Polish reporter wins ESO award
for coverage of colonoscopy screening

Colonoscopy screening has the potential to save thousands of lives, but only if the public is prepared to go along with it. Polish journalist **Pawel Walewski** won the ESO Best Reporter Award 2007 for his article on the subject '*It's a shame to be ashamed*'. It was first published in *Polityka*, Poland's largest-circulation weekly, and is reprinted below.

Forget it: wholemeal bread, grains and their fibre will not protect anybody against colon cancer. The only way you can defend yourself against it is to launch an attack.

Colon cancer is one of the most common and dangerous neoplasms in Europe today. In 1993 just under 10,000 cases of the disease were recorded in Poland. Ten years later (the most recent data are from 2003), this had risen to 12,000. And the hopes expressed at the beginning of the 1990s that fibre could protect intestines against cancer did not come true.

"I don't deny its importance in regulating the functions of the digestive system, but there is no evidence that it prevents colon cancer," says Professor Eugeniusz Butruk, head of the Gastroenterology Clinic of the Medical Centre of Postgraduate Studies in Warsaw. "A diet based on brown bread, grains, fruit and vegetables continues to be beneficial for health, as is physical activity and maintaining the right body weight, but nobody has been able to find evidence supporting the thesis about its anti-cancer properties." However, we do stand a chance of winning the fight against this killer.

That colon cancer holds second place in the oncological ranking of numbers of cases and deaths, after lung cancer in men and breast cancer in women, suggests that this neoplasm is not easily treatable. Paradoxically, this is not so. If you can start treatment at an early stage of cancer development, the proportion of patients cured amounts to 90%. So why does this disease, particularly in Poland, take such a tragic toll? The reason is that we don't look out for the symptoms and are unwilling to undergo examinations that can help detect it early.

Colon cancer grows slowly. It usually takes up to a dozen years or so for a small polyp appearing in the colon or rectum as a result of mutations of various genes to grow into a tumour. Polyps are frequently asymptomatic. In some cases they may bleed a little, which should actually make us pleased, because then blood can be seen in the stool and the alarmed patient will look for the doctor's help more quickly. "However, most often nobody notices bleeding from polyps, which grow in the large intestine without causing any ailments," says Professor Jarosław Reguła, who heads the Endoscopy Laboratory of the above-mentioned Gastroenterology Clinic. "Our patients are finally alerted to their problem by anaemia, weight loss and changes in the rhythm of bowel movements."

It's your choice. Articles like this one, that present the facts about colon cancer – the importance of early detection, the effectiveness of colonoscopy screening, the debate about how to mimimise the discomfort – give readers the chance to make informed decisions on whether or not they respond to that offer of screening

POLITYKA


Ludzie

Wstyd się wstydzić

These ailments, however, mean that the disease is already advanced, and in such cases the percentage of survival falls sharply, to 30–50%. "And please don't wait for any stomach pain before finally being persuaded to go to a doctor," warns Professor Jarosław Reguła. "Stomach pain occurs in half the population, and it's most often caused by other factors. It's not a cancer-specific symptom!"

So how do you find out whether there is an insidious tumour developing in the intestine wall, or a polyp heralding such a tumour, when you are not oversensitive about your own health? To answer this question Professor Jarosław Reguła shows us a flexible cable, one metre and a half in length, with an endoscope and a digital camera, which is inserted into the patient's intestine through the anus. "It is used to perform colonoscopy, an examination to assess the appearance of the inner wall of the entire large intestine. That's how we can look for polyps, and if we encounter an early form of cancer or a precancerous change, we can immediately and effectively eliminate it without an operation."

Colonoscopic examinations do not enjoy a good reputation anywhere in the world. They are certainly one of the most embarrassing and unpleasant examinations in contemporary medicine. Various methods are used in different countries to familiarise people with colonoscopy. In the US, for example, Katie Couric, who is a well-known presenter of a morning television programme and has recently become a leading CBS newscaster, underwent this type of examination before the audience of a million viewers several years ago, believing it to be the best way of enabling Americans to get over their embarrassment.

