

HEALTH

Colonic irritation

COLON cancer may be a yucky topic, but if we sat up and took notice of this very preventable disease, chances are articles of this nature would never have to be written again, says JENNIE RIDYARD

NOBODY wants to talk about colons, any more than they wish to verbally dissect someone else's tummy troubles, but knowing a few facts about dreaded colonic cancer – also called rectal cancer and colorectal cancer – will definitely save lives. Truth is, colorectal cancer is one of the few cancers that can actually be prevented from happening, and not just by switching to a puritanical lifestyle.

“It is a unique cancer because you can identify people at risk,” says Dr Herbert Schneider, past president of the South African Gastroenterology Society (Sages). Then simply removing any cancer-causing bumps, also called polyps, from the colon means the cancer can't develop in the first place.

“In fact,” says visiting US gastroenterologist Dr James di Sario, “we can prevent 80% of colon cancers from developing at all, just with screening.”

Prevention is always better than cure, particularly in colon cancer, where the prognosis for

treatment isn't always positive once the malignant cells have a hold.

“We want to prevent it, not diagnose it,” says Dr Schneider, even more so because cancer of the colon is pretty much symptom free until it's too late.

Ask the Constitutional Court's Justice Richard Goldstone, who recently had rather a large polyp removed from his honourable colon.

“There was no indication that anything was wrong with my colon or that I had a polyp,” tells Goldstone.

“I was symptom-free and, although I am over 50, I do not have a high-risk profile... I watch what I eat, exercise regularly and there is great longevity in our family.”

But the Justice's doctor thought it was a good idea that he be screened in a routine colonoscopy – when, under sedation, the whole of the large bowel is examined with a flexible instrument called an endoscope – given that he's over 50. And bingo, there was a polyp. Simply removing such bumps is highly effective in preventing can-

cer, says Dr Di Sario.

“Screening is advocated after the age of 50,” he says, unless there are other distinct risk factors, when screening should be performed earlier. In a polyp-free colon, the examination need only happen every decade, so it's well worth an hour in the doctor's room for 10 worry-free years.

But what happens if polyps grow within those 10 years?

Not a problem, says Dr Di Sario, as it takes between five and 10 years for polyps to turn cancerous, so there's plenty of time to get rid of the bumps.

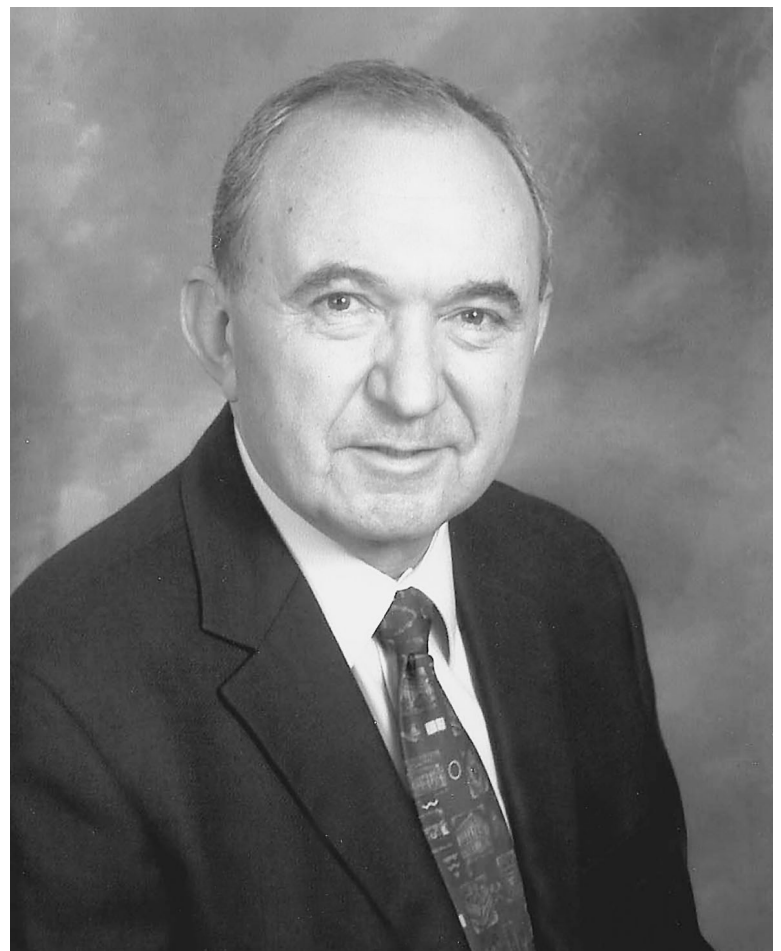
If polyps are found during the colonoscopy, they're immediately removed, so you'll go straight home polyp free.

“Although my polyp was benign, it could very easily have become malignant if not removed,” says Goldstone.

The treatment wasn't a problem either, and nor was it a pain in the butt.

“It was completely painless, the entire procedure lasted an hour and the polyp was removed by cautery there and then and sent to a pathology laboratory for testing.”

“There was no post-procedure discomfort and I was driven home immediately after... The only unpleasant requirement was taking laxatives and not being able to eat the day prior to the procedure – a minor irritation all things considered.”



JUSTICE Richard Goldstone recently had a polyp removed from his colon, which could well have turned cancerous had it not been detected.



DR Herbert Schneider has been a practising gastroenterologist since the 1970s, witnessing an increase in colonic cancer as lifestyles change.

THE happy news is that, in most cases, cancer of the colon is definitely preventable. However, according to April's World Cancer Report, general cancer rates could further increase by 50% to 5-million new cases in the year 2020. Why?

