to other sites. Common symptoms most often include some blood in the stool, vague abdominal pain, anemia, worsening constipation or decreased caliber of the stool, and can be accompanied by unexplained fevers, weight loss, and night sweats. If you have any of these symptoms, please consult your health care provider for a more in depth examination (no pun intended).

We find that the diagnosis is more common in the 7<sup>th</sup> decade of life (in your 60’s). Because of that factor, we believe it is best to start screening at age 50. So, when you turn the big Five-O, your birthday present from the house of medicine is a colonoscopy! This is an outpatient procedure that requires a pre-procedure office visit where your history can be obtained, an general exam performed, and you will be given instructions and something to drink the day before your procedure. There are various ways to “prep” you for the procedure, but there is a need to have your colon as clean as possible to allow visualization through the scope. The

procedure itself will be done under deep sedation and with some pain medicines, and you will not feel or remember anything. During your scope, if any of these small polyps are found, the doctor can remove them on the spot, thus preventing them from ever having the chance to “turn” malignant. Anything suspicious can likewise be biopsied to obtain a definitive diagnosis. As with all cancers, early detection greatly increases the chance of cure, so it is in all of our best interests to do just that. As a final note, if you had a primary relative with CRC, you need to get your initial screening colonoscopy 10 years prior to the age your relative was diagnosed, just to be on the safe side.

So, let any of the calendar months remind us to be aware of CRC! Eat a healthy diet, including high fiber and low fat (always good advice), get regular exercise, limit risk factors for CRC that are under your control, and get regular checkups including a screening colonoscopy when you are due, and you will have the upper hand against colorectal cancer!

We really do enjoy hearing from you with any questions, concerns, or ideas for future columns and/or health and wellness related issues for the *Georgia Mountain Laurel*. Please send an email to [rabundoctor@gmail.com](mailto:rabundoctor@gmail.com), or call Jamie at 706-782-0480, and we will be sure to consider your input. If you use Twitter, then follow us for health tips and advice @rabundoctor. Until next month, live healthy and be well!