



valley
GASTROENTEROLOGY
ASSOCIATES



VGA
center for
Obesity Medicine

Preventing Colon Cancer

Colon cancer is a leading form of cancer in the United States. Unlike many cancers, however, colon cancer can be 90% curable if detected early.

Colon cancer originates in the cells of the lining of the colon and is equally found in men and women. Medical research has shown us that there is a tendency for colon cancer and colon polyps to run in families. Abnormal genes are passed from a parent to their child. Genes are the hereditary components in your cells that determine how your cells behave. Genes determine things like your eye color, risk for heart disease, and tendency to develop colon polyps that can lead to colon cancer. Although we know that colon cancer runs in families, it most often occurs in people who do not have a family history.

Colon Polyps

Colon polyps are fleshy growths or neoplasms that grow in the colon. Most colon cancers start out as tiny polyps that cause no symptoms to the patient. Polyps can be small, flat lesions (sessile) or larger, mushroom shaped, elevated growths with a stalk called pedunculated. A polyp can be completely benign and may have a low potential for causing cancer.

Most colon cancers start out as a tiny polyp that cause no symptoms in the patient. These polyps are called hyperplastic polyps. Adenomatous polyps are polyps that we know may eventually develop into colon cancer in 7-10 years. We say that these polyps are precancerous. Removing the precancerous polyp will dramatically decrease the risk of developing colon cancer. There is no way to determine what type of polyp you have unless the growth is removed and a special doctor, called a pathologist makes the determination by looking at the cells under a microscope.

How is colon cancer prevented?

A colonoscopy is a direct visual exam of the large colon from the rectum to the opening of the small bowel. A flexible lighted scope is used to exam the colon, remove polyps, and to take samples of the colon lining when necessary. According to the American Cancer Society, everyone should have a colon examination at the age of fifty for the purpose of screening for colon cancer and colon polyps. If you have a family history of colon cancer or colon polyps you should have a full colonoscopy exam by the age of forty or earlier depending on how old your family member was when they were diagnosed with colon cancer. Once a patient has developed colon cancer or colon polyps their doctor will have them return on a regular schedule for colonoscopy every few years. It is important that a person diagnosed with colon polyps, or colon cancer notify all first degree family member (brothers, sisters, parents and children) of their condition so that their doctor can recommend proper screening.



valley
GASTROENTEROLOGY
ASSOCIATES



VGA
center for
Obesity Medicine

Medicare Guidelines Effective July 1, 2001

Payment will be allowed for screening colonoscopy once every 10 years for patients age 50 and over providing a flexible sigmoidoscopy was not performed in the previous four years.

What else can you do to prevent colon cancer?

Free radicals have been shown to cause damage to the body. Fruits and vegetables have large quantities of anti-oxidants that can neutralize free radicals and possibly prevent damage such as colon cancer. You should try to eat five portions of fruits and vegetables each day. Vitamins E, C and beta carotene supplements have not been proven to reduce colon cancer. It is not clear that a high fiber diet is preventative, however, it is not harmful and may help other diseases of the colon.

Avoiding meat and saturated fat may also be beneficial. Saturated fat is broken down by the body into carcinogens that may cause cancer.

Calcium in some way regulates the growth of cells in the lining of the colon. Medical studies are showing that people who ingest 1000-1500 mg of calcium a day have less colon cancer, other studies have not confirmed these same findings.