It boils, largely, down to lifestyle. Our increasingly western diets and sedentary existence are probably at the core of cancer, as are increased stress levels.

So how do we stop the cancer march, particularly in relation to cancer of the colon?

Firstly, according to the South African Gastroenterology Society (Sages), anyone over the age of 50 should be screened every 10 years. Should polyps be found in the colon, they will be removed immediately, and then the patient must come back for another screening in three years. After that, should the colon be declared polyp-free, then screenings are recommended every 10 years. If you are at risk of colonic cancer – particularly if family member developed it before reaching 50 – you might want a screening earlier.

And then there are lifestyle modifications that need to be made, with the key being everything in moderation.

According to Dr Willem Serfontein, professor-emeritus at the University of Pretoria and author of *Beating Cancer* (Tafelberg), certain foods are associated with cancer risk and should be avoided wherever possible.

These are:

- fat and smoked/ cured meat;
- butter, cream, cheese;
- margarine and oils;
- vegetable shortenings;
- palm and coconut oil;
- deep-fried foods;
- rich desserts;
- white bread/rolls/buns, pasta, cakes cookies, pies etc;
- highly processed foods;
- commercial “whole” milk.

Fish, low-fat meat, poultry and free-range eggs are recommended in moderation.

What you should be eating then, says Joel Perry of the Cancer Association of South Africa (Cansa), is copious amounts of fruit and vegetables.

According to Joel, many cancers, including breast, lung, cervix, colorectal and stomach, have been firmly linked to lifestyle.

To protect ourselves we need to eat more fibre (30g day), at least five servings of fresh fruit and vegetables a day (a serving is 80-100g), we need to cut out the fats we're addicted to while upping intake of omega-3 fatty acids, and we need to exercise regularly.

And don't panic about cleansing your colon, adds Prof GJ Oettle, for it's meant to be processing all that nasty stuff we're all so squeamish about.

“We don't need to ‘purify’ our colons to be healthy,” he says. “What goes on in the large bowels is a natural process.”

What we do need to do is ensure we're giving our bowels enough fibre, enough fresh fruits and clean water, to be able to function efficiently, without the use of laxatives.

According to Dr Serfontein, “optimum health foods” we all need are:

- vegetables, fruit and fresh juices (rich in vitamins, minerals and enzymes);
- whole grains (high in complex carbohydrates);
- legumes (provide needed protein);
- nuts and seeds (rich in essential oils).

Preventing colon cancer

Who's at risk?

IF there was ever any doubt that diet and lifestyle plays a huge role in the development of colon cancer – not to mention countless other cancers – then consider that between 1950 and 1990, disease of the large bowels was unknown in South African blacks, says Professor GJ Oettle, of Wits Department of Surgery, and principal surgeon at Helen Joseph Hospital.

“In the last decade there's been a slow but steady rise in black people with bowel disease,” says Prof Oettle, just when things like exercise, diet and job prospects are changing.

Nevertheless, black South Africans are still at the least risk of developing colorectal cancer, with just one-tenth of the risk of non-blacks. Yet clearly it's not a protection that comes with race: in America, black people have the highest risk of getting cancer of the colon of all groups.

White males – yes, the steak and beer boys – in South Africa have the most reason to fear colonic cancer. They have a lifetime risk of one in 34, whereas their black counterparts only

run a risk of one in 400, according to dietician Janicke Visser, of the University of Stellenbosch's Department of Human Nutrition. Still, it's not the biggest cancer threat to white males, who must first worry about lung and prostate cancer.

For Indian males, it's the biggest cancer killer though, says Prof Oettle, with a lifetime threat of one in 40.

And the girls? It's one in 40 for white women (beaten only by breast cancer) and one in 80 for Indian females. Figures for so-called “coloured” folk are conflicting, but the risk is thought to be the same as for white people.

Having a first degree relative (parent, sibling or child) with colorectal cancer significantly increases your chances too, as it does tend to run in families.

“Colorectal cancer is one of the two major cancers (the other being stomach cancer), the risk of which is commonly agreed to be modified mainly by food, nutrition and lifestyle habits,” explains Janicke.

And, the risk is all but wiped out by going for polyp screening.



PROF GJ Oettle says that “purifying” the colon is unnecessary and unnatural.

The problem with braaiing...

WHITE boys must braai, it is the eleventh commandment, and it may very well be the reason they are so prone to developing cancer of the colon.

Yes, as if the high-risk eating of more than 70g of red meat per week wasn't enough, we South Africans are then intent on murdering meat on the braai.

Charred red meat is believed to be highly carcinogenic, increasing the risk of developing colorectal cancer by 29%.

More than one beer a day (and how many do you quaff at a braai) is a risk factor too: while excessive

alcohol is always a cancer risk, some studies have shown that rectal cancer is more strongly correlated with beer drinking.

High fat foods, buttery rolls, greasy salad dressings and garlic bread that come with braais are another issue, as a diet high in saturated fat is also a big factor influencing the development of cancer, particularly cancer of the intestines.

Oh, and then that fag around the braai is, as always, an issue; smoking for more than 20 years increases the colorectal cancer chances by a whopping 40%.

Get help

GET medical advice from your doctor – and visit a specialist if your GP isn't interested – should you develop these symptoms:

- persistent constipation or diarrhoea;
- blood in the stools;
- pain or bloating in the abdomen;
- unexplained anaemia (iron deficiency);
- unexplained weight loss.

For more information or advice call Cansa on 011-616-7662.