



Digestive and Liver Center of Florida, P.A.

OUR PHYSICIANS:

Srinivas Seela, MD

Harinath Sheela, MD

Trained at Yale University
School of Medicine

OUR LOCATIONS:

7975 Lake Underhill Road
Suite 360
Orlando, FL 32822
3000 N. Orange Avenue
Suite C
Orlando, FL 32804
407-384-7388

NEXT PATIENT APPRECIATION DAY!

Scheduled for
Tuesday, 2/09/10

From 8 am - 10 am

Come join our
physicians and staff
for breakfast!

This event will be at
our office on
**7975 Lake Underhill Rd.
Suite 360**

RSVP to 407-384-7388



IN THIS ISSUE:

- Colorectal Cancer Screening and Risk Factors
- Diet for Patients with GERD

UPCOMING ISSUE:

- Colorectal Cancer: Diagnosis and Treatment
- Patients Corner:**
- Gas Problems: How can I prevent it?

Colorectal Cancer Screening and Risk Factors



Colorectal Cancer

Cancer of the colon and rectum (colorectal cancer) is a malignant tumor arising from the inner wall of the large intestine. These malignant tumors invade nearby tissue and spread to other parts of the body. Benign tumors of the colon are called polyps. Benign polyps do not invade nearby tissue or spread to other parts of the body like malignant tumors do.

Colorectal cancer is the second leading cancer killer in the United States in both men and women. In 2005, 141,405 people were diagnosed with colorectal cancer, and 53,005 people died from it. CDC helps prevent colorectal cancer by building partnerships, encouraging screening, supporting education and training, and conducting surveillance and research.

Colon cancer is largely preventable through intensive, mass screening programs to remove premalignant colonic polyps. The persistently high incidence and mortality is largely due to ineffective implementation of established screening protocols due to patient fears about screening tests, physician under-referral for screening, and test costs. Screening can reduce the rate of death by detecting early cancer.

Colorectal Cancer: Signs and Symptoms

Colorectal cancer is asymptomatic. Detecting precancerous polyps and early-stage colorectal cancer

is important. Majority of the patients can have polyps or colorectal cancer and not know it. Common signs and symptoms of colorectal cancer include:

- Change in bowel habits
- Diarrhea, constipation or feeling that the bowel does not empty completely
- Blood, either bright red or very dark in the stool
- Stools that are narrower than usual
- General abdominal discomfort such as frequent gas pains, bloating, fullness or cramps
- Weight loss with no known reason
- Constant tiredness
- Vomiting

Colorectal Cancer: Risk Factors

- Age - The majority of colon cancers are diagnosed in people aged 50 or older earlier if they have family history
- Personal history of adenomas or colorectal cancer
- Family history of adenomas or colorectal cancer
- First-degree relative age < 60 yr with adenoma or colorectal cancer
- Two first-degree relatives of any age with colorectal cancer
- Inherited colorectal cancer syndromes
- Hereditary nonpolyposis colorectal cancer
- Familial adenomatous polyposis
- Ulcerative colitis and Crohn's colitis
- Inflammatory Bowel Disease - Patients with Ulcerative colitis and Crohn's
- Diet and exercise - A diet high in fat, and an inactive, sedentary lifestyle can increase your chance of developing colon cancer.
- Ethnic background and race - Jews of Eastern European descent called, Ashkenazi Jews, have a higher rate of colon cancer. African-Americans and Hispanics have a higher death rate from colon cancer, which may be caused by insufficient screenings, poor diet and lack of exercise.
- Family history/genetic factors - Specific genes have been identified that increase your chance of having colon cancer. If you have a strong family

DIET FOR PATIENTS WITH GERD



Gastroesophageal reflux disease, commonly referred to as GERD or acid reflux, is a condition in which the liquid content of the stomach regurgitates (backs up or refluxes) into the esophagus.

The liquid can inflame and damage the lining (cause esophagitis) of the esophagus although visible signs of inflammation occur in a minority of patients.

Mechanism is due to the increased relaxation of lower esophageal sphincter causing increased symptoms.

Life style modifications, reviewing the medications can help to reduce the acid exposure and help to reduce the severity of the symptoms.

Some of the following measures can help to relieve the symptoms:

- Head of bed elevation, which can be achieved either by putting one to two pillows under the head and is more helpful for patients with nocturnal symptoms.
- Avoid fatty foods
- Avoid chocolate, peppermint, alcohol, and tomato based products.
- Orange juice, carbonated beverages red wine can exacerbate the symptoms due to acidic pH.
- Refraining from assuming a supine position after meals and avoidance of meals before bedtime, both of which will minimize reflux.
- Avoidance of tight fitting garments, which reduces reflux by decreasing the stress on a weak sphincter.
- Obesity is a risk factor and for patients with BMI (body mass index) > 25 weight loss is recommended.
- Smoking cessation.

history of colorectal cancer, as defined by cancer or polyps in a first-degree relative younger than 60 or two first-degree relatives of any age, you're at increased risk for developing colon cancer.

- Smoking and alcohol - Research suggests that smokers and heavy drinkers have an increased risk of developing colon cancer.
- Familial adenomatous polyposis
- Hereditary nonpolyposis colon cancer

Colorectal Cancer: Pathophysiology

Colon cancer mostly arises from adenomas, recognized as colonic polyps, but may occasionally arise from the sessile serrated adenoma.

Adenomatous polyposis coli (APC) gene mutation is the key molecular step in adenoma formation. Mismatch repair gene mutation is a less common alternative pathway. Progression from adenomas to colon cancer is a multistep process, involving mutations of the DCC, k-ras, and p53 genes; loss of heterozygosity in which cells lose one allele of some genes from chromosomal loss; and DNA methylation which can silence DNA expression.

Numerous environmental factors can increase the risk of colon cancer, presumably by modulating these molecular pathways. Colon cancer is believed to arise from two types of precursor polyps via two distinct pathways: conventional adenomas by the conventional adenoma-to-carcinoma sequence and serrated adenomas according to the serrated adenoma-to-carcinoma theory. Conventional adenomas arise from mutation of the APC gene; progression to colon cancer is a multistep process. The fundamental genetic defect in serrated adenomas is unknown.

Environmental factors can increase the risk for colon cancer. Advanced colon cancer often presents with symptoms, but early colon cancer and premalignant adenomatous polyps commonly are asymptomatic, rendering them difficult to detect and providing the rationale for mass screening of adults over age 50.

Wishing you and your family Happy Holidays and a Healthy New Year!

