

Katie Johnson: Good morning and welcome to Apple a Day, Lake Region Healthcare's health and wellness show where we feature news and information you can use to live a healthier life. I am Katie Johnson, your host, and my guest today is Dr. Patricia Lindholm. She's from our Primary Care Department here at Lake Region Healthcare's main clinic in Fergus Falls, and she's joining us today to talk about colon cancer awareness. Good Morning, Dr. Lindholm.

Dr. Lindholm: Good morning.

Katie Johnson: Well, in February of 2000 ... I did some research ... President Clinton officially designated March as the National Colorectal Cancer Awareness Month, and since then, it's grown to be kind of a rallying point for colon cancer community and for patients, survivors, caregivers, and advocates throughout the country to spread colorectal cancer awareness. Lots of people wear blue. They hold special events, do some different education events to kind of bring awareness, and talk to friends and family about the importance of screening. Dr. Lindholm has agreed to join us and do just that on our radio show today and help answer some common questions about maybe the infamous screening that goes along with colon cancer and more. But let's just start by giving our listeners a little bit of background about who you are, what your role is here, and maybe why this topic is important to you.

Dr. Lindholm: Okay. Well, I'm a family physician. I've been here since 1990, so quite a while, and have seen a lot of patients. Over the years, actually, colon cancer is something that I've seen quite a bit of, so it is common in the population. I've had a couple of family members with colon cancer as well. I guess one of the things that is concerning to me is that in most cases, if you're over 50 years old, most of the time, we can prevent colon cancer.

Katie Johnson: If there's a takeaway message today, that's probably it. It is concerning, but it is preventable. Let's learn more about what we can do. Starting with the basics, what is colorectal cancer? What are the symptoms that go with it?

Dr. Lindholm: Okay. Colorectal cancer often has no symptoms, so let's be clear about that. Hopefully, if you have colorectal cancer, it's discovered before a stage where you have symptoms, but if it were fairly advanced, you might have symptoms of a partial blockage of the colon, which would indicate your stools might be narrow and pencil-like because there's not any room. The tumor itself is compressing. You may have vague symptoms such as a little bloating or a change in your bowel habits.

If you've been regular for years and suddenly become constipated or your stools become loose or something's just not normal for you and it lasts for more than a few weeks, then it's worth getting that checked out and be sure it's not colon cancer or some other disorder. Bleeding or blood in the stool sometimes is visible to people. That's usually not cancer. It's usually something else, but it could be a symptom of an advanced colon cancer. Again, we don't want a

person to wait for symptoms before we do our screening because then they've waited a long time.

Katie Johnson: Right. That's a really a good point. How about who is at risk? Are there certain populations that are more at risk and maybe should be screened at different intervals than others?

Dr. Lindholm: Yes. One group would be if you have an immediate relative like a parent or sibling or a child who had colon cancer, you're at higher risk. Generally, everybody in the population, we start talking about screening at 50, but if you had a relative who before age 60 had colon cancer, we recommend that you start getting screened 10 years before the age that that person was diagnosed. If they were diagnosed at 50, you start at 40 and so forth. That's one group of people. Another group would be those who have ulcerative colitis, and those folks we want to screen. About 10 to 12 years after their diagnosis is made, they should be starting their colon cancer screening because they're at much higher risk for colon cancer than the general population, and they need to be screened much more often.

Katie Johnson: Let's dive into that a little bit. Who should be screened and when?

Dr. Lindholm: Well, all of us at age 50 should be screened. Healthy people, people who don't have a family history, all of us should be screened starting at 50. Now recently, the Cancer Society has discussed starting at 45 because we're starting to see some younger people with colorectal cancer and we're not clear why that's happening. We may see that change in the future, but there's many groups who advise us on when to screen, and most of those are agreeing that 50 is the age, but if it changes to 45, that wouldn't be too surprising.

Let's say everything's normal on your colonoscopy, if you choose to have a colonoscopy, then it's done every 10 years. We don't keep doing it for the rest of your life. We usually will continue to do it every 10 years until you're at an age where we feel that you're either too sick with other health problems or we expect your life expectancy at that point to be less than 10 years. We don't screen the average 80-year-old, for example, and the data that we have goes into the mid-70s for screening.

Now let's say you have a family history, a sibling or a parent with colon cancer. Then, as I said before, you'd start at least 10 years before their age, otherwise at 50, at the latest, and then we would screen you every five years with colonoscopy. If you had a colonoscopy and they found a certain kind of polyp, they'll recommend you come back in five years. Other polyps, they might say a little sooner. Colonoscopy is the standard, what I call the gold standard test, because during the procedure they can see if there's anything there and they can possibly treat it or prevent colon cancer during the test by removing polyps. You can take a biopsy of anything that doesn't look right [crosstalk 00:06:36].

