

Colon Polyps

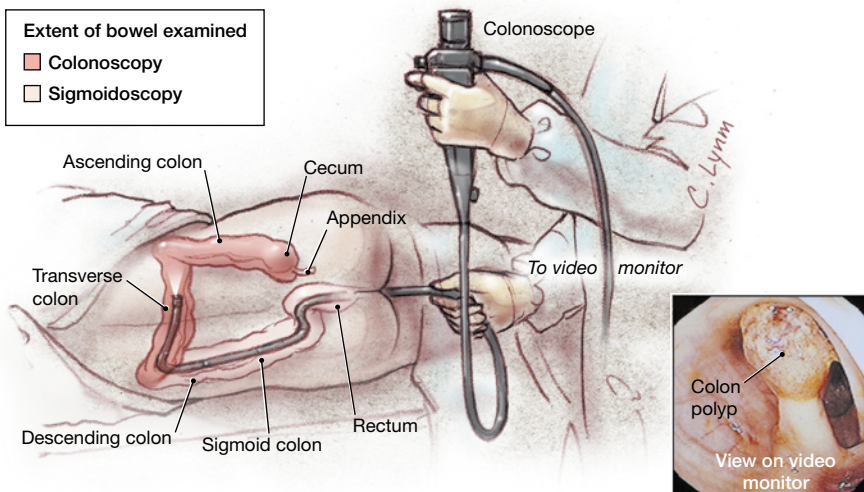
The **colon**, the lower part of the digestive system, processes waste products and prepares feces (stool) for elimination (a bowel movement). The inner surface of the colon can have abnormal growths, both benign and **malignant** (cancer). Benign growths are called polyps or adenomas. Polyps, if left undetected, can become cancerous, although not all polyps will. Colon polyps usually do not cause symptoms, so persons with polyps do not know they have them until found during a colonoscopy (see below) or other testing. If precancerous polyps are detected and removed, many cancers can be prevented. Doctors who specialize in treatment of digestive diseases, including colon polyps and colon cancer, are called **gastroenterologists**. Because colon cancer is the second leading cause of cancer-related deaths in developed nations, it is important to screen as many individuals as possible for the presence of colon polyps and colon cancer. The September 24, 2008, issue of *JAMA* includes an article about colon polyps and colon cancer screening.

RISK FACTORS

- Family history of colon polyps or colon cancer
- Inactivity and high-fat diets have been linked to higher risks of having colon cancer.
- Inflammatory bowel diseases (**ulcerative colitis** and **Crohn disease**)
- Ashkenazi Jewish persons (of Eastern European origin) have a higher incidence of colon cancer than other ethnic groups.

TREATMENT

Polyps can be removed during **colonoscopy**—an outpatient procedure where a lighted tube is passed through the anus, into the **rectum** (lowest part of the colon), and into the colon, allowing the doctor to examine the inner surface of the colon for irregularities, polyps, or cancerous lesions. The removed polyps are sent to a pathologist who looks for the presence of cancer within the polyp. If cancer is present, your doctors will recommend a treatment plan based on the extent of the colon cancer and whether it has spread. Removal of the polyp during colonoscopy may be sufficient. Otherwise, treatment for colon cancer usually involves surgery, possibly followed by chemotherapy.



Endoscopic image courtesy of Arnold J. Markowitz, MD

Sources: National Cancer Institute, American Cancer Society, World Health Organization, American Gastroenterological Association, American Academy of Family Physicians

Janet M. Torpy, MD, Writer

Cassio Lynn, MA, Illustrator

Richard M. Glass, MD, Editor

The JAMA Patient Page is a public service of JAMA. The information and recommendations appearing on this page are appropriate in most instances, but they are not a substitute for medical diagnosis. For specific information concerning your personal medical condition, JAMA suggests that you consult your physician. This page may be photocopied noncommercially by physicians and other health care professionals to share with patients. To purchase bulk reprints, call 312/464-0776.

PREVENTION

- Colonoscopy, beginning at age 50 (or earlier if risk factors exist), is the only way to detect most colon polyps. **Sigmoidoscopy** examines only the lowest portion of the left side of the colon and is not a complete test for either polyps or colon cancer. Fecal occult blood testing can detect cancer only if it has bled.
- Eat a low-fat, healthful diet rich in fiber, fruits, and vegetables.
- Exercise regularly.
- Do not smoke.
- Maintain a healthy weight.

FOR MORE INFORMATION

- National Cancer Institute
www.cancer.gov
- American Cancer Society
www.cancer.org
- American Gastroenterological Association
www.gastro.org

INFORM YOURSELF

To find this and previous JAMA Patient Pages, go to the Patient Page link on JAMA's Web site at www.jama.com. Many are available in English, Spanish, and French. A Patient Page on colon cancer screening was published in the March 8, 2006, issue; and one on colon cancer was published in the September 27, 2006, issue.

