

An ounce of prevention

Early detection is your best chance to stop a silent killer, colorectal cancer, in its tracks, says Mount Sinai specialist

► The specialist: Dr. Peter Rubín, gastroenterologist

A gastroenterologist for almost 30 years, Dr. Peter Rubín spends every day on the front lines of fighting colorectal cancer. Also a classical pianist and jogger, he has run 11 New York City marathons.

► The big story

As part of colorectal awareness month, it's time to make New Yorkers aware of a silent killer. Colon and rectal cancer (colorectal cancer) kills more Americans than any other cancer except lung cancer — even though it's almost entirely preventable and treatable if caught early. Your best defense is colonoscopy, a procedure that allows your doctor to look for and remove polyps and other precancerous growths.

Unfortunately, "70% of the people vulnerable to colorectal cancer are not getting screened," says Rubín. To help reach these people, the American Cancer Society has approved two noninvasive tests: a virtual colonoscopy, which uses a CT scan, and a laboratory test that checks for DNA traces related to cancer. These two methods are not as fail-safe as a colonoscopy, but are good alternatives to discuss with your doctor if you do not fall into a high-risk group.

► Who's at risk

As one of the most common cancers in America today, colorectal cancer is "an equal opportunity employer in terms of ethnic groups and gender," says Rubín. He says that the cancer strikes men and women from all ethnic and socioeconomic backgrounds.

In most cases, it is an adult disease. "It generally affects people over the age of 40," says Rubín, "and the risk continues to increase with age." (He calls Darryl Strawberry, the former Met and Yankee diagnosed at age 36, "a glaring exception.")

The group at highest risk is people who have a family history of colorectal cancer. "There's no question that certain genes carry colon cancer," says Rubín. "If some of the parents or siblings have developed polyps or cancer, you're at risk."

Three other groups have an increased risk of colon and rectal cancer: people who have grown polyps in the past, people who already have cancers elsewhere in the body, and people who have had colitis or Crohn's colitis.

Anyone who falls into these high-risk categories should be extra-vigilant about being screened for colorectal cancer.

► Traditional treatment

The "gold standard" is colonoscopy, a procedure that lets doctors look for polyps and other growths by shining light into the gastrointestinal tract, which is performed by inserting a



Dr. Peter Rubín calls colorectal cancer "an equal opportunity" disease that can strike anyone.

LINDA ROSIER/DAILY NEWS

rubber tube with a camera and a light on it. "Not only can you see, but you can remove something. So it's both diagnostic and therapeutic," says Rubín.

The procedure is relatively simple, but it does require that patient do some prep work, which can be the most unpleasant part of the process. "You have to go on a liquid diet for a day," explains Rubín, "and then you're given a preparation to clean out your colon the night before." The procedure itself is done under sedation, and many patients wake up with no memory of discomfort.

A colonoscopy can turn up three things: nothing, potentially pre-cancerous growths like polyps or lesions, or cancer. Polyps and lesions are growths that form along the lining of the colon or rectum.

BY THE NUMBERS:

The National Cancer Institute estimates that **148,810** new cases of colorectal cancer will be diagnosed this year alone.

Colorectal cancer accounts for **9%** of all cancer deaths in the U.S., according to the American Cancer Society.

90% of colorectal cancer cases are diagnosed in people over the age of **50**. (ACS)

If colorectal cancer is caught at an early stage, the five-year survival rate is **90%**; however, only **39%** of colorectal cancers are caught this early. The overall five-year survival rate is **64%**. (ACS)

"We think that the cancer starts as polyps and then degenerates into cancer, probably over the course of more than three years," says Rubín. Colonoscopies allow doctors to identify and remove polyps while they are still precancerous.

► Signs and symptoms

Colorectal cancer has warning signs that should prompt an immediate appointment with your doctor. Rubín lists the red flags as "any change in your bowel habits, any appearance of blood in the stool, any development of an iron deficiency or any new abdominal pain." Another possible symptom is unexplained weight loss.

Unfortunately, these symptoms often manifest themselves only after the cancer has been growing for years. "If you're lucky, the cancer can be removed through surgery, often in combination with radiation therapy."

► Research breakthroughs

In addition to virtual colonoscopies and DNA tests, doctors are also working on another form of genetic testing, which would allow you to see if you're carrying the same gene as family members already diagnosed with colorectal cancer.

Another promising development is the "tubeless endoscopy," which Rubín describes as "like a little pill that you swallow that takes pictures all the way through your gut." Doctors are hoping to find a way to use this technology for the colon, but have not yet been successful.

► Questions for your doctor

The first question to ask is: "Do I need to have an examination like a colonoscopy even if I feel perfect?" If you're over 50, the answer is yes.

Another candid question is: "Is this going hurt?" The good news is that colonoscopies are done under sedation. "Most people don't feel any significant discomfort," says Rubín, "and many don't remember."

"Is it a dangerous test?" The truthful answer is that there is some risk, but it is small. There can be side effects, like excessive bleeding or a burn, but the incidence is extremely low. "The test's reliability is over 95%," says Rubín.

► WHAT YOU CAN DO

Check your family history.

Talk to family members to see if anyone has had colon cancer, which can take a hereditary form.

Get a colonoscopy.

Prevention is the key. "Once you're into the system and being monitored," Rubín says, "your risk is way down." Insurance companies and Medicare should cover the costs.

Make a screening schedule with your doctor.

Once you've had a negative screening, you can normally wait five to 10 years. But if you do have polyps removed, then your doctor will ask you to come back in three to five years.

Make healthy choices.

Obesity and smoking are risk factors for colon cancer.