

Colon Cancer

A Presentation for Patients

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Objectives

1. Discuss and educate patients about the importance of colon cancer screening
2. What are the steps to prevent colon cancer

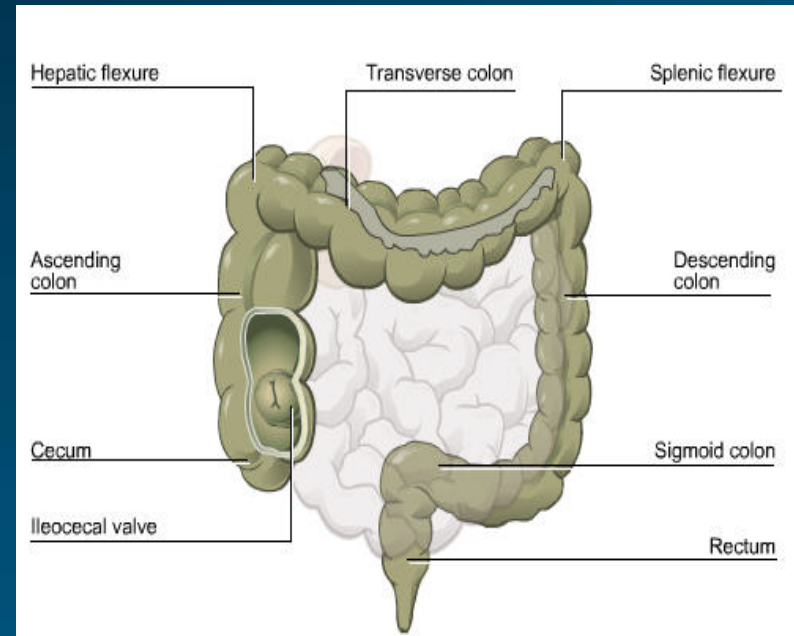
Anatomy of the Colon

Malignant Lesions

- Colon Cancer

Benign Lesions

- Polyp (adenoma)
- Anastomatic Leak
- Diverticulitis
- Inflammatory bowel disease (IBD)
- Volvulus (abnormal twisting or narrowing of the intestine on itself)
- Colitis



Colon is typically 5 feet (60") in length (150cm)

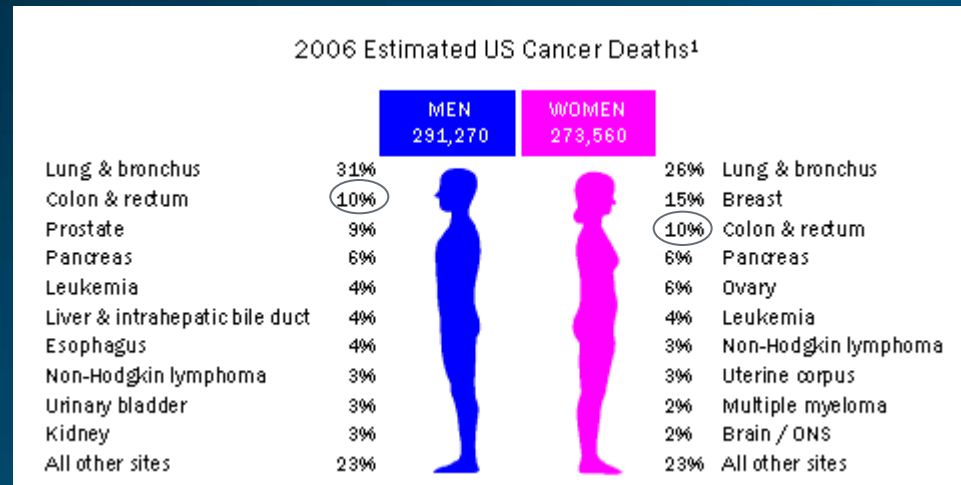
- Cecum (2" or 5cm)
- Ascending (8" or 20cm)
- Transverse (18" or 45cm)
- Descending (12" or 30cm)
- Sigmoid (16" or 40cm)
- Rectum (6" or 15cm)

Colonic Mucosa - The epithelial (single layer of cells) lining is flat and regenerates itself every 5 days. ¹

¹Focus on Colon Cancer, Markowitz et al. Cancer Cell, Vol 1, April 2002.

2006 Estimated US Cancer Deaths²

Colon and Rectum Cancer is the third most commonly diagnosed cancer in both men and women combined



Approximately 8-29% of patients with colon cancer will have an obstruction sometime during their course of treatment.

² American Cancer Society, Inc., Surveillance Research, 2006, 2007

³ Acute Colorectal Obstruction: Treatment with Self-expandable Metallic Stents before Scheduled Surgery- Results of a Multicenter Study", Mainar et al, Radiology, January 1999.

