

## COLONOSCOPY SAVED MY LIFE!

by ROBERT FUSCO, MD

First, there is a lot of **bad news** about colon cancer. Working as a gastroenterologist for over 44 years, I have unfortunately seen many patients die from colon cancer, a surprisingly common and deadly disease. Few individuals realize that colon cancer now affects about 1 in 18 Americans, making it the second most common cause of cancer death in this country - second only to lung cancer. *If you remove tobacco from the picture, colon cancer is now the number one reason to die from cancer in the United States.*

The problem is there are no early warning symptoms, and many cases are diagnosed in advanced stages. Even with modern surgery and chemotherapy, only about 60% of patients can be saved once diagnosed. Decades of useful life that could have been enjoyed with friends and family are just thrown away as these individuals succumb to this disease. The death from colon cancer is usually slow, taking several years... years of progressive decline and sorrow that one will not enjoy sharing their children's lives nor see their grandchildren grow up.

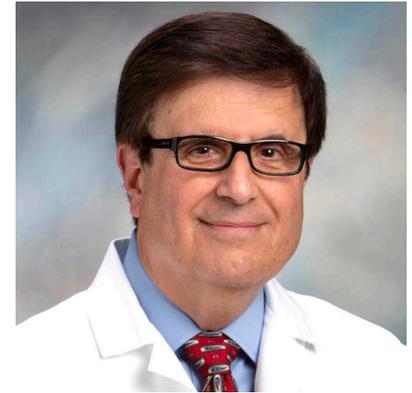
There is even greater regret as these patients eventually learn that their cancer could have probably been prevented. It is a horrible situation that we see every week in our practice. There is also **good news** about colon cancer. *This cancer is somewhat unique in that we can prevent it.* When you think about it, this is quite different than most other

malignancies - such as cancer of the breast, lung, or prostate. Those other common cancers require that you first have cancer before the doctor can even diagnose it. They cannot be prevented. Then you must suffer the pain and anxiety of surgery, chemotherapy, and radiation and hope that they found your cancer in time.

But, I tell my patients that "colon cancer is great" since we have had an effective tool to *prevent* it for over 50 years - screening colonoscopy. This is because almost all colon cancers begin as a small pre-cancerous growth called a polyp. A polyp is a little "mushroom-shaped" growth of tissue on the inner colon lining found in about 1 in 6 adults. It is not known why polyps develop, and there is no reliable way to prevent them. They usually cause no warning symptoms and, if undetected, a high percentage of



polyps continue to grow - with some, not all, eventually developing into colon cancer. There are usually no early warning symptoms.



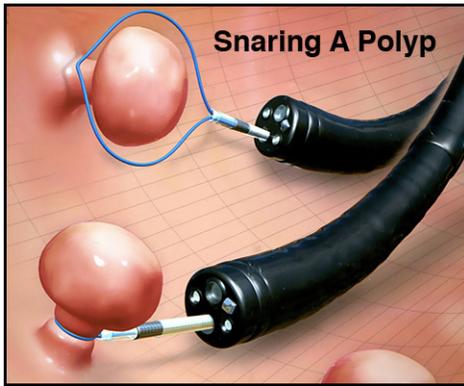
**Dr. Robert Fusco**

A native of Western Pennsylvania, Dr. Robert Fusco was graduated *summa cum laude* from the University of Pittsburgh. As an undergraduate, he was elected into membership of Phi Beta Kappa scholastic honor society. In 1973, he received his medical degree with honors, also from the University and was elected into Alpha Omega Alpha honor medical society. His specialty training in Internal Medicine and Gastroenterology was at Duke University Medical Center in North Carolina. He has been in practice at Sewickley since 1977. Dr. Fusco is board-certified both in Internal Medicine and Gastroenterology. He was formerly president of Sewickley Medical Association, a multi-specialty group and President of the Center for Digestive Health and Nutrition and Medical Director of Three Rivers Endoscopy Center. He is certified in Advanced Cardiac Life Support. He is a participating physician in Pennsylvania Blue Shield and Medicare. His practice is limited to Gastroenterology. He is married, has three children, seven grandchildren, and resides with his wife in Sewickley, PA.



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Periodic screening colonoscopy exams give you an excellent opportunity to find and remove any polyps that are present well before cancer cells form. In this manner, a future colon cancer can be prevented. The photo below demonstrates how a colon polyp is removed during colonoscopy with a thin wire snare.



That is why I had my first screening colonoscopy when I turned 50. I have three children and did not want to miss watching them grow up and hopefully giving us grandchildren to spoil. Preparing for a colonoscopy is always annoying. Not eating solid food for 24 hours and undergoing a laxative purging cannot be called fun, but it is not as bad as one would expect. The newer lower volume “prep” solutions are much simpler. (A new “pill prep” just became available.) I just concentrated on the alternative and forged ahead. I just told myself, “It’s better than chemo...”

As always, thanks to modern MAC anesthesia, the colonoscopy test itself, which only takes about twenty minutes, was a breeze. I didn’t feel a thing and remembered nothing. It was like I just blinked and woke up in the recovery room with my wife at my side.

#### **Precancerous Polyps**

Wasn’t I surprised to learn that Dr. Stanley found three polyps in my colon on my very first exam! Fortunately, he was able to remove all three polyps while I slept comfortably. There are different kinds of polyps - some more serious than others.

A few days later, biopsies showed that my polyps were not malignant, but of the so-called “precancerous” type called villous adenoma. Adenomatous polyps and sessile serrated adenomas have a high risk of turning into cancer if not removed. Villous adenomas are the worst. Had they not been removed in time, I do not doubt that a premature colon cancer death would have been my destiny. It’s one thing being the doctor, but I found that it is different being the patient. I was grateful that this technology existed to prevent my future colon cancer.

#### **Something Has Changed**

Over the past twenty years, something bad has happened. We used to see colon cancers and polyps mostly in older adults. But now we are finding colon polyps AND colon cancers in younger and younger individuals. This is true in our practice and across the United States. Nobody knows why. ***This is why the recommended age to begin screening colonoscopy was recently dropped from age 50 to 45.***

Adults with symptoms such as rectal bleeding or persistent change in bowel habit should be tested regardless of age. **If you are over the age of 45 and you have not yet had your first screening colonoscopy, ask your doctor, “WHY NOT?”**

This problem often runs in families. We suggest that children and siblings of those with colorectal cancer or polyps begin screening around age 40. *In fact, I have three children. My son had a precancerous colon polyp at age 40, and both of my daughters had precancerous polyps in their early 40’s. Thank goodness they came in for an exam! By age 50, it would have been too late...*

#### **Thank You, Colonoscopy!**

I am now entering my 74th year, and so far, I have had six screening colonoscopy examinations with a total of 17 polyps removed! *I should have died from colon cancer many years ago, but because of screening colonoscopy, I have had the opportunity to watch our three children grow up and give us seven beautiful grandchildren - thanks to colonoscopy.*

