

10 Myths about Colon Cancer

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Colon cancer is one scary disease. It's the number two cancer killer (after lung cancer), causing more than 50,000 deaths a year.

The key to avoiding the disease is to get regular screenings. Yet out of fear or ignorance, people often shun colonoscopies and other life-saving screening procedures.

Read on as doctors from the University of Michigan explode 11 common myths about colon cancer...

Myth: Colon Cancer Is a White Man's Disease

Colon cancer affects men and women equally, and it affects all races. In 2010, there were 102,900 new cases of colon cancer (49,470 in men and 53,430 in women), according to the American Cancer Society. About equal numbers will die from the disease: 52,000 Americans altogether.

The number one risk factor for colon cancer is age.

Myth: Having No Symptoms Means I Don't Have Colon Cancer

"One of the most common misconceptions is that symptoms will be evident if a person has colorectal cancer. In fact, the most common symptom is no symptoms at all," says Dr. Emina Huang, assistant professor of surgery at the University of Michigan Medical School.

More than half of people diagnosed with colon cancer have no symptoms.

Symptoms such as a change in stool, rectal bleeding, abdominal pain and unexplained weight loss can all signal colon cancer. But once these symptoms begin to develop, it may be a sign of more advanced disease. Half of people diagnosed after symptoms develop will die from colon cancer.

Myth: Preparing for a Colonoscopy Is Hard

Preparing for a colonoscopy involves cleaning the colon, typically with the help of special drinks consumed a day or two before the procedure.

"People shouldn't be afraid of it because they don't want to drink the laxative. There are many more options so you can find something that is tolerable," Turgeon says. Ask your doctor or pharmacist about your options.



Myth: Colonoscopy Is Unpleasant and Uncomfortable

It's not as bad as you think. During the actual procedure, patients are sedated to eliminate discomfort. The procedure itself takes 15-30 minutes and you can resume normal activities the next day.

Myth: Everyone Should Get a Colonoscopy

Colonoscopy screening is recommended for men and women beginning at age 50, unless other risk factors exist.

If you're 50 or older, ask your doctor about screening. If you are younger but have other risk factors - such as a family history of colon cancer, obesity, smoking, ulcerative colitis or Crohn's disease - talk to your doctor about your screening needs. But remember, age is the most significant risk factor for colon cancer.

Myth: Colonoscopy Is the Only Way to Screen

There are several screening options, including flexible sigmoidoscopy, fecal occult blood test and double-contrast barium enema. But colonoscopy is considered the gold standard. It detects more cancers, examines the entire colon, and can be used for screening, diagnosis and removing precancerous polyps in one visit.

Myth: A Polyp Means I Have Cancer

Polyps are benign growths, though some have the potential to turn cancerous. Polyps can be easily removed during colonoscopy.

Myth Colonoscopy Is Just for Screening

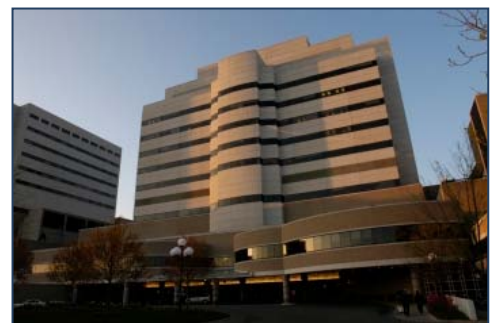
Colonoscopy is an all-in-one tool. It can find and remove polyps and small cancers all during one procedure. If your colonoscopy reveals a polyp, your doctor will remove it immediately. Removing the polyp at this stage prevents it from becoming cancerous. If colonoscopy reveals cancerous lesions, further treatments may be necessary.

Myth: If I Have Colon Cancer, It Means I'm Dying

Caught early, colon cancer has a 95 percent survival rate. That's why screening is so important. Once colon cancer has spread to the liver, it's usually deadly, with only a 9 percent survival rate. But even then, treatments are improving.

Myth: Surgery for Colon Cancer Is Disfiguring

New surgical advances allow for minimally invasive procedures that leave only a small scar. Patients undergoing laparoscopic surgery may have an easier recovery than patients who have open surgery, which involves making a larger incision. Some evidence suggests cancer control is better with a minimally invasive approach.



University of Michigan
Comprehensive Cancer Center