

A Colo-What?

New research highlights the importance of **PROACTIVE** cancer screening

by rhea maze

A new study that found increasing rates of colorectal (colon or rectal) cancer in adults ages 20-54 has health-care professionals puzzled.

The American Cancer Society study appeared in the *Journal of the National Cancer Institute* earlier this year.

“It’s an interesting study and there’s not a great explanation for it,” says Dr. Dan Hampton, a physician at the Centers for Gastroenterology in Fort Collins. “It shows that we’re actually seeing a higher per-capita rate of colorectal cancer in younger people for reasons we don’t yet know—which is a little worrisome.”

Colorectal cancer is the third most common cancer in the U.S. and usually begins with growths called polyps in the colon or rectum, some which can turn cancerous over time. Although there is a rise in the number of young people being diagnosed, the vast majority of those who get colorectal cancer are still age 50 and older.

Proper screening is the best way to prevent colorectal cancer as well as find it and treat it in the early stages. It’s currently recommended that anyone age 50 and over be screened for colorectal cancer. Those under 50 should talk with their health-care provider about their individual risk, family history, and appropriate screening tests. The best screening tool available remains the colonoscopy—a commonly misunderstood procedure that many people mistakenly fear and avoid.

Colonoscopy involves examination of the entire colon and rectum area via a camera attached to a small tube. Preparation for the procedure includes taking laxatives to clean out the colon.

“The biggest barrier we have to reducing the overall burden of colorectal cancer is people not wanting to come in for a screening,” Hampton says. “They fear that the preparation is too intense or the procedure is painful, but it’s done under sedation and folks don’t really feel anything other than a good nap.”

Though there are some alternative screening tests that may be appropriate for individuals who are at average risk, such as CT



“People always ask me what they can do to prevent polyps and I emphasize that the only realistic, practical thing you can do is to get your colonoscopy. Polyps are predetermined by your body and genetic makeup—your risk is something that’s basically out of your hands.”

~ Dr. Dan Hampton from the Centers for Gastroenterology in Fort Collins

colonography (an X-ray procedure), stool DNA test, fecal test, and blood test, Hampton says they are inferior to the screening power of the colonoscopy. And, if results on any of these other tests are positive (which can be false), your health-care provider will require a follow-up colonoscopy.

“It would be the holy grail to get a lab test done to see if there’s cancer,” Hampton says. “But there isn’t any data showing that these other tests make a difference because they haven’t been around long enough. We have decades of very good data that shows that colonoscopy reduces the risk of both developing and dying from colorectal cancer—we can say with certainty that it makes a difference.”

Hampton wants people to understand that a colonoscopy is not a test intended to diagnose cancer, it’s a test intended to prevent it. “We want to find polyps and get rid of them when they’re small and not causing problems,” he says. “You may have to check your ego at the door when you come in for it, but when you consider that the average person has about a 1-in-20 lifetime risk of developing colorectal cancer, it’s worth getting it done.”

Prevention is key

The American Cancer Society recommends the following colonoscopy screening schedule for men and women:

Average Risk: Age 50; then every 10 years

*Increased Risk:

- Family history of colorectal cancer or pre-cancerous polyps before age 60: Age 40 or 10 years before the youngest case in the immediate family; then every 5 years.
- Family history of colorectal cancer or pre-cancerous polyps after age 60: Age 40; then every 10 years.

*High Risk:

- Patient with inflammatory bowel disease (chronic ulcerative colitis or Crohn’s disease): 8 years after onset of pancolitis (involvement of entire colon), or 12-15 years after onset of left-sided colitis; then every 1-2 years with biopsies.
- Patients with Lynch syndrome or family history of Lynch syndrome: Age 20 to 25 or 10 years before youngest case of immediate family member; then every 1-2 years.

*Check with your health-care provider for the best screening options and schedule based on your individual risk.

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The Health District’s 2016 Community Health Survey found that 62% of people ages 50-74 in northern Larimer County reported getting a colonoscopy screening in the past 10 years. Another 11% in the same age group reported getting other cancer screenings during that time.