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MEDICAL NOTES WITH DR. RANI WHITFIELD (H2DOC): Volume 1, Edition 2 COLON CANCER

(April 10, 2007)

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*She said that it started with constipation, then diarrhea, and then constipation again. For at least 6 months Mrs. Johnson, the hard workingwoman she was, ignored some of the most classical signs and symptoms of the disease that would eventually take her life. By the time she came to my office, this 65 year old work-a-holic had lost 30 pounds, experienced abdominal pain off and on, noticed blood in her stool, and was always complaining of feeling tired. After an extensive workup and referral to a gastroenterologist

(stomach doctor), Mrs. Johnson, maid and mother of 4, was diagnosed with colon cancer. Could this have been prevented? Well if you did not know, colon cancer is the second most common cancer in African-American women and the third most common cancer in African-American men. Although the incidence of colorectal cancer (colon and rectal cancer) has stabilized over the past two decades, the rates are still higher in African Americans than the rest of the US population.

There are a number of factors that increase the risk of developing colorectal cancers and recognition of these factors has an impact on the strategies used to screen for this disease. Age, family history, a personal history of inflammatory bowel disease (Crohn's or ulcerative colitis), diet, and race must all be considered when evaluating a patient suspected of having colon cancer. Other risk factors include physical inactivity, smoking, and excessive alcohol consumption. Approximately 90% of the cases of colorectal cancer occur in persons over the age of 50 and if you have a first degree relative with the disease (i.e. mother, brother, sister, dad) then your risk increases. Patients with inflammatory bowel diseases, like Crohn's or ulcerative colitis, are also at an increased risk. Diets rich in fats and red meats are associated with increased risk as compared to diets high in fruits, vegetables, and fiber as they are associated with a decreased risk.

As I got to know more about Mrs. Johnson many of these factors became quite evident. She worked hard, was uninsured, and had very little knowledge of her family history or the signs and symptoms of the disease. She did remember, however, that her mom died of a stomach problem and that her dad died of high blood pressure and heart disease. She was obese, a smoker, and social drinker, but as she so eloquently stated, "it hasn't been a problem for me and if I don't work, my children don't eat." Her diet was poor, sporadic, and was primarily fried foods and fast foods. Mrs. Johnson died about 8 months after we met. By the time she sought treatment, the cancer had spread throughout her body leaving her to die a miserable death. However, if she had detected it earlier there might have been a different outcome.

When caught at an early stage most colorectal cancers are curable. Screening for this disease in an individual with risk factors is of the utmost importance and should be done at least once by age 45 or as directed by your doctor. This can be done by testing your stool for blood and/or examining the colon for polyps or other growths in the colon. The colon can actually be visualized in many ways (sigmoidoscopy, colonoscopy, cat scan or virtual colonoscopy, x-ray with contrast) and early diagnosis and treatment can be administered and save the life of someone like Mrs. Johnson. For more information on colorectal cancers visit www.cancer.org or visit my website at www.h2doc.com.

Peace, I'm out!

Dr. Rani Whitfield is a board certified Family Practice and Sports Medicine Physician who lives in Baton Rouge, LA. He is affectionately known as 'The Hip Hop Doc' as he uses music and medicine to educate young people on health issues. Feel free to shoot your medical related

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questions to him at DrRani@h2doc.com.

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