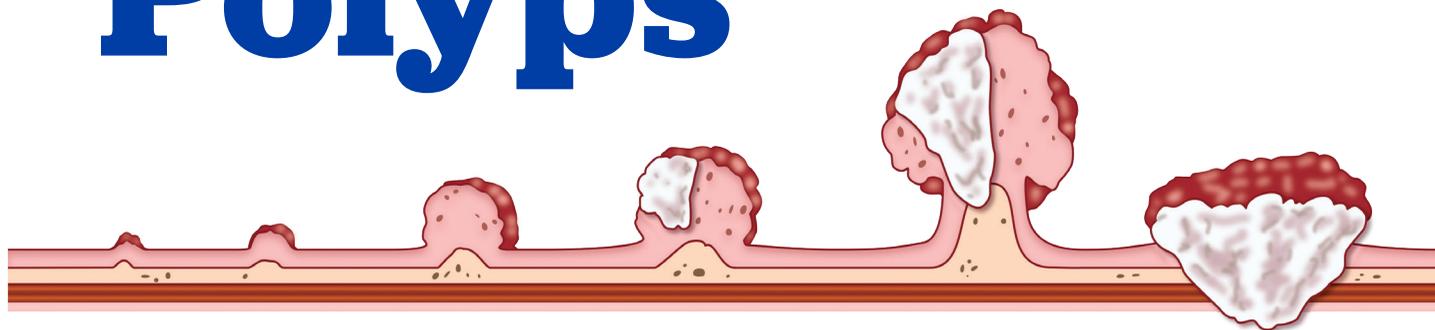


All About Polyps



Colorectal cancer almost always begins as a polyp that transitions into cancer over time. In most cases, polyps take years to grow into cancers. If you have/had a colorectal polyp, here's what you need to know.

Q What is a colorectal polyp?

A A polyp is a small outgrowth of cells or tissue that occurs in the lining of the colon or rectum. Picture a pimple, but inside your colon or rectum. There are a few different types of polyps, and we know now that colorectal cancers begin as polyps.

Q What are the different types of polyps?

A **THERE ARE SEVERAL:**

- **Adenomas:** These are the most common polyp type and also the most common precursor to colorectal cancer. However, only a small fraction of adenomas will become colorectal cancers.
- **Hyperplastic:** Although common, they are not likely to become colorectal cancer over time unless caused by a hereditary (family-linked) condition.
- **Sessile-serrated and traditional-serrated:** These polyps have an appearance of a "saw tooth" border under the microscope and, in some cases, do progress to colorectal cancer. They are less common than adenomas.

▪ **Hamartomatous:** Generally, these are noncancerous unless associated with a hereditary syndrome like Peutz-Jeghers, Cowden, or Juvenile polyposis (JPS). These polyps are very rare.

▪ **Inflammatory:** These are also rare and can be seen in chronic diseases in the colon or rectum, like ulcerative colitis or Crohn's disease.

Q How do polyps progress?

A You are more likely to develop polyps in the colon or rectum as you age, but some people do develop polyps in their 20s and 30s. Polyps take seven to 10 years to transition into colorectal cancer, but screening can stop this progression. There are some hereditary syndromes that result in polyps at a very young age and this increases risk for colorectal cancer; therefore, it is important to know your family history.

Q Are all polyps cancerous?

A No. Only a very small percent of polyps will become cancerous. Since it is difficult to tell during colonoscopy which polyps have that potential, the goal of the procedure is to remove them all.

Q Does the size of a polyp impact cancer risk?

A It can. When an adenoma is over 1 centimeter, we call the polyp an "advanced adenoma." Advanced adenomas are associated with a higher risk of colorectal cancer.

Q What is the difference between an advanced adenoma and a polyp?

A An advanced adenoma is a certain type of polyp that meets specific criteria: It is either large in size (>1 cm) or it has certain cellular changes (high-grade dysplasia, tubulovillous formations). This type of polyp is the most common type to transition into colorectal cancer over time. Therefore, it's important to detect these polyps via screening and remove them via colonoscopy so cancer can be prevented.

Q If I have precancerous polyps, will I feel symptoms or see signs?

A Probably not. Most polyps and early stage colorectal cancers do not cause symptoms that you can see or feel. This is another reason why screening of asymptomatic individuals starting at age 45 is so critical.



Q Are there screening methods that can detect precancerous polyps?

A Yes. Fortunately, there are many screening options: colonoscopy, flexible sigmoidoscopy, CT colonography (virtual colonoscopy), stool DNA test (Cologuard®), fecal immunochemical test (FIT), and high-sensitivity guaiac fecal occult blood testing (FOBT). Some screening methods are better than others at detecting precancerous polyps.

Q How do the various screening methods perform in detecting advanced adenomas (precancerous polyps)?

A All methods can detect polyps and cancers to varying degrees. The benefits of some of the stool-based tests (FIT, stool DNA) are that they are noninvasive tests and can be performed at home. But, they must be done more frequently (every one to three years) because they are less sensitive in detecting cancer and polyps

than colonoscopy. The more invasive, direct visualization techniques (colonoscopy, CT colonography, flexible sigmoidoscopy) allow us to see the polyps. These can be done less frequently.

Q Is it fair to say colon cancer screening is about preventing cancer, not just about finding cancer?

A Yes! Colorectal cancer screening works two ways — it can prevent colorectal cancer by identifying and removing polyps before they have the chance to progress into cancer, and it also works by detecting cancers early when they are most curable.

Q Why do many people refer to colonoscopy as the “gold standard” for screening?

A While all methods can detect precancerous polyps to some degree, colonoscopy has the added benefit of being able to detect polyps to a greater degree and to remove those polyps during the same procedure.

Q If I have no history of polyps, and I go in for a routine colonoscopy where they discover polyps, what does that mean for future screenings?

A After a colonoscopy, the timing of the next one depends on the findings. If the exam was complete and you do not have any polyps, you will not likely need another colonoscopy for 10 years. However, if you have many polyps or advanced adenomas, you will be asked to return for a repeat colonoscopy (surveillance colonoscopy) sooner — perhaps in three or five years.

Q I want to see a doctor who has experience in finding polyps. Is it possible to know a doctor’s ability to find polyps?

A It is possible to ask your medical center or proceduralist about certain measures that have been associated with better screening, such as adenoma detection rate (ADR). This is a measure of how well a proceduralist finds adenomas (polyps that are more likely to develop into colorectal cancers). Although, it is not required of them to report these measures.

Q Are certain populations more susceptible to developing advanced adenomas?

A Advanced adenomas occur in men and women of all socio-demographic backgrounds, but they are more frequent with advancing age and among African-Americans. Patients with a family history of advanced adenomas, or those who have personally had advanced adenomas, are more likely to develop them in the future.

Q If I perform a stool test and get a positive result, do I need to have a follow-up colonoscopy?

A Yes, if you receive a positive test result from a FIT or stool DNA test, you will need to have a colonoscopy to determine whether you have polyps or cancer that needs to be removed.

Q My doctor said I have a flat polyp. Is this as serious as a polyp that grows like a stalk or a tree?

A “Flat polyps” refer to polyps with a plate-like shape and they are very common in the colon and rectum. They do not increase the risk of colorectal cancer. Since their shape makes them harder to see, they may be more likely to be missed compared to other types of polyps that grow on a small stalk.



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All content was written and edited by Fight Colorectal Cancer. Thank you to Geneoscopy for sponsoring this content.