

AS WE SEE IT

The Colonoscopy Dilemma

One of the most unpleasant methods used to screen for cancer is the colonoscopy. The procedure involves food deprivation the day before, along with the use of harsh laxatives. The following day, a specialist inserts a long tube up the rectum and pushes it through the entire colon to the appendix region. A somewhat similar technique was used during the Inquisition to extract information from suspected witches. It was a highly effective method of obtaining confessions.



Colon cancer treatment using colonoscopy or sigmoidoscopy to remove polyps (inset).

I had my last colonoscopy in September 2000. The doctors found one polyp, and that meant I was scheduled to have another colonoscopy in three years. As 2003 ended, I wondered if I really needed another colonoscopy after only three years. I was hoping I could find evidence that would let me wait five years like people without polyps do.



William Faloon

I searched the medical literature to ascertain the ideal interval between colonoscopies. Regrettably, the medical literature revealed that even more frequent screening is the prudent course of action.

The most compelling study showing the value of more frequent colonoscopies was published in the July 2, 2003, issue of the *Journal of the American Medical Association (JAMA)*.¹ This study evaluated 9,317 people who initially had negative sigmoidoscopies. When these same people repeated the procedure just three years later, a polyp or cancerous mass was detected in 13.9% of the study subjects. Based on this finding, the doctors who conducted this study raised concern that people who waited five years between colonoscopies could develop advanced cancer. A sigmoidoscopy examines only the lower third of the colon and the rectum. The consensus today is that doctors should conduct a full colonoscopy to examine and remove polyps from the entire colon and rectum.

If you are wondering why so many healthy people undergo this unpleasant procedure, a look at the grim statistics provides a persuasive argument. Cancer will kill about 563,000 Americans this year, with colorectal cancer accounting for about 57,000, or roughly 10%, of all cancer deaths.^{2,3} If you are a nonsmoker, your risk of lung, head and neck, pancreatic, and other cancers is significantly reduced. That makes colon cancer the type of cancer from which you are most likely to die, since the threat of contracting other cancers is so much lower.

I will discuss some startling new findings about the benefits of flexible tube colonoscopies versus virtual colonoscopies later. First, however, I am going to reveal some personal details to inform members on what I had to go through to get my latest colonoscopy performed this year.

While the American Cancer Society blames people for failing to take steps to detect cancer early, the fact is that it is becoming increasingly difficult to get medical procedures performed in an efficient manner. The result is that in today's busy world, few Americans are taking practical steps to detect cancer in its early, curable stages.



MEDICARE NOW PAYS FOR COLONOSCOPES

Legislation passed in July 2001 provides coverage for all Medicare beneficiaries for average-risk screening colonoscopy. Since that time, the number of average-risk screenings has increased from 4.6% before July 2001 to

The Real Agony of My Colonoscopy

It is an established fact that most deaths from colorectal cancer could be avoided if more people were screened for colorectal cancers, especially high-risk individuals such as the obese and those with a family history of the disease.

While I am not overweight and do not have a family history, I would feel rather stupid if I were to contract advanced colon cancer just because I did not want to be inconvenienced by a colonoscopy.

The real agony, however, was dealing with the bureaucracy involved in arranging the

14.2% after July 2001.⁴

The 14.2% figure still represents only a fraction of those Medicare beneficiaries who should have colonoscopies, which is one reason why colon cancer continues to kill about 57,000 Americans each year.

procedure. First, there was the difficulty in getting through to the doctor's office. Lots of busy signals, voicemails, and no returned phone calls. Then there were the insurance hassles, which we have all learned to expect for just about any medical procedure.

A big problem arose when the doctor insisted I first come in for a consultation, even though he had previously performed colonoscopies on me. I argued that there was no rational basis for a consultation when all I wanted was a colonoscopy. A consultation means wasted time driving to the doctor's office, sitting in the waiting room for an hour, and sitting in the examining room for an additional thirty minutes, only to be told what day to return for the colonoscopy. I suspected that the doctor would earn a bigger insurance payment by squandering my time with a worthless consultation.

Despite my pleas to avoid the needless consultation, I was told it was required. I then resorted to finding a physician who had referred patients to this doctor. I convinced this physician to lobby the colonoscopy doctor to waive the consultation visit. It seemed like a significant victory when I received a call stating that I could have my colonoscopy without first wasting several hours on a needless consultation.

Unfortunately, the first appointment was more than two months away, and I was already overdue for this procedure. Again, I had the other physician lobby the doctor's office to get an earlier appointment. The result was an appointment one month later.

Hold the Sedatives

A colonoscopy takes about 15 minutes to perform and can involve considerable pain and discomfort. That is why almost everyone is put on heavy-duty sedatives so that they are virtually asleep during the procedure. Some people insist on general anesthesia.

Because I do not have the luxury of missing a day of work just because of 15 minutes of pain, I routinely undergo agonizing medical procedures with no sedation. We are, after all, aging to death. I do not believe we have a day to spare not working to eradicate the aging problem. The advantage to my avoiding sedative drugs is that I am able to jump up from the table at the end of the procedure and immediately resume a productive schedule.

