

INDIANAPOLIS HEALTHCARE PROFILES



An ounce of Prevention

Colorectal cancer is one of the most preventable cancers, and when caught early, is very curable. Dr. Mohammed Al-Haddad, a specialist in the field, explains how it works.

The death rate from colorectal cancer has been declining for decades, mostly because more people are getting screened. Colorectal Cancer Awareness Month, which takes place every March, exists to educate the public about the importance of

Lowering Your Risk:

Get regular exercise

Eat a more plant-based diet

Include plenty of fiber and calcium in your diet

Limit red meat and animal fat

Avoid obesity

Schedule screenings as directed

getting regular screenings for the disease. These screenings—simple colonoscopies—are the key to prevention. They're also the method for diagnosis, which is imperative because almost all colorectal cancer is curable when caught early.

Dr. Mohammad Al-Haddad, a gastroenterologist at Indiana University School of Medicine and leading specialist in the treatment of colorectal cancer, explains the ins and outs of the disease and its treatments.

"Colorectal cancer is one of the most detectable, treatable, and curable forms of cancer," begins Dr. Al-Haddad. "The key is prevention. A handful of cancers lend themselves well to screening strategies, and colon cancer is one of them. The main reason is that it's a slow-growing cancer, meaning it usually takes about eight to 10 years for cancer to develop from its precursor: a colon or rectal polyp.

"Pancreatic cancer, by contrast, is fast growing, so current screening tools may not be as

effective in detecting it," Dr. Al-Haddad continues. "Also, most pancreatic cancers do not develop from precancerous lesions, unlike the polyp precursor in colon cancer." Dr. Al-Haddad is also a specialist in pancreatic cancer and has served as the medical director of Indiana University's Pancreas Cyst and Pancreas Cancer Prevention Program.

The Best Defense

It's easier to grasp the importance of early screenings if we understand how colon cancer begins. The majority of cases start with noncancerous polyps—small, benign growths on the lining of the colon. Polyps usually cause no symptoms, so people don't know they're there. If not removed, some could become cancerous over the course of around 10 years. Conversely, if they're removed early, colon cancer will have been successfully and completely prevented.

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Despite the newer testing options one can do at home, doctors still consider the colonoscopy to be the best screening method for colorectal cancer because it does more than detect—it also prevents. “If we find polyps during a colonoscopy, we remove them,” says Dr. Al-Haddad. “So the procedure is more than a screening—it’s also therapeutic.”

Of course, tales of colonoscopy preparation are legendary and strike fear into the hearts of the bravest souls. Even doctors admit it’s no picnic—the days just before the procedure involve drinking copious amounts of specific liquids and spending a lot of time in the bathroom. However, the colonoscopy itself is brief, safe, painless, and can be performed under anesthesia. And the peace of mind and resulting good health are more than worth the minor inconvenience, Dr. Al-Haddad emphasizes.

Who Should Get Tested—and When

The time to begin getting screened for colon cancer varies based on risk factors. People with no known risk factors should have their first screening at age 50, says Dr. Al-Haddad. Some scientific societies have recently advocated starting at the age of 45. But the disease has a hereditary component, and a major risk factor is having an immediate family member—a parent or sibling—who has the disease. The rule of thumb: If a parent or sibling is diagnosed before age 60, you should get your first colonoscopy when your age is 10

years younger than the relative’s age at diagnosis. “For example, if your father developed colon cancer at age 55, you would want to start getting tested at 45,” says Dr. Al-Haddad.

Also, Dr. Al-Haddad emphasizes, “If you’re around age 50 and your doctor hasn’t suggested a colon cancer screening, it’s important to request one.”

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Mohammed Al-Haddad, M.D.
Indiana University School of Medicine

found, doctors will typically allow a 10-year period until your next screening. But if polyps are removed or there’s a family history, the doctor may suggest coming back sooner. “The time frame will be determined by several factors,” says Dr. Al-Haddad. “In cases where polyps are removed, the window will be based on the number of polyps found.” A typical window for retesting when polyps are found is about three to five years, he explains.

Age and familial history aren’t the only indicators for when to get your first colonoscopy. Certain symptoms can also

indicate a problem, and if any of them persists for more than a few days or weeks, it’s important to see a doctor. According to the American Cancer Society, these symptoms include:

- *A change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts for more than a few days.*
- *A feeling that you need to have a bowel movement that’s not relieved when you go.*
- *Rectal bleeding.*
- *Blood in your stool, which may make it look dark.*
- *Cramping or belly pain.*
- *Weakness and tiredness.*
- *Unintended weight loss.*

“Many people ignore or misinterpret their symptoms,” says Dr. Al-Haddad. “They’ll say, ‘Oh, it’s just a hemorrhoid, it’ll go away.’ But if any of these symptoms persist, don’t ignore them. See a doctor. It may not be colorectal cancer, but such issues aren’t normal, and there may still be an underlying cause that needs to be diagnosed and treated.”

Along with Dr. Al-Haddad’s tremendous contributions to gastroenterology, colorectal cancer treatment, and pancreatic conditions, he’s a leading expert in the latest nonsurgical weight loss options, often known as endoscopic weight loss procedures. “These options are less invasive and less intense than gastric bypass,” he says. “They’re relatively new, but we’re already seeing a lot of good results with them.”



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