Early Detection and Prevention of Colorectal Cancer

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March is the month of national Colorectal Cancer Awareness month. This article is written to increase the public awareness and understanding about colorectal cancer and screening colonoscopy.

Colorectal cancer can be considered as genetic disease, which has a strong genetic background in most cases. It is well known that people with family members having colorectal cancer or adenoma have a much higher chance of developing colorectal cancer. The guideline requires that these people have earlier screening colonoscopy. There are several familial colorectal cancer syndromes, which tend to put the family members at even much higher risk for developing colorectal cancer. These syndromes include familial polyposis syndrome, also known as Gardner's Syndrome, Lynch syndrome, familial colorectal cancer type X and Hamartomatous polyposis syndromes.

A common type among those is Lynch syndrome, which has a much higher prevalence than the others. Patient with Lynch syndrome usually has other cancers such as early breast cancer, endometrial cancer, thyroid cancer, stomach or small bowel cancer. The family members usually have colorectal cancer before the age of 50, multiple cancers such as breast cancer or endometrial cancer at an early age. If Lynch syndrome is detected in a woman, she needs to be checked for upper GI cancer, breast cancer and endometrial cancer. Vice versa, if the patient is found to have those cancers, they should have early colonoscopy to detect colorectal cancer. Specific genetic studies can be performed to detect the gene abnormalities. Colorectal cancer screening is not as simple as doing a screening colonoscopy. Comprehensive consultation and evaluation are involved in detecting the familial colorectal cancer syndrome to protect family members.

The physician who performs colonoscopy is an endoscopist, who can be a gastroenterologist, general surgeon, internist or family doctor. The endoscopist plays a key role in the performance of a safe and effective screening colonoscopy. Not all polyp-like lesions are adenomatous polyps which need removal. An experienced endoscopist should be able to differentiate these polyps. In my recent paper published in Gastroenterology & Hepatology (11/09), I described multiple granular cell tumor of the ascending colon, which can mimic adenomatous polyps, but the prognosis and therapy differ greatly. Colonoscopy preparation is also critical to an effective and thorough examination. There are several good and inexpensive colonoscopy preparation agents, which are well tolerated if not pleasant. Split-dose preparation has become the standard colonoscopy preparation nationwide.

As an active member of American Gastroenterological Association, American College of Gastroenterology, I offer free consultation on colorectal cancer screening on the last Friday of March every year. If you have any concerns about colorectal cancer, please contact Dr. Jeff Ye, North Atlanta Medical & Digestive Care at 770-346-0900. We can help!