Katie Johnson: I was just going to ask you that, if colonoscopy is really still the recommended method of screening. I know there are some other types of screenings out there that perhaps for some people who have just not been able to get up the courage to have a colonoscopy is an alternative. Talk a little bit about what the options are, pros and cons of each.

Dr. Lindholm: Okay. One option which has been available for years is a stool-based test that the patient does at home. You take a swab of stool and you send it back to the laboratory. We give you a kit and it's all pretty easy to understand the directions. That test has improved over the years. It's now called the FIT test, or fecal immunochemical test, and if it's normal, you do it every year. Now if it's not normal, you have to have a colonoscopy to find out what's going on, so that's the caveat there.

Another test that people have heard about is the Cologuard test. That also is a stool test, and it is sent to you by the company. You collect a small stool sample, you send it back, and it tests not only for hidden blood in the stool but also for DNA mutations that sometimes they're associated with pre-cancers or cancers. If you have that test and it shows something abnormal, you have to have a colonoscopy to find out, again, what's really going on. But if you have the test and everything is normal, then it's repeated every three years.

Another test people have heard about is virtual colonoscopy, which is basically you have to clean out the colon just like you do for a colonoscopy, and then you go to the Radiology Department under the CAT scan, and they basically inflate the colon with air and they take many, many pictures. Sometimes they can see polyps through that, but if they see one, you have to have a colonoscopy. Also, virtual colonoscopy is often not covered by insurance, whereas all these other tests generally are covered.

Katie Johnson: All of those different tests, same age guidelines still apply as to when you would start?

Dr. Lindholm: Exactly, exactly.

Katie Johnson: A common theme that if it's abnormal, you still need a colonoscopy. Do I hear your underlying recommendation to just go with the colonoscopy?

Dr. Lindholm: Well, that would be the best choice. I have had colonoscopies myself, so I practice what I preach, but, yes, that is the preferred test. Again, some testing is better than no testing. If you absolutely cannot do a colonoscopy for whatever reason, at least if we can do one of the stool-based tests, it's a good place to start.

Katie Johnson: Right. Absolutely. Since you mentioned you've done it yourself, what's your advice to people who maybe are contemplating or fearing what a colonoscopy might be like?

Dr. Lindholm: Okay. Well, as everybody says, and I agree, the worst part is getting ready for the colonoscopy, is the prep. And generally that takes one or two days, depending on what you need. You're taking a lot of laxatives and you're drinking a lot of clear fluids, and they don't want you to have any solid food while you're prepping for the test and a low fiber diet for the week before. If it's all clean as a whistle in there, you're ready for a colonoscopy.

Then, when you go in for the procedure, thankfully, they give you nice sedation so that you're very drowsy and probably won't remember anything about the procedure when you're finished. Some people are totally asleep and some people are sort of partially awake, but not concerned about what's going on.

Katie Johnson: I've heard many people say, "It's not as bad as you make it out to be in your mind."

Dr. Lindholm: No, absolutely not. Absolutely not. When it's over, you don't remember that anything happened, usually. There should be no pain experienced during the procedure. Well, just think of the relief that you have when you've had any tests done and it's normal.

Katie Johnson: Right. Peace of mind is worth so much. Any other prevention points besides screening that we should mention that people can do just to live a kind of lifestyle that's going to help prevent colon cancer or other cancers in general?

Dr. Lindholm: Okay. Well, we know that having more fruits and vegetables and fiber in general is very good for the colon, and we know that in countries where they eat more vegetables and less meat, they don't get as much colon cancer as we get here in the Western world. Having a healthy diet high in fruits and vegetables is basically the most important thing.

Katie Johnson: Great. Well, great advice. Anything else you want to share with our listeners on this topic as we bring attention to colorectal cancer during March, Colorectal Cancer Awareness Month?

Dr. Lindholm: Yes. A lot of people are under the impression that only men get colon cancer, and that's not true. Men and women alike get colon cancer pretty much at equal rates, and it's the second most common cancer if you take men and women together. It's the third most common cancer in men and the third most common cancer in women behind lung cancer and breast cancer. It is common, and most of us know somebody who had colon cancer, so please get screened.

Katie Johnson: Yeah. Everybody knows someone, and everyone can also do something about it. That's right. Get screened, and no better time than now. We certainly are happy to help you with our team of primary care providers here at Lake Region Healthcare. Call, get your appointment. Glad to get you in for your colonoscopy or set you up with one of the other common screening tests as well.

Dr. Patricia Lindholm, my guest today on Apple a Day with great information about colorectal cancer awareness prevention and screening. Thanks for your time today, Dr. Lindholm.

Dr. Lindholm: You're very welcome.

Katie Johnson: Dr. Patricia Lindholm and Katie Johnson on Apple a Day today reminding you there is so much to do here. Stay healthy for it. Have a great day.