



# Of polyps and cancer

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**If ever there was a** popularity contest for cancers, one cancer would certainly lose... colorectal cancer.

Our general squeamishness about some parts of our bodies can lead us to ignore potentially life saving checkups.

The intention here is not to make light of the scourge of cancer, but rather to point out that the second most lethal cancer (for both men and women) is one we are most likely to ignore. Unfortunately, this leads to very unnecessary negative outcomes as colorectal cancer, when caught early, is easily prevented.

Fine. But how serious an issue is colorectal cancer?

This year, an estimated 20,800 Canadians will be diagnosed with colorectal cancer; 8700 will die of it. That works out to about 400 a week being diagnosed, and 167 dying from it. and of the new cases identified in 2006, 90% will have been diagnosed in men and women over age 50.

The term “colorectal” is a general term that refers to the colon and the rectum, two areas in the last part of our digestive system. Colon polyps are small growths in your intestine. They usually do not cause any problem and most people who have them do not know it. But some growths can turn into colon cancer.

The main risk factors for colorectal cancer include being age 50 or older, having an inflammatory bowel disease such as Crohn’s disease. A poor diet, especially one high in red meat and low in fibre, fruits and vegetables can also contribute to the risk. A family history is another risk factor, as is getting

little or no exercise. These are the most common risk factors; there are others.

In the early, most treatable stages, there will probably be no symptoms at all. This is why everyone over age 50 should be tested regularly. If any are found, they can be removed before they become dangerous.

Other symptoms can show up: a change in bowel habits that lasts more than a few days, whether constipation or diarrhea. Blood in the stool, a feeling that the bowel does not empty completely and rectal bleeding are all signs to watch for. Constant tiredness and unexplained anemia may also arise.

Screening for colorectal cancer is not especially complicated. Some of the more common options include colonoscopy where a thin, flexible tube with a camera is inserted through the rectum to examine for polyps and remove them if found. Other options include a barium enema which allows for x-rays to be taken, and the Fecal Occult Blood Test (FOBT) which looks for blood in the stool, an indication of possible pre-cancerous polyps.

An excellent resource for finding out more about this disease is the **Colorectal Cancer Association** of Canada. Or ask your family physician about screening. If you are over 50, do it soon.

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