

## Health is not a condition of matter, but of mind

Written by Justin Newman, medical school grad

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You're going to put what? Where?

Colonoscopy is the process by which a doctor takes a tour of the large intestine. Though this might not seem like your tour destination of choice, it is crucial for aging adults and those with high risk factors for colon cancer and other colon diseases.

Traditional colonoscopy incorporates a camera onto the end of a flexible tube that is passed from the "southern" entrance to the digestive tract after the patient has been "consciously sedated," or given anesthesia so that they do not experience the associated discomfort. The doctor is able to steer this tube with controls and additional tools can be passed through the tube if they are needed.

Colon cancer often starts as a polyp, which is a small mass that grows out from the wall of the colon into the inner part of the intestine. This mass often grows out or on a stalk and might resemble something like a mound or a thumb shape protruding into the space of the inside of the pipe-like structure of the intestine.

Colonoscopy allows the doctor to see this mass, insert a cutting tool and take it out. It can then be examined under a microscope to see if it is cancer or if it is benign (just an overgrowth that is not cancerous). It is very important to catch and remove these masses when they are small since they might be completely removed. The longer they are allowed to grow, the more likely they are to invade further into the intestine and spread the cancer to other parts of the body.

Obviously, having guided tours given of your guts does not sound like a very pleasant reason to make the trip to your doctor's office. However, the facts are clear—colonoscopy is a life-saving procedure.

Colon cancer (or colorectal cancer) is a common, lethal and often preventable disease. The lifetime risk of colon cancer is five percent (1 in 20 people). It is the third most common cancer, the third most common cause of cancer death in women and the second most common cause of cancer death in men.

One-third of people who develop colon cancer will die from it, despite surgeries and other cancer treatments. The numbers are staggering—in 2006 approximately 150,000 people were diagnosed with colorectal cancer—more than 55,000 died of it.

Ninety percent of cases occur after the age of 50. For this reason, it is suggested that people with average risk factors (no family history, not having any symptoms suggestive of colon cancer) have their first screening at age 50. If the colonoscopy is negative and does not demonstrate any abnormalities, the next test is usually given 10 years later.

Other tours of your colon are also given. One that is being advertised currently is a virtual colonoscopy. The advantage of this is that a physical tube does not need to be inserted into the colon and the images are created by a CT (or CAT scan of the abdomen). However, the colon must be cleaned out well, just as is done with a traditional colonoscopy, which is one of the most unpleasant aspects of the process.

This test is not yet as accurate as a traditional colonoscopy at finding polyps in the colon. Also, it remains difficult to tell if a finding on a virtual colonoscopy is stool that remains in the colon or if is a polyp. Additionally, any finding that needs further investigation means that a traditional colonoscopy must then be performed.

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