

**February 17**

**Ask the Expert**

**Topic: Colorectal Cancer**

**Expert: Justin Maykel, MD**, is the chief of colon and rectal surgery at UMass Memorial Medical Center and assistant professor of surgery at UMass Medical School.



Dr. Maykel received his medical degree from Tufts University Medical School and served his residency at Beth Israel Deaconess Medical Center, where he also completed a fellowship in surgical nutrition; he completed a fellowship in colorectal surgery at the University of Minnesota Medical Center and is board certified in surgery and colon and rectal surgery.

Colorectal cancer is one of the leading causes of cancer-related deaths in the United States—claiming more than 50,000 lives each year—but early diagnosis often leads to a complete cure. An advocate for screening colonoscopy and early detection, Dr. Maykel is an expert in colorectal cancer, inflammatory bowel disease and minimally invasive surgery and introduced single-port surgery to the area. With this innovative new technique, he and his colleagues can perform complex abdominal and colorectal surgeries through one small incision near the belly button—which often means less pain for patients and a quicker recovery.

Dr. Maykel and colleagues will be featured at the upcoming [Colon and Rectal Cancer Symposium](#): Knowing Your Risks, Understanding Your Options, March 5. [Learn more.](#)

**Q: *What are the early symptoms of colon cancer? If you're too young for a colonoscopy, what should you look for?***

**A:** For the vast majority of patients, colon cancer does not cause any symptoms. That is why it is so important to undergo screening/testing such as colonoscopy. Many patients “feel fine” and have no gastrointestinal symptoms, so they decide against having a colonoscopy when they turn 50 (or 40 with a family history of colorectal cancer). Well, the purpose of the test is to find and remove colon polyps *before* they turn into cancer and to find cancers when they are *early* (before they are causing any symptoms). When cancer develops and grows in size, it can cause symptoms such as bleeding in the stools, changes in the bowel habits (such as constipation, mucous in stools, or diarrhea), weight loss, or abdominal pain.

By the time symptoms develop, the tumors tend to be more advanced. Regardless of your age, these symptoms should not be ignored, particularly if they persist, and should be mentioned to your primary care doctor. You may then be referred to a gastroenterologist or colorectal surgeon for further testing. We'll be talking about colonoscopy and polyps at our upcoming symposium [Click here](#) to learn more and sign up.

**Q: *Are the screening guidelines the same for women and men?***

**A:** Yes, they are: Most people should get their first colonoscopy at age 50, but if you have a first-degree relative (your parents, siblings, or children) with colon polyps or colorectal cancer, you

should start screening at age 40. About 9% of colorectal cancer occurs *before* age 50, and that number is rising. You should know that colorectal cancer is the second most common form of cancer but is one of the few cancers that can be prevented through screening. How lucky are we that we have a reliable test (colonoscopy) that can actually prevent this common cancer!

**Q: *What is the latest news on experimental trials in "vaccination" for adenocarcinoma?***

**A:** There really is no vaccine for adenocarcinoma, which is the most common form of colorectal cancer. Anal cancer is an entirely different cancer and is called squamous cell cancer. This occurs in the anal canal (lowest portion of the gastrointestinal tract) and can even occur in the skin around the anus. These tumors are all related to human papillomavirus (HPV) infection, which causes cellular changes that can progress to invasive cancer. This is very similar to cervical cancer in women. The newly FDA approved vaccine can help prevent HPV infection and therefore the occurrence of squamous cell cancer of the anus.

**Q: *What is the standard procedure for the prep treatment before surgery? When I had my first colonoscopy it was GoLyte, then my daughter had Miralax and my husband had Senokot. What is truly the best procedure as well as least difficult to use for the prep for this procedure? Thank you!***

**A:** As you mention, there are many prep options available. They all work about the same—their purpose is to clean the colon so your test will be accurate. The differences relate mainly to volume of fluid that you have to drink, the taste, and the cost. Most patients say that the preparation is the worst part of the colonoscopy procedure! Unfortunately, there is still no way around that. We have been using a Miralax prep that is tasteless and can be mixed in Gatorade. This seems to work quite well. If you can come up with anything better, let me know, and we will go into business together!

**Q: *If you have digestive disorders like diverticulitis or Crohn's or irritable bowel syndrome, are you more likely to develop colon cancer?***

**A:** When a patient has had longstanding inflammatory bowel disease such as ulcerative colitis, there is an increased risk of developing colorectal cancer. This is also true for Crohn's disease, when it affects the colon. There is no relationship between diverticulitis and colon cancer, but you have to have a colonoscopy after being diagnosed with diverticulitis to be sure that your symptoms were truly from diverticulitis, not from colon cancer.

