Cancer of the colon and rectum (large bowel) is a common – and lethal – disease. It is the third most commonly diagnosed cancer and the second leading cause of cancer death in the United States. Yet it is preventable. Approximately 150,000 new cases of colon and rectum cancer are diagnosed each year leading to more than 55,000 deaths. Risk factors for colon and rectum cancer include old age, family history of colon cancer, certain hereditary genetic conditions, obesity and sedentary lifestyles, and possibly diets high in red meat and low in vegetables, as well as excessive alcohol and tobacco use.

**How does colon cancer develop?**
Most colon cancers start as small growths in the colon called **polyps**. Colon polyps can grow silently for years and transform into cancer without producing any symptoms. By the time symptoms such as rectal bleeding, abdominal pain, weight loss or anemia develop, it is often too late to cure the cancer because it may have spread beyond the colon.

In most cases, it takes more than 10 years for a benign polyp to develop into cancer. This slow rate of growth allows doctors to detect and remove polyps before they become cancer. It is also the reason colon cancer prevention tests are effective even if done at 10-year intervals. Still, those with ulcerative colitis or Crohn's colitis, a strong family history of colon cancer or polyps, or multiple or large polyps should be tested more frequently.

**How is screening for colon cancer performed?**
Screening for colon and rectum cancer means looking for cancer or polyps in individuals who have no symptoms. Screening identifies polyps and allows their removal; it also detects cancers earlier, resulting in cancer prevention as well as early diagnosis.

Since over 90% of colon cancer occurs in persons over 50 years of age, current recommendations are to begin screening at age 50 if no other risk factors are present. A person whose only risk factor is their age is said to be at average risk of developing colon or rectum cancer. If a person has a history of first-degree relatives (parent, sibling, or child) with colorectal cancer, or any first-degree relatives diagnosed under age 60, their risk is three to six times greater than that of the general population and a colonoscopy may be recommended earlier than age 50. Once polyps are detected and removed, patients should be considered for surveillance where a colonoscopy is repeated every 3 to 10 years depending on the number, size, and type of polyps present.

A colonoscopy is considered the best screening test for colon cancer. It enables the physician to examine the entire colon and remove polyps that could develop into cancer. A colonoscopic examination of the entire colon lasts for approximately 20 minutes. It is typically performed with intravenous sedation and most patients do not experience any discomfort or remember the exam. It is a safe examination when performed by a trained gastroenterologist; the risk of serious complications is about 1 in 1,000. Other methods of screenings for colon cancer include testing stool for microscopic blood and examining a limited length of the colon (flexible sigmoidoscopy). These methods are less invasive than a colonoscopy but may miss polyps and cancer, and require follow-up with a colonoscopy.
How effective is colon cancer screening?
In large, well-designed clinical studies, screening has been shown to reduce the occurrence of colon and rectum cancer, as well as deaths related to this disease. While still common, death rates from colon and rectum cancer have declined progressively in the United States since the mid-1980s. This improvement can be attributed, at least in part, to screening and detection of the disease at an earlier stage. Unfortunately, a large segment of the population remains with no screening or inadequate screening for colon cancer.

Colorectal cancer screening at Baylor Clinic
At Baylor Clinic, our gastroenterology (GI) consultants provide comprehensive care for screening, diagnosis, and follow-up of colorectal cancer. They also specialize in endoscopic removal of difficult or large polyps. Our physicians use state-of-the-art endoscopy equipment that employs high-resolution narrow band imaging, allowing the visualization of greater details and the detection of even small polyps that are not detected using regular colonoscopy.

To facilitate timely referrals, our gastroenterology consultants are readily available. Call 713.798.0950 or 713.798.2500 to schedule a clinic appointment with one of our GI consultants, who will answer your questions and, if appropriate, schedule you for a colonoscopy. Our consultants also accept colonoscopy referrals from your internist or family physician.

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The section of Gastroenterology and Hepatology at Baylor College of Medicine specializes in the prevention, diagnosis and treatment of digestive tract and liver diseases and provides consultations upon referral. Screening and diagnostic services are available that utilize the most advanced equipment for indicated procedures. We invite you to learn more about our services (www.bcm.edu/medicine/gi/) and allow us to help you with your gastroenterology and hepatology needs.

The Dan L. Duncan Cancer Center at Baylor College of Medicine is a consortium made up of Baylor College of Medicine, its three primary teaching hospital affiliates - Ben Taub General Hospital, Michael E. DeBakey Veterans Affairs Medical Center and Texas Children's Hospital - and Baylor Clinic. The Dan L. Duncan Cancer Center brings together all of the cancer-related activities from across these institutions under one umbrella, fast-tracking our efforts to prevent and ultimately cure cancer in all its forms.

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