

# Colon cancer: organized screening programs required, says specialist

BY TAMMY LABER

Colon cancer is the third most prevalent cancer affecting Canadian men and women, and more than one-third of those afflicted will die of the disease. Yet many of these deaths could be prevented with proper screening, says Dr. Linda Rabeneck, head of the Gastroenterology Division at Toronto's Sunnybrook & Women's Hospital.

"We need much more public

awareness of this issue," says Dr. Rabeneck. "Women in particular need to know colorectal cancer is a risk and that they need to be screened." More women over the age of 75 die from colon cancer than from breast cancer.

Recognizing the realities of Canadian health care funding, Dr. Rabeneck says each province needs to develop its own organized colon cancer screening program. "For example, there are 2.8 million Ontarians between 50 and

75 years old," she says. "We need to screen all of them. So many people could be saved with early detection."

A variety of screening methods may be employed. Those at high risk due to family history, for example, would have a colonoscopy, in which an endoscope – a tube fitted with a tiny video camera – is inserted into the large intestine to check for evidence of cancer or precancers, called polyps.

Others may only require a fecal

occult blood test, where the lab examines a stool sample for traces of blood. Some may choose to have a sigmoidoscopy, an examination of the lower part of the colon. About half of colorectal cancers or polyps can be seen this way. Detection of cancers at an early stage improves survival. Many colorectal cancers are preventable by removal of precancerous polyps.

Dr. Rabeneck stresses that, "Canadians need timely access to screening, an assurance of screening quality, and proper follow-up." She feels invitations to screen from an organized screening program could be sent to Canadians directly instead of having them waiting to see their doctors.

While tests are an inconvenience, they're better than the alternative, says Bill Laber, a colon cancer survivor. He wishes he'd had a routine check-up, so his cancer could have been detected at an early stage. Instead, he required both surgery and chemotherapy to remove a fairly advanced cancer. "I'm okay now. But it would have been a lot easier if it had been caught early," he says.

## Colorectal cancer.

Recognize these symptoms:

- blood in or on your stool (either bright red or very dark in colour)
- a persistent change in bowel habit such as diarrhea, constipation or both, for no apparent reason
- frequent or constant cramps lasting more than a few days
- frequent gas pains
- a strong, continuing need to move your bowels, but with little stool
- a feeling that the bowel does not empty completely



PHOTO: CAG

More than one-third of Canadians afflicted with colon cancer die from the disease. Women are at greater risk than men. Incidents of mortality can be drastically reduced through proper screening.

## IBS

From GI 1

the disorder and the efficacy of new drugs and other treatments.

Last year, an international group of doctors interested in functional disorders met in Rome to come up with updated criteria for IBS based on new scientific literature and other information. This panel of experts, which includes Dr. Paterson and other Canadian members, is due to release its Rome III findings shortly.

"These new guidelines are beneficial to physicians around the world to help them identify patients with

IBS and deal with their disorders. It also means studies can be more accurate when it comes to dealing only with people with IBS and not include those who have a symptom like IBS, but not the disorder," added Dr. Paterson.

There are also new treatment options for IBS sufferers, he said, noting that since IBS involves a variety of symptoms and is not fully understood, addressing the disorder is challenging. However, new drugs are coming onto the market that offer improved relief of symptoms.

These drugs target serotonin, a natural chemical in the digestive tract involved in controlling muscle function. The therapeutics can speed up an underactive gut or slow an overactive function.

## Dyspepsia

From GI 1

which compromise patients' abilities to actively participate in their personal and professional lives. "This affects productivity at work and has a real economic impact," Dr. Martin adds.

Dr. Martin believes the likely cause of FD is a motor dysfunction in the stomach.

Normally, the stomach mixes food with acid and enzymes to make it semi-solid or liquid, which is pushed into the duodenum and on to the small bowel, says Dr. Martin. "For people with FD, the stomach muscles don't seem to work properly, which means the food stays in the stomach longer than normal. This leads to pain," he says.

Worst of all, doctors find FD difficult to treat. "There's a need to act upon the cause," Dr. Martin says. "We are looking at the prokinetic class of drugs, hoping to increase gastric emptying in the lower part of the stomach while relaxing the upper portion of the stomach. This should help with motility – moving the food through – while reducing pain."

Some years ago, an effective prokinetic drug called Cisapride was available, but was removed from the market because of side effects that put patients at higher risk of a heart attack or stroke.

"A new drug is under development and is much awaited by doctors, because there is something of a therapeutic vacuum now," says Dr. Martin.

Presently, physicians generally recommend patients eat smaller meals, stop smoking and avoid drinking alcoholic beverages, coffee and teas. Doctors may also suggest testing for a food allergy. Unfortunately, such remedial efforts do not produce effective relief for many patients.

Dr. Richard Hunt, a McMaster University gastroenterology professor chairing a symposium on FD at the upcoming World Congress of Gastroenterology (WCOG) in Montreal, echoes Dr. Martin's views.

"We need better treatments to alleviate this condition," he says. "FD responds poorly to common drug therapies and the majority of sufferers have episodic symptoms that reduce the quality of life and increase use of health-care resources."

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