Patients with longstanding ulcerative colitis or Crohn's colitis undergo very close colonoscopy surveillance (every 1-2 years after having the disease for 10 years) to monitor for any precancerous changes. If these changes are discovered, or if colon cancer is discovered, patients undergo surgical resection (removal of part of the colon). In most cases, under the care of colorectal surgical specialists, a [J-pouch procedure](#) can be performed, allowing the continued passage of bowel contents naturally through the anus, avoiding an ileostomy bag.

**Q: *How long does it take to recover from colon cancer surgery?***

**A:** Well, it depends on the approach. At UMass Memorial, we perform the vast majority of our colon resections [laparoscopically/minimally invasively](#). That means we are able to perform the operation through very small incisions on the abdominal wall, resulting in less postoperative pain and faster recovery. The latest technology we use is called [single incision laparoscopic surgery](#) (SILS) where we pass all instruments through one small incision positioned either in the belly button or bikini line, offering patients a potential pain and cosmetic advantage. (You can see a [video](#) about it on our web site; just be aware that there is some footage of the actual surgical procedure.)

After surgery, patients follow a standardized postoperative recovery program that typically results in a 4-day hospitalization. Most patients are ready to go back to work within 4 weeks of surgery, but I have had some really motivated patients who have returned to work within one week. It really depends on the patient.

Innovations in surgery is another topic we'll cover at our free educational symposium on March 5. Visit [www.umassmemorial.org/cancerprograms](http://www.umassmemorial.org/cancerprograms) to learn more and sign up.

**Q: *Is it true that diet is a larger factor in developing colorectal cancer than other cancers?***

**A:** To be honest, it's tough to know for sure. We tend to recommend that patients maintain a low-fat and high-fiber diet. Certain modern ways of processing foods and artificial additives are thought to impact the development of cancer. A healthy lifestyle and healthy diet will never hurt! We'll be talking about diet and nutrition in a free educational symposium March 5. Visit [www.umassmemorial.org/cancerprograms](http://www.umassmemorial.org/cancerprograms) to learn more and sign up.

**Q: *Do “cleansing” procedures help to fight colon and rectal cancers?***

**A:** No, there is no evidence to support this claim. These seem to be more of a fad than anything.

**Q: *Exactly what is a pre-cancerous polyp? If the polyp is removed, how likely is it to come back as cancer?***

**A:** Polyps are abnormal growths of tissue on the inside surface of the colon and rectum. They look like a small bump, sometimes sitting on a narrow stalk or stem. About 20% of patients over age 50 will have polyps found during a colonoscopy. There are really two types of polyps. Hyperplastic polyps do not appear to turn into cancer over time. A related polyp called a “serrated adenoma” is thought to have the ability to turn into cancer over time.

Adenomatous polyps, on the other hand, are the type that can turn into cancer over time. The chance that this occurs depends on the amount of time the polyp has been present and its size. Once the polyp has been removed, it is gone and cannot grow into cancer. This is the beauty of colonoscopy. Once you have been found to have polyps, this means that you should undergo colonoscopy surveillance more frequently than a person without polyps, generally every 3-5 years.

**Q: *Can polyps disappear on their own without having to be removed?***

**A:** We do not think so. If you think about it, whenever we find a polyp during colonoscopy we are going to remove it, so you really never have a chance to see if they do disappear on their own.

**Q:** *My primary care doctor felt a lump in my stomach and wanted me to come back in for follow up and possible scan. It was gone when I went back but it seems to be reappearing now. Are there guidelines for size when feeling for lumps in stomach area?*

**A:** You really should never feel any lumps or masses in the abdomen. Any persisting mass that is felt and thought to be within the abdominal cavity deserves further evaluation, either with CT scan or ultrasound. Please follow up with your doctor again.

**Q:** *I read that fiber can be helpful in preventing colorectal cancer; is that true? If so, can you explain why this is and what other preventative measures I can take?*

**A:** Good question, but very controversial. There have been several large, well-run studies that find conflicting results. Some say that fiber helps prevent colorectal cancer while others say there is no impact.

As mentioned earlier, if you lead a healthy lifestyle with plenty of fruits, vegetables, unprocessed foods, and exercise and you will never be able to look back with regret. There is some evidence to suggest that a daily aspirin might prevent polyp formation as well. A preventive measure you should definitely take: Go and get your colonoscopy on time!

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#### Resources:

- Learn more about our expert, [Justin Maykel, MD](#)
- Meet our [colon and rectal surgery team](#)
- [Receive a guide](#) to cancer care at UMass Memorial Health Care.



- Attend the [Fourth Annual Colon and Rectal Cancer Symposium: Knowing Your Risks, Understanding Your Options](#)
- Learn about [UMass Memorial Cancer Center of Excellence](#) and our colorectal cancer care, the [latest advances](#) in treatment and colorectal [research/clinical trials](#) currently underway.
- [Find Answers: Ask Our Experts!](#) Get answers to your health-related questions through our Ask the Expert question-and-answer sessions. Learn about upcoming Ask the Expert sessions and visit our expert Q&A archives today!

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