

# Colon Cancer & Colon Polyps



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Colorectal cancer is the third most common type of non-skin cancer in both men (after prostate cancer and lung cancer) and women (after breast cancer and lung cancer). It is the second leading cause of cancer death in the United States after lung cancer. Although the rate of new colorectal cancer cases and deaths is decreasing in this country, more than 145,000 new cases were diagnosed and more than 49,000 people died from this disease each year over the past 5 years.

The exact causes of colorectal cancer are not known. However, studies have shown that certain factors are linked to an increased chance of developing this disease, including the following:

<b>Age</b>	<i>Colorectal cancer is more likely to occur, as people get older. Although this disease can occur at any age, most people who develop colorectal cancer are over age 50.</i>
<b>Polyps</b>	<i>Polyps are abnormal growths that protrude from the inner wall of the colon or rectum. They are relatively common in people over age 50. Detecting and removing these growths may help prevent colorectal cancer. Polyps are routinely removed during colonoscopy.</i>
<b>Personal history</b>	<i>A person who has already had colorectal cancer is at an increased risk of developing colorectal cancer a second time. Some women with a history of ovarian, uterine, or breast cancer have a higher than average chance of developing colorectal cancer.</i>
<b>Family history</b>	<i>Close relatives (parents, siblings, or children) of a person who has had colorectal cancer are somewhat more likely to develop this type of cancer themselves, especially if the family member developed the cancer at a young age. Those persons with a family history should begin screening at an earlier age and will require more frequent follow-up exams.</i>
<b>Lynch Syndrome (HNPCC)</b>	<i>Some families can be affected by a particularly gene mutation that can lead to an 83% chance of developing colon cancer as well as other associated cancers such as breast and uterine cancer. Individuals in these families require more frequent screening.</i>
<b>Ulcerative Colitis or Crohn's Disease</b>	<i>People who have ulcerative colitis or Crohn's colitis are more likely to develop colorectal cancer than people who do not have these conditions.</i>
<b>Diet</b>	<i>Some evidence suggests that the development of colorectal cancer may be associated with high dietary consumption of red and processed meats and low consumption of whole grains, fruits, and vegetables.</i>
<b>Exercise</b>	<i>Some evidence suggests that obesity and a sedentary lifestyle is associated with an increased risk of developing colorectal cancer.</i>
<b>Smoking</b>	<i>Increasing evidence from epidemiologic studies suggests that cigarette smoking, particularly long-term smoking, increases the risk of colorectal cancer.</i>

## Screening and Its Importance

Screening is checking for health problems before they cause symptoms. Colorectal cancer screening can detect cancer, polyps, nonpolypoid lesions, (flat or slightly depressed areas of abnormal cell growth) and other conditions. Flat or depressed lesions occur less often than polyps, but they may have a greater potential to develop into colorectal cancer. Finding and removing polyps or other areas of abnormal cell growth is the most effective way to prevent colorectal cancer. Colorectal cancer (like most cancers) is generally more treatable when it is found early. At Gastroenterology Consultants we use the latest generation of High Definition endoscopes in order to allow us to better detect small and/or flat lesions early.

The following tests are available at Gastroenterology Consultants for colorectal cancer screening:

- Colonoscopy
- Virtual colonoscopy

# Colon Cancer FAQ



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## What is colon cancer?

Colon cancer, also called colorectal cancer, is cancer of the lining of the colon and/or the rectum. The cells in the colon grow abnormally, creating growths called polyps. Some polyps start out as non-cancerous (benign) growths, but they can become cancerous if not removed.

## What are the risk factors for colon cancer?

Age is the most common risk factor. People age 50 and older are the most likely to develop colon cancer. Colon cancer can run in families, so people who have parents or siblings who have had colon cancer or polyps are at higher risk. People with inflammatory bowel disease may also be more at risk.

## What are the symptoms of colon cancer?

Many people do not have any symptoms in the early stages of colon cancer, so they may not even know they have it. Some people may experience a change in bowel movements, blood in the stool, bloating, cramping, stomach pain, weight loss or fatigue with no explainable cause.

## How is colon cancer detected?

Since colon cancer often has no symptoms, routine screening for cancer is very important. There are several tests your doctor can use. The best method for detecting colon cancer is colonoscopy. During a colonoscopy, pre-cancerous polyps may be discovered. These polyps can be removed during the exam, which can prevent them from developing into colon cancer.

Screening Method	How often should I have it?	What is it?
Fecal occult blood test (FOBT) or fecal immunochemical test (FIT)	Every year	A non-invasive test for blood in stool.
Flexible sigmoidoscopy	Once every 5 years	A short, flexible tube is inserted to visually inspect the rectum and the lower part of the colon.
Double-contrast barium enema	Once every 5 years	A fluid called barium is inserted into the colon, and then an X-ray is used to look for abnormalities.
Computerized tomographic colonography (virtual colonoscopy)	No guidelines	A CAT scan is used to examine the colon instead of inserting a scope
Colonoscopy	Once every 10 years starting at age 50	A long flexible tube is inserted to visually inspect rectum and the entire colon

## Who should be screened for colon cancer?

The American Cancer Society recommends that every American over age 50 be screened for colon cancer. People who have a higher risk for the disease may begin routine screening at an earlier age. Anyone 50 or older should talk to their doctor about the various screening options that are available.

## What are the screening options?

There are several methods that can be used to detect colon cancer. Talk to your doctor about which one is best for you.

## Why are these screening tests important?

The best way to prevent colon cancer is to find and remove colon polyps before they become cancerous. If cancer has already developed, the best way to treat it is early in the disease, before it has grown throughout the colon or spread to other parts of the body. When colon cancer is detected and treated early, more than 90% of patients make a complete recovery. Screening tests are the only way to find polyps or cancer cells early when survival rates are at their highest.

## Do I need to do all of the preparation procedures before a colonoscopy?

Yes. In order for your doctor to see the lining of the colon, the colon must be completely free of feces. Feces can make it difficult to see polyps, or may hide them completely. Completing the entire preparation process will help ensure the colon is completely cleansed. If your colon is not well cleansed, it may cause an incomplete exam or missed polyps, or you may have to repeat the colonoscopy. To be certain that you have a thorough exam, it is important that you complete all your bowel preparation as directed by your doctor.

There are some new cleansing methods that do not require you to drink as much liquid, or allow you to take a tablet instead of the liquid. The preparation method you use will depend on your health, medical history and age. Talk to your doctor about which preparation method is best for you.

## Will I be awake during my colonoscopy?

You will be sedated using Monitored Anesthesia Care (MAC) with Propofol, administered by our anesthesia team under the supervision of an anesthesiologist during your colonoscopy. You will be in a semi-conscious state, which will reduce your anxiety and provide a pain-free experience. You will likely not remember having your colonoscopy.

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