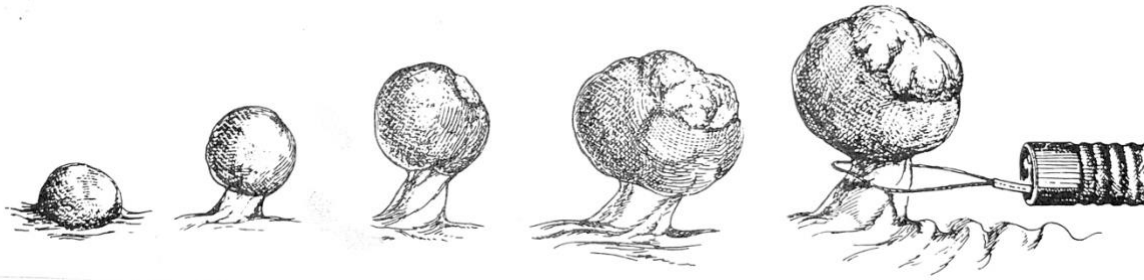




## A Few Facts About Colon Polyps

### What is a colon polyp?

A colon polyp is a benign tumor or clump of tissue that forms on your colon's usually smooth inner surface. Also known as the large intestine, the colon is about six feet long and is located at the end of your digestive tract. Your entire digestive tract measures approximately 30 feet long and resembles a hollow, tube-like passageway extending from your mouth to your rectum. Polyps are common, with roughly 1 in 6 asymptomatic adults predisposed to developing single or multiple polyps in their colon. When you have polyps in the colon, it does not mean you are more likely to have polyps in other parts of the body.



### What causes colon polyps?

Despite extensive research, the cause is unknown, but what is known is that the incidence of polyps increases with age and that if you have had a colon polyp removed, your chance of future polyps is about 60%. Those age 45 or older are at the highest risk, which increases significantly if there's a family history of colon polyps or colon cancer. While most individuals with colon polyps have no family history, there is a genetic component. The risk of developing colon polyps rises markedly for other immediate family members. If you have had precancerous colon polyps removed, it is highly recommended that your 1st-degree relatives (especially siblings or children) begin screening examinations by age 40.

### What does a polyp look like?

Colon polyps are formed in one of two shapes: Polyps on a stem or stalk look like mushrooms and are called *pedunculated*, or when polyps grow directly onto the inner wall of the colon with no stalk, they are called *sessile*. Colon polyps vary from less than a quarter of an inch to several inches in diameter. Larger polyps are more likely to become cancerous than smaller ones. *Flat polyps* are often found in the right side of the colon.

### How do I know if I have colon polyps?

It is of the utmost importance to know that there are no warning symptoms of a colon polyp. That is why screening examinations are crucial to your digestive tract health. While several screening methods are available, colonoscopy is the best test for finding polyps and the only test allowing removal during the exam.

### Why remove polyps if they are benign?

Not every colon polyp turns into cancer, but research has shown that almost every colorectal cancer begins as a small precancerous polyp. Removing colon polyps is crucial because "precancerous" polyps eventually turn cancerous. Thankfully, polyps can be easily identified and removed during a colonoscopy, thus preventing possible colon cancer.

### How are colon polyps removed?

Up to 90% of colon polyps are safely removed during a colonoscopy using biopsy forceps or a wire snare and electrocautery for larger polyps. Large polyps or sessile polyps spread out over a greater area may require referral to a specialty Endoscopy unit where more complex cases are treated. Only rarely is surgical removal of the affected portion necessary. This is usually accomplished via minimally invasive techniques that require only small incisions.

### **Are colon polyps the same as cancer?**

Fortunately, most colon polyps are NOT cancerous (malignant) and, when diagnosed early, can be removed during a colonoscopy. Cells from benign polyps do not spread to other body parts and, once removed, do not grow back.

### **What is a biopsy?**

Because your doctor cannot always be certain of the polyp type by appearance, most polyps are retrieved and sent to a pathologist for biopsy. This is an examination of the polyp tissue under a microscope to determine if the polyp was the type that could have turned into cancer (precancerous). This information will help your doctor make recommendations about the timing of your next colonoscopy and may affect your family members.

### **What are the types of colon polyps?**

Four types of polyps commonly occur within the colon:

1. Inflammatory: Most often found in ulcerative colitis or Crohn's disease patients. They are often labeled "pseudopolyps" (false polyps) because they are not true polyps. They develop due to a reaction to chronic inflammation of the colon wall. They are benign and not the type that evolves into cancer. They are routinely biopsied to verify their identity.
2. Hyperplastic: is a common type of polyp, usually tiny and often found in the rectum. Hyperplastic polyps don't typically carry a risk of developing colorectal cancer except for sessile serrated polyps.
3. Tubular adenoma or adenomatous polyp is the most common type, making up about 70% of the polyps removed, and also the kind that is referred to most often when a doctor speaks of colon polyps. Adenomas are a definite cancer threat ("precancerous"), the risk increasing as the polyp grows. However, if detected early, they can be removed during a colonoscopy before cancer cells form. The good news is that these polyps grow very slowly and may take many years to turn into colon cancer.
4. Villous adenoma or tubulovillous adenoma: This type of polyp comprises about 15% of those removed. It is a much more severe variety with a very high cancer risk as it grows. They are generally larger and sessile (not on a stem), making removal more difficult. Smaller ones can be removed in stages - sometimes spanning several colonoscopies. Larger sessile villous adenomas may require referral to a tertiary endoscopy center.

### **What if my polyp biopsy showed dysplasia?**

No need to panic. Dysplasia is not cancer. Think of it as halfway between benign and cancerous - like an abnormal Pap smear that hasn't yet developed into cancer. When removed and biopsied, tubular and villous adenomas may contain abnormal cells that are "almost cancer." Dysplastic polyps can be divided into low-grade dysplasia or more severe, high-grade dysplasia. High-grade dysplasia is a serious finding, but it's not considered malignant.

### **How often do I need a colonoscopy if I have polyps removed?**

Patients with a history of adenomatous polyps must be regularly screened for new polyp growth and removal. Your doctor will decide when your next colonoscopy is necessary based on several factors, including the type, number, size of polyps removed, and family history. The quality of your "prep" affects your doctor's ability to see the inside surface of the colon where polyps form. Your doctor might recommend repeating a colonoscopy sooner if your prep was inadequate.

### **How can I reduce my risk of colon polyps?**

Unfortunately, there is no reliable way to prevent colon polyps.

### **How can I reduce my risk of colorectal cancer?**

Colorectal cancer is the second most deadly cancer in this country, second only to lung cancer. In non-smokers, colorectal cancer is the number one cancer killer in Americans. This is sad as we have had an effective means of prevention for over 50 years. The answer is screening colonoscopy to detect and remove colon polyps! If you have any questions, ask your doctor. More information can be found on our website at [www.gihealth.com](http://www.gihealth.com).

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