Doctors marvel at my insistence that no pain medication be administered. I respond that if I do not succeed in stopping aging, the agonies of aging will be a lot worse.

One Polyp Found

The result of my latest colon-oscropy was the discovery of one polyp, which was cut out and removed during the procedure. While this means I will face this colonoscopy ordeal again in three years, at least this is one type of cancer I do not have to worry about for now.

As I related near the beginning of this editorial, a recent study revealed that 13.9% of people without any colon polyps would either have polyps or some sort of cancerous mass within the following three years. So, in reality, everyone over age 40 might consider a colonoscopy every three to five years. Based on the inconvenience, expense, and inefficiencies involved, it is no wonder that so few people undergo this procedure.

Polyps are considered precancerous lesions. Some of them develop into cancer. The medical establishment does not recommend routine colonoscopies until people reach the age of 50, yet approximately 13,000 people under the age of 50 will be diagnosed with colon cancer this year.⁵

Most doctors are not aware that so many people under the age of 40 die of colon cancer. A surprising number of children also die of colon cancer. The reason these young adults and children so often die is that their doctors do not suspect colon cancer because they are so young. Delayed diagnosis results in sharply higher mortality. If you are obese or have a family history of the disease, you should consider having a colonoscopy, even if you are under the age of 40.

Problems with Virtual Colonoscopy

People generally do not like long tubes shoved up their rectums. As a result, CAT scan centers have opened across the US. These centers offer whole-body scans and "virtual" colonoscopies—high-speed x-ray devices that take a radiographic picture of the inside parts of your body, including the lining of your colon. Commercial companies have invested big money in these expensive x-ray devices and tout them as being as good as flexible tube colonoscopy.

TEXTBOOK DEFINITION OF A COLONOSCOPY

A colonoscopy is a procedure in which a long, flexible viewing tube (a colonoscope) is threaded up through the

One drawback to virtual colonoscopies is that they expose the body to a lot of ionizing radiation. The reason that so much radiation is required is that a considerable amount of fat and water contained in the lower abdominal cavity has to be penetrated in order to get a picture of your colon. Some sources estimate that the radiation exposure from a virtual colonoscopy is equivalent to that of 500 chest x-rays (or 4.5 years of natural background radiation).^{6,7}

rectum for the purpose of inspecting the entire colon and rectum and, if there is an abnormality, taking a biopsy of it or removing it. The procedure requires a thorough bowel cleansing to ensure a clear view of the lining.

Source: www.medterms.com.

Ionizing radiation damages DNA, which results in the mutation of genes that regulate cellular proliferation. Many different agents damage DNA, but the good news is that DNA has the capacity to repair and reverse most of this genomic damage. What makes ionizing radiation so dangerous is that it only takes one blast to the DNA to cause permanent gene mutation.⁸ That is why exposure to medical x-rays (that is, to ionizing radiation) can cause cancer. Those undergoing virtual colonoscopies to detect early-stage cancer could inadvertently be increasing their risk of future cancers because of radiation-induced gene damage.



Virtual colonoscopy: colon polyposis.

Another disadvantage of virtual colonoscopies is that if a polyp or other suspicious lesion is detected, then flexible tube colonoscopy has to be performed anyway. If flexible tube colonoscopy is chosen in the first place, polyps and suspicious lesions can be immediately removed and a biopsy can be done to ascertain if the mass is cancerous.

A study published in the April 21, 2004, issue of JAMA compared the accuracy of conventional (flexible tube) colonoscopy to virtual (x-ray-generated image) colonoscopy in detecting polyps. The sensitivity of virtual colonoscopy was only 39% and 55% for lesions sized at least 6 millimeters and 10 millimeters, respectively. These results were significantly lower than those for conventional colonoscopy, with sensitivities of 99% and 100% for lesions sized at least 6 millimeters and 10 millimeters, respectively. In this study, virtual colonoscopy missed 2 of 8 cancers. The doctors who conducted the JAMA study concluded

that virtual colonoscopy “is not yet ready for widespread clinical application...Techniques and training need to be improved.”⁹

Based on these data, those concerned about preventing colon cancer should choose flexible tube colonoscopy every three to five years, as opposed to virtual colonoscopy.

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Dilemmas of Early Detection

Cancer phobia has become so prevalent that enormous amounts of money are spent every year on diagnostic procedures and lost labor productivity. If you develop any type of symptom that could possibly be cancer, and then enter that symptom into an Internet search engine, you will find multiple independent sources recommending that you run to a specialist to have the suspicious lump, pain, or other symptom investigated to rule out cancer.

