Colorectal cancer kills - but in many cases it can be prevented.

Welcome to SBH Bronx Health Talk produced by SBH Health System
and broadcast from St. Barnabas Hospital here in the Bronx. I'm Steven Clark

March is Colorectal Cancer Awareness Month, yet people need to be aware throughout the year of the risks of colon and rectal cancer and what they can do to prevent it. Screening is key. This includes a colonoscopy beginning at the age of 50. A colonoscopy allows doctors to find and remove polyps – benign non-cancerous growths – before they can become cancerous. With us today to discuss colorectal cancer is Dr Michael Polcino, Chief of Colorectal Surgery at SBH Health System. Welcome Dr. Polcino.

Thank you I appreciate it.

So let's start off. Who is most likely to get colorectal cancer. I mean there are common risk factors right?

You know if someone has risk factors it might be the bleeding rectal bleeding, there might be a change in their bowel habits. We often describe as patients say their bowels used to be in large caliber this large diameter now they're very very thin. That's all that's also a telltale sign. Also if they have some weight loss is another sign but really that's more advanced that's more advanced and bigger tumors often times cancers are found just on screening and actually, Steve, I'd like to point out as traditionally screening used to begin age 50 but it's now age 45. This changed about two or three years ago and the reason it got it moved from 50 to 45 because there was a large instance of colorectal cancers in that 45 to 50 age range and we're not really sure what is it Genetics? Is it environmental? We're not really sure what happens, but that's why we move the screening up to age 45.

From what I've read African Americans are more likely to get it. I've read they're like a 20 percent more likely candidate for colorectal cancer. Have you seen that in the Bronx?

I have but also what I've what I found is patients aren't getting their screening. They're coming to me at later stages where tumors are more advanced. The whole secret to have good results with colorectal cancer is get your screening get and get it early and on time.

Are there certain lifestyle changes you can make to reduce your chances of getting colorectal cancer?

There's some studies that show red meat is associated with higher risk of colorectal cancer. What I tell my patients is a well-balanced healthy diet is the best for reducing risk of colorectal cancer. It's best to reduce heart disease. To reduce the chance of diabetes. A nice healthy balanced diet is best for just health overall.

Now you're obviously a surgeon and you would think if screenings were effective people like you would be out of business. But that's not happening anytime soon. In fact I read that the

number of colorectal cancers in people under 50 is expected to nearly double in the next decade What gives? Why is that?

That's again a couple of things there's interplay of multiple factors. One is when they get environmental is the foods you're eating is more processed foods, not as natural. That's one thing and also we're finding things earlier because if patients getting screened earlier they would we're finding these age 45 age 46 age 47 which in the past wouldn't be found until their 50s.

You said earlier that some of the symptoms of colon and rectal cancer are bleeding. But really they're pretty mild. I mean it's not like you wake up and say gee I have colon cancer. It's not that significant, right?

No, it's not. Patients might see a little bit of blood in their stool, might be a little bit of blood in the toilet bowl but not like this it's all blood and uh that when they go to the bathroom so the symptoms they can be very very mild. I always tell patients if there is any bleeding just get the colonoscopy. You rule everything out. It's the safest thing to do, no questions asked.

Do you get pushback about having colonoscopies? I mean it's not the most pleasant experience at least the prep is not. Are people hesitant to do it because of that?

You know the biggest the biggest reticence and hesitancy is from the bowel prep um because again it's not pleasant. I'm not gonna lie. It's only one night and again you're going to go to bathroom a lot. But you got to look at it that one tough night could save a life.

Okay that's a good way of putting it. So what happens when someone is diagnosed with colon cancer. Is surgery always part of the treatment?

No. You know what happens is again the secret with of any cancer is to treat it in multidisciplinary fashion. I'm the chief of colorectal surgery here at St. Barnabas, but I work very closely with my colleagues, with my medical oncologist, my radiation oncologist, my gastroenterologist and my radiologist. We all we work very very closely all together. It happens that it's a true team approach. Sometimes we might go right to surgery, sometimes we might get chemotherapy radiation first. It all depends how advanced the tumor is, where the tumor is also a big determinant.

My father had colon cancer in his late 70s, early 80s and he had a colostomy which he had a bag which was later reversed. Now at the time he was demented, he was well you know into probably advanced Alzheimer's at that time so it was really difficult for him to comprehend what was going. On are there less invasive surgical techniques that are being used today?

There is. What happens is if it's a large obstructing tumor, if it's distal then a colostomy might be necessary, but again there's so much nuance and how we treat color to cancer today versus even 10, 15, 20 years ago. Sometimes if the tumors are early stage we can sometimes even remove them through the colonoscope or through the endoscope. We do a lot of minimally invasive surgery. We do a lot of laparoscopic surgery, small incisions where patients go home in a couple days. We always try first sphincter sparing surgery to try to avoid a colostomy.

So colostomies are not the go-to or not the gold uh standard anymore? What percentage would you say use other options?

Oh I would say 85, 90 percent of the time we use other options. If it's a bit it's a big obstructing tumor where we can't safely do the reconnection in the first surgery, that's sometimes where you have to make a colostomy. Actually one point is that I think is probably important to discuss even though again i always try to avoid stomas, ileostomies, colostomies, patients shouldn't be scared of stoma. What I always tell patients is that stoma is safe surgery. If we feel you need a stoma, that you know we want you to get out of that room, once you get on treatment chemotherapy or anything, we don't want any treatment delay and often times these are reversible so I think there's a stigma against a stoma but the secret is the stoma is safe surgery.

Okay, I think that's a good point. I read about targeted therapies. This includes the use of monoclonal antibodies, which are used in treating Covid-19. Is that something that is here today or is it the future?

It is. We have standard chemotherapy. We send the tumors for special gene typing and depending on those genes if they're what's is called wild type or mutant they can't get immunotherapy. Targeted therapies is a good way of describing it.

I guess again ending now the bottom line is about screenings.

Exactly, you know the secret to good long-term uh care good long-term survival for colorectal cancers get your screening, get it on time and get it early and remember age 45 not age 50.

That's very good advice. Thank you Dr Polcino for a few minutes today. To our listeners thank you for joining SBH Bronx Health Talk. For more information on services available at SBH Health System visit www.sbhny.org. Until next time.