

A Message from Dr. Harris on Colon Cancer

CRC is the 3rd most common cancer in the US but the 2nd leading cause of cancer death for both men and women. It affects men and women of all races, however several studies now show blacks have higher risk of developing colon cancer than other races and are more likely to be detected at a more advanced age and carry a 48% higher risk of dying of colorectal cancer than the general population. Black women are more likely to die from colorectal cancer than women in any other racial group or ethnic group and black men are even more likely to die from colorectal cancer than black women.

In 2008 only 55% of eligible screening persons had been screened. This compares to 80-90% screening rates for other cancers. The screening rates are lower in the African-American community which might be part of the reason for colon cancer being more advanced at time of diagnosis. However, screening saves lives. Early detection of cancer is curable 90% of the time. The NIH and various GI societies encourage screening because detection and removal of polyps can prevent 60% colon cancer. 70% of people with colon cancer have no symptoms.

Screening is recommended for the general risk population to begin at age 50. However, most GI and cancer organizations recommend screening to begin in the African-American population at age 45. Other potential risk factors include obesity, low fiber, high protein diets and low physical activity level.

Some recent studies suggest supplemental intake of Selenium, omega-3 fatty acids and Vitamin D might lower the rate of polyp recurrence and of colon cancer. Discussion with your physician should be done prior to taking any supplements.

The easiest way to prevent colon cancer is to schedule a colonoscopy. Most insurance companies does cover earlier screening in this population but should be confirmed.