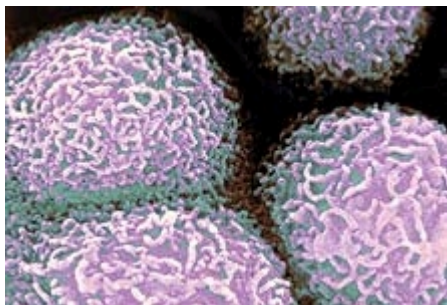


Cancer diagnostic tests can be expensive, inconvenient, and sometimes dangerous. Yet the American Cancer Society urges that more Americans undergo these diagnostic procedures to reduce cancer mortality rates. We at Life Extension agree.

One problem is that there are not adequate economic or physician resources to provide all the cancer-screening diagnostics now being recommended by the government and various cancer organizations. It can take months to get a colonoscopy appointment. Just imagine if almost everyone who was supposed to have a colonoscopy decided that they would endure the inconvenience and undergo the procedure. The waiting list would swell to years, as there simply are not enough gastroenterologists to perform that many procedures.

With the aging of the population, more Americans are susceptible to cancer than ever before. The government is addressing this problem by encouraging Americans to eat large amounts of fruits and vegetables every day. Consumption of a wide variety of fruits and vegetables, along with reduced intake of carcinogenic foods, is considered a proven method of lowering cancer risk. The problem is that the amount of fruits and vegetables the government says is necessary to reduce cancer risk is beyond what is practical for most people to eat every day.

Dietary supplement companies offer products that contain concentrations of fruit and vegetable nutrients that may help to reduce cancer risk, but the government does not allow companies to advertise their products for the purposes of cancer prevention. The result is that many Americans do not supplement with the nutrients that are most likely to reduce their cancer risk.



For instance, supplementation with folic acid for 15 years was shown to reduce colon cancer incidence by 75% in the famous Nurse's Health Study conducted at Harvard Medical School.¹⁰ The fact that 90,000 women participated in the study makes this finding especially significant. The authors explain that folic acid obtained from supplements had a stronger protective effect against colon cancer than folic acid obtained from dietary sources. Despite the findings from this prestigious study, the FDA does not allow folic acid to be promoted for the prevention of colon cancer.

While folic acid is contained in multivitamin products, the average American does not take many of the other probable cancer-preventing nutrients. These include indole-3-carbinol,¹¹⁻²⁵ selenium,²⁶⁻³¹ chlorophyllin,³²⁻⁴¹ curcumin,⁴²⁻⁶⁶ lycopene,⁶⁷⁻⁷⁴ lutein,⁷⁵⁻⁸⁴ green tea,⁸⁵⁻¹⁰⁵ gamma tocopherol,¹⁰⁶⁻¹¹¹ and a host of other plant extracts.

According to a report published by the National Cancer Institute on June 17, 2004, environmental factors contribute to 80-90% of all cancers. When using the word "environmental," the Institute included both lifestyle factors such as diet and tobacco and alcohol use, as well as radiation, infectious agents, and substances in the air, water, and soil. The objective of this report was to show that the majority of cancers are preventable.¹¹²⁻¹¹³

In this instance, one government agency (the National Cancer Institute) states that 80-90% of all cancers are preventable and changes should be made to reduce cancer risk, while another government agency—the FDA—takes deliberate actions to suppress information about ways to prevent cancer.¹¹⁴

Why You Need the Life Extension Foundation

I discussed with several gastroenterologists the *JAMA* study indicating that performing colonoscopies more frequently might be desirable. To my surprise, not one of them knew about the study, despite its publication in a journal to which they all subscribe.

This kind of physician apathy is rampant in today's health care system. Doctors often fail to read their own medical journals,

neglect to implement new findings reported in the journals they do read, and fail to recommend any program (such as eating more fruits and vegetables) that would help prevent the very diseases for which patients are coming to them for screening.

Physicians are failing to incorporate the findings of published, peer-reviewed studies in their everyday medical practices. This means that patients are not gaining access to the latest information about better ways to prevent and treat disease.

The Life Extension Foundation, on the other hand, reviews thousands of published studies each month to identify practical approaches people can take today to improve their health and reduce their risk of degenerative disease. We try to leave no stone unturned in our quest to provide members with scientific findings that can save their lives.

If you are relying solely on your doctors to keep you alive, you are probably missing critical information and innovative technologies that can improve your health. For many aging people, the result is a slow deterioration of their health right in front of their doctors' eyes. While this mental and physical decline used to be considered an inevitable consequence of aging, people are increasingly rebelling against the dogma that says nothing can be done to impede age-related disease.

As a member of the Life Extension Foundation, you gain access to cutting-edge technologies that are many years ahead of both conventional and alternative medicine. By reading this column, you just learned that virtual colonoscopies are only about 50% as effective as flexible tube colonoscopies in detecting colon lesions. This kind of information is priceless, and you receive over 100 pages worth of it every month in Life Extension magazine.

The Life Extension Foundation is breaking down the barriers of ignorance that deprive aging humans of their good health. Readers of *Life Extension* magazine are often the first to learn about validated methods of detecting and warding off degenerative disease.

For longer life,



William Faloon



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