



Dr. Michael R. Kaczanowski
On:
**COLON CANCER
AND THE
IMPORTANCE
OF SCREENING**

Cancer is a disease of uncontrolled cell growth, and colon cancer forms when this behavior begins in cells of the colon. Most of these cancers begin as small, non-cancerous clumps of cells called adenomatous polyps. Over time, these polyps can grow, become cancers, and damage the walls of the colon. They can also metastasize, or travel, through the blood or lymph to affect other parts of the body.

In the United States, nearly 150,000 people will be diagnosed with colon cancer this year alone. Almost 50,000 will die from this disease.

Symptoms:

While people with polyps or early cancers often have no symptoms, there are some red-flags to watch out for:

- A change in your bowel habits, including diarrhea or constipation
- Blood in your stool
- Persistent abdominal discomfort
- A feeling that your bowel doesn't empty completely
- Weakness, fatigue, or unexplained weight loss

What causes colon cancer:

Normal cells in the body follow an orderly path growth, division, and death. This programmed death is called apoptosis. Colon cancer cells result when apoptosis fails. Although doctors do not know exactly why cells behave this way, there are several risk factors.

POLYPS: Colon cancer almost always develops from precancerous polyps that can form in the large intestine. Polyps can vary in appearance and characteristics, but removing a polyp before it becomes cancerous can prevent colon cancer.

GENETICS: There are several rare syndromes associated with colon cancer that can be passed through families. These account for a very small percentage of colon cancers. They include:

- Familial Adenomatous Polyposis (FAP) – this causes many thousands of polyps to develop. Most people with untreated FAP will develop cancer before age 40.

- Hereditary Non-polyposis Colo-rectal Cancer (HNPCC) or Lynch Syndrome – this increases the risk of colon as well as several other cancers. People with HNPCC usually develop cancer before age 50.

If your family has a history of colon cancer, talk to your doctor about your risk for one of these syndromes.

Other risk factors:

- Age – The majority of colon cancers develop after age 50.
- African-American race – While colon cancer can affect anyone, African-Americans have a greater risk than people of other races.
- A personal history of colon cancer or polyps – if you've already had colon cancer or precancerous polyps, you have a greater risk of colon cancer in the future.
- Inflammatory bowel disease – People with a long history of Crohn's disease or ulcerative colitis have an increased risk of colon cancer.
- A family history of colon cancer – you are more likely to develop colon cancer if a parent, sibling, or child has the disease.
- Low-fiber, high fat diet – research has suggested that a diet low in fiber and high in calories and fat may be associated with colon cancer. There may also be risk with diets high in red meats or processed meats.
- Sedentary lifestyle, obesity, and smoking have also been shown to increase risk of colon cancer.

Screening for colon cancer:

Over the years, there have been several different methods for detecting precancerous polyps and colon cancers. Right now, the best method we have is colonoscopy. This procedure uses a long, flexible camera to closely examine the walls of the colon. The test is both safe and comfortable. If a polyp is found, the doctor performing the test can use small surgical instruments through the camera to sample or remove polyps before they have the chance to become cancer.

If you are 50 years old, or your doctor feels you have an increased risk for colon cancer, you should ask to be referred for colonoscopy. With routine screening, colon cancer is largely preventable, and treatable with early detection.

Colon cancer screening saves lives.

Dr. Michael Kaczanowski is board certified in Internal Medicine, and Gastroenterology and has served the greater Manchester community for the past several years. He received his medical degree from St. George's University School of Medicine, Grenada and completed his residency at Norwalk Hospital, Yale University teaching affiliate, Norwalk, CT. Here he held the position of Chief Medical Resident and obtained a Fellowship in Gastroenterology and Hepatology. Dr. Kaczanowski has published on the use of wireless capsule endoscopy for diagnosis of small bowel neoplasms and his area of special interest is in the detection of colon cancer, esophageal disease and swallowing disorders.

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185 Queen City Avenue | Manchester, NH 03101 | 603-314-6900 | www.elliethospital.org