

# WHO'S AT RISK FOR Colon Cancer?

~ BY JAMES M. MERTESDORF, M.D. ~

Colorectal cancer is the third most common cancer diagnosed in both men and women in the United States excluding skin cancer. It is the second leading cause of cancer-related deaths in the United States. It is expected to cause 49,960 deaths nationally (24,260 men and 25,700 women) in 2008. Here in North Carolina there are estimated to be 4,300 new cases of colorectal cancer. Who is at risk? Primarily individuals 50 years of age and greater. Colorectal cancer occurs 94% of the time in individuals 50 years old or greater. This is the reason the American Cancer Society has recommended that this age group be screened, both men and women beginning at age 50 with a colonoscopy at 10 year intervals. There is no consensus as to what age screening should cease but usually it is considered to be approximately 80 to 85 years of age. As one grows older the risk of colorectal cancer continues to increase.

There are several misconceptions concerning colorectal cancer that since no one in my family has had colorectal cancer I'm safe. However, over 70% of individuals who develop colorectal cancer have no family history. There is approximately a 5% chance over one's life time of developing colorectal cancer. If a first degree relative such as a parent, brother, sister, or child develops colorectal cancer the risk increases from 5% to 12-18%. The individuals with a family history are recommended to undergo screening on a more frequent basis.

Another misconception of colorectal cancer is that it is a man's disease. In fact, women have the same risk of colorectal cancer as men.

Colon cancer can be prevented. It usually begins as a pre-malignant polyp which over a course of 5 to 10 years can develop into colorectal cancer. The aim of screening is to remove the pre-malignant lesions before they develop into colorectal cancer. Colorectal cancer is treatable. When it is caught



early the 5 year survival is 90%. However, since 50% of individuals take advantage of the opportunity to be screened, only 39% of cases are diagnosed at this early stage when treatment is highly successful.

There has been much work trying to identify contributing factors to the development of colorectal cancer. Some of the factors which are contributing factors included cigarettes and dietary fat. Other factors provide protection with respect to the development of colorectal cancer including aspirin, non-steroidal drugs and calcium supplements. However, none of these factors have been proven to replace the importance of screening to detect and remove pre-malignant polyps in the colon.

Signs and symptoms of colorectal cancer including abdominal pain, change in bowel habits, and blood in the stool are all signs

and symptoms of colorectal cancer. These changes represent a more advanced stage of colon cancer than the preferred method of detecting pre-malignant polyps or colon cancer in asymptomatic individuals.

Hopefully in time colorectal cancer screening will receive the same support as pap smears for cervical cancer and mammography for breast cancer so the impact of this disease on patients and families will continue to decrease in the future.

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