

## COLON POLYPS

### Important information regarding your health

A colon polyp is an abnormal growth rising from the large intestine (colon). Most polyps are benign, which means they are non-cancerous and typically cause no symptoms. Most benign polyps are classified as one of three types: traditional adenomas, sessile serrated adenomas, and hyperplastic polyps. Traditional adenomas are usually sporadic but can be associated with underlying hereditary cancer disorders and are considered the precursor lesion for chromosomal instability pathway of colorectal carcinoma. Sessile serrated adenomas, sometimes referred to as sessile serrated polyps or sessile serrated polyps with abnormal proliferation, are a recently described polyp that are considered to be the precursor lesion for the microsatellite instability pathway of colorectal carcinoma. These polyps usually involve the more proximal colon and are treated in a similar manner as traditional adenomas. The third and most common hyperplastic polyp is benign and, in most instances, are not considered to be premalignant. A definitive distinction between the three polyp types requires polyp removal and microscopic examination by a surgical pathologist.

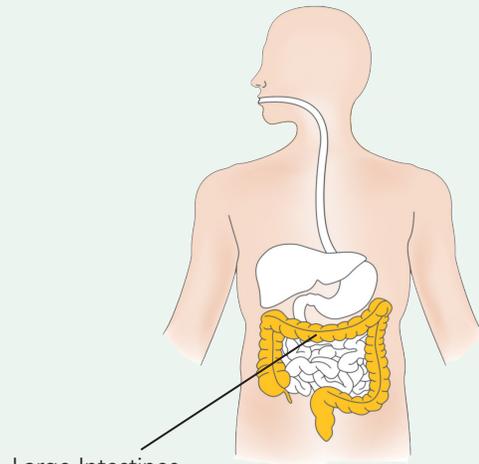
Anyone can get colon polyps, but certain people are more likely to get them than others. You may have a higher risk if:

- You are over 50 years of age
- You have had polyps before
- Someone in your family has had polyps
- Someone in your family has had cancer
- You have had uterine or ovarian cancer before age 50

### Common Symptoms:

Most people with colon polyps do not experience any symptoms. Often, people don't know they have one until the doctor finds it during a regular checkup or while testing for something else. Some people, however, do have symptoms, such as:

1. Bleeding from the anus (you might notice blood on your underwear or on toilet paper after you've had a bowel movement)
2. Constipation or diarrhea that lasts more than a week
3. Blood in the stool



Large Intestines

### Diagnosis:

The determination of whether polyps are present or not, may include one or more of the tests listed below:

- **Sigmoidoscopy:** The doctor uses the sigmoidoscope, a thin flexible tube and light to look at the last third of your large intestine.
- **Colonoscopy:** The doctor looks at the entire large intestine with a long, flexible tube with a camera that shows images on a TV screen. The tube has a tool that can remove polyps during your procedure.
- **Computerized tomography (CT) scan:** With this test, also called virtual colonoscopy, the doctor puts a thin, flexible tube into your rectum. A machine using X-rays and computers creates pictures of the large intestine that can be seen on a screen. The CT scan takes less time than a colonoscopy because polyps are not removed during the test. If the CT scan shows polyps, you will need a colonoscopy so they can be removed.
- **Stool test:** The doctor will ask you to bring a stool sample in a special kit. The stool is tested in the laboratory for signs of cancer, such as DNA changes or blood.

Proper diagnosis is important in order for your physician to determine the best course of monitoring and treatment for your condition. In most cases, the doctor removes colon polyps during sigmoidoscopy or colonoscopy. The polyps are then sent to a pathologist - a physician who specializes in the diagnosis of disease via microscopic examination of a tissue sample - to determine the type of polyp and if cancer is present. The pathologist's diagnosis is often the key to determining the need for further treatment.

If you've had colon polyps, additional colonoscopies will be necessary to monitor your condition and check on the possible development of new polyps. This is essential in order to reduce your risk of cancer.