Katie Couric knew only too well that colonoscopy could save the lives of thousands, because her husband had died from colon cancer and his ostentatious aversion to doctors. According to oncologist Professor Cezary Szczylik, every colonoscopy should be performed under anaesthesia: "I don't know anybody who would allow it to be performed again without an anaesthetic." Professor Eugeniusz Butruk looks at it a little differently. "I've been doing colonoscopy without anaesthesia for 30 years. I am fully aware that it is unpleasant, but it doesn't have to be traumatic. Everything depends on good cooperation between the patient and the doctor, so the doctor can pick up even the smallest sign of anxiety and react appropriately."

"We don't look out for symptoms and are unwilling to undergo examinations that can help detect it"

"I am fully aware that it is unpleasant, but it doesn't have to be traumatic"

However, if we are to expand the use of colonoscopy and encourage patients to undergo the examination, there should be an option of having it done under anaesthesia. International standards differ in this respect. For example, in the US and France nearly all examinations are performed under anaesthesia, but in Norway it is done without anaesthesia in most cases. In our national screening programme, which is set to cover an additional 35,000 people by the end of this year, the price of anaesthesia (PLN 100–150) will be taken into account for every third examination. The other 70% of those insured can pay for it out of their own pockets if, of course, they find it necessary. "I'm happy that that programme can be carried out at all," says Professor Marek Nowacki, Director of the Oncology Centre. "There was not enough money for it in the past and the results so far are unique. We have published them in the *New England Journal of Medicine*, the world's most important medical journal." The doctors from the Warsaw Oncology Centre have indeed proved and described that advanced precancerous changes in the large intestine occur nearly two times more often in men than women in analogous age groups. Professor Jarosław Reguła, the chief author of the article, adds, "It turns out that, as a result of polyp removal, the incidence of colon cancer is reduced by up to 90%. Therefore, colonoscopy is used not only to detect the disease, but it is also an effective method of preventing it."

Who should have it done? Everyone who has turned 50 should undergo colonoscopy every 10 years. If someone in your family has had colon cancer or suffered from polyps, you should report for regular examinations every five years from the age of 40 (the website www.coi.waw.pl/jelito.htm presents more information on this topic together with addresses of about 80 facilities participating in the screening programme, to which people aged 50–65 are invited).

"It's a shame to be ashamed" – this is the slogan that Professor Eugeniusz Butruk would use to encourage patients to undergo colonoscopy. But is it not also a shame that Polish results of colon cancer treatment are among the worst in Europe? Only 25% of patients survive five years from the moment the disease is diagnosed (the rate is three times higher in the US). "It's not only patients at fault," says Professor Adam Dziki, Head of the General and Colorectal Surgery Clinic of the Medical University in Łódź. "General practitioners are sometimes at fault because they don't take any interest in this part of the body; or the system in which people with cancer escape medical control should be blamed. If a facility deciding to treat cancer does not track its patients, it should not deal with oncology at all."

According to Professor Cezary Szczylik, there is yet another reason for disastrous treatment results: limited access to new pharmaceuticals. The removal of cancer (often with a piece of the intestine) is certainly the gold standard in this therapy, but the more or less extensive operation should be followed by radiotherapy and chemotherapy.

"There are better and better pharmaceuticals, monoclonal antibodies which prolong patients' life, they are so fashionable in modern medicine," says Professor Cezary Szczylik. He gives an example of bevacizumab, which precisely hits one of the proteins stimulating the development of blood vessels around the tumour. In metastatic tumours, cetuximab is effective as it targets the protein stimulating the proliferation of tumour cells and increases their death rate (apoptosis).

According to the World Health Organization, colon cancer will kill 655,000 people in the world this year. The only thing we can do is remember about regular examinations. The team of Professor Jarosław Reguła has recently received a reply from a patient who was personally invited to a colonoscopy: "Keep away from my butt!" The professor adds: "You can't examine anybody by force. We can only explain that we want to save life in this way."