Incidence of colorectal cancer

- Third most commonly diagnosed cancer in the US²
- As many as 153,760 new cases and 52,180 deaths per year²
- Colon cancer is also one of the more curable forms of cancer²
- More than 90 percent of patients can be cured when detected early (in localized stage)²
- Approximately 20% of colon cancers are metastatic at time of initial diagnosis and metastases develop within five years in approximately 30% of those with initially localized disease¹
- **Early detection is key**

¹Focus on Colon Cancer, Markowitz et al. Cancer Cell, Vol 1, April 2002.

²American Cancer Society, Inc., Surveillance Research, 2006, 2007

Risk Factors in Developing Colon Cancer

- Family history of the disease
- Persistent inflammatory disease
- Familial adenomatous polyps (FAP)
- Women with history of ovarian, uterine or breast cancer
- Age >50
- Lifestyle / environmental
 - Tobacco consumption
 - Alcohol consumption
 - Diet
 - Activity level

High Risk Group Surveillance

- Pre-cancerous polyp found/removed
Colonoscopy 1-3 years after first exam
- Close relative (sibling, parent), with colorectal cancer or pre-cancerous polyp same screening as average risk
Begin at age 40
- Family history of colorectal cancer (several close relatives, several generations) should receive genetic counseling and genetic testing
Examination of entire colon
Preferably colonoscopy every 2 years
Ages 20-30 and every year after age 40

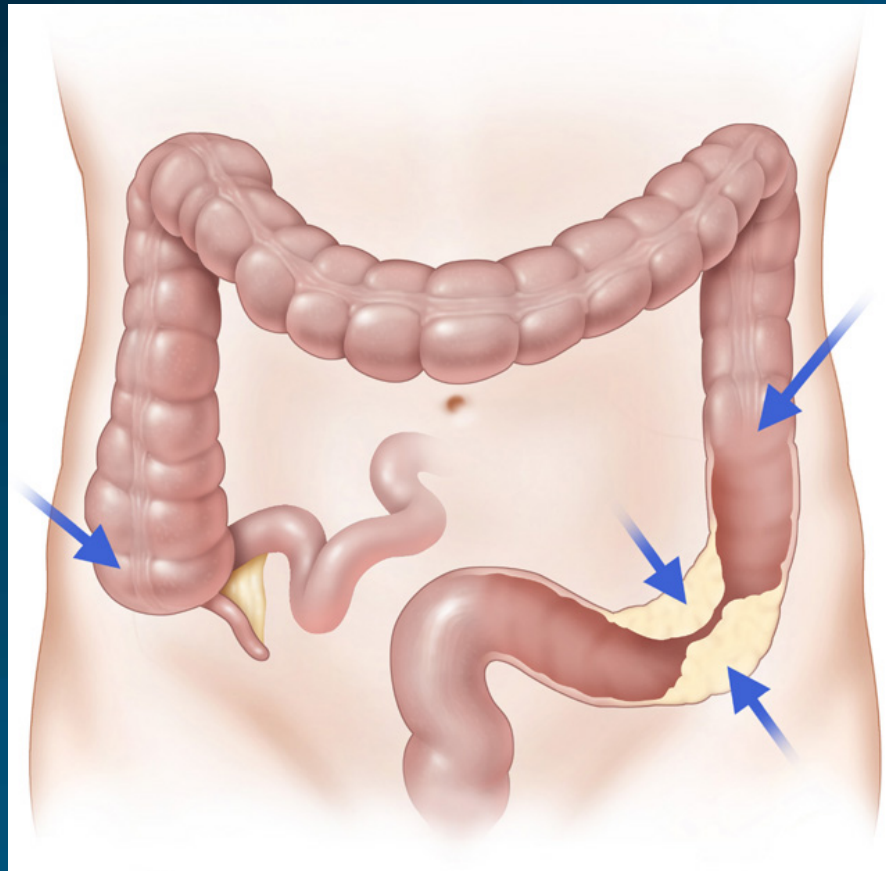
High Risk Group Surveillance (continued)

- Family history of adenomatous polyposis (FAP)
 - Genetic counseling and testing
 - If carrier of gene or inconclusive result—
 - Flexible sigmoidoscopy beginning at puberty
- Personal history of colorectal cancer
 - Complete exam within one year of cancer detected and removed
 - Follow up exam every 3 yrs if normal
- Personal history of extensive Inflammatory Bowel D of 8 or more years
 - Colonoscopy every 1-2 years
- Women with personal history of breast or ovarian/uterine cancer
 - Colonoscopy every 5 years beginning at age 40

Prevention of Colon Cancer

- The Key is screening for colon polyps
- Methods of Screening
 - Colonoscopy
 - Virtual Colonoscopy
 - Barium Enema

Colon Cancer



Colon Cancer

Colonoscopy

- The most accurate method to detect polyps and cancer
- A fiberoptic camera is inserted into the colon and the lining is directly visualized
- Age to Start: 50 (sooner if there is a family history)
- Preparation: Fasting, Colon Cleanse, Sedation, Procedure
- Recovery Time: 1 hour
- Return to Work: Next Day