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## Colon Condition

### Hyperplastic Colon Polyps

#### Definitions

**Colon:** The section of the large intestine leading from the small intestine to the rectum.

**Hyperplastic:** The proliferation of cells beyond the normal range.

**Polyp:** A benign tumor found in the colon. Some types of polyps can become cancerous if undetected or ignored.

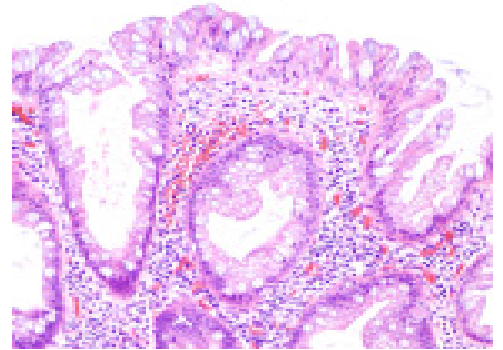
**Benign:** Not cancerous.

**Pathologist:** A physician who examines tissues and fluids to diagnose disease in order to assist in making treatment decisions.

#### What is a hyperplastic colon polyp?

A hyperplastic colon polyp is the most common colon polyp. About 90 percent of colon polyps are hyperplastic; most of the remaining 10 percent are adenomas (adenomatous polyps). Most colon cancers arise from adenomatous polyps, not hyperplastic polyps. Serrated adenomas have characteristics of both adenomatous and hyperplastic polyps.

While hyperplastic colon polyps are benign, recent research has linked some hyperplastic colon polyps and serrated adenomas, especially large polyps found on the colon's right side, to colon cancer. Most hyperplastic polyps are small and are found on the left side of the colon and are not associated with an increased risk of colon cancer. If a cancerous polyp is detected early, the five-year survival rate is 70 to 80 percent.



Hyperplastic colon polyp.

#### Who is most likely to have hyperplastic colon polyps?

Persons between age 50 and 70 are most likely to have hyperplastic colon polyps. They can affect individuals of any age, however. Some individuals have a genetic tendency to develop colon polyps of various types. Conditions such as hyperplastic polyposis syndrome, familial adenomatous polyposis (FAP), or Gardner's syndrome can cause multiple polyps to form. Polyps also are associated with a diet high in fat and beef and low in fiber. Other risk factors are smoking, a lack of exercise resulting in weight gain, and having an ongoing inflammatory bowel disease such as ulcerative colitis or Crohn's disease.

#### What characterizes hyperplastic colon polyps?

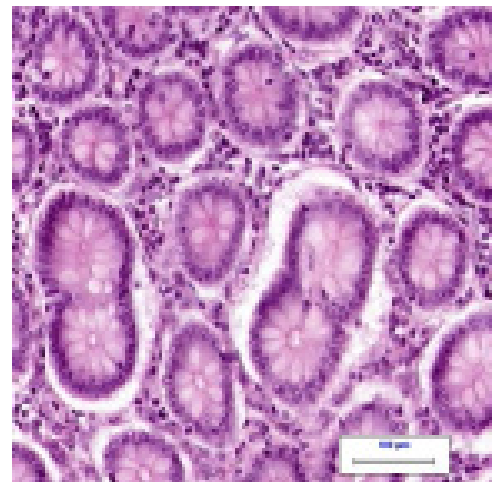
Hyperplastic colon polyps usually are located in the rectum or lower section of the colon. Small hyperplastic polyps are usually detected during screening **colonoscopy** and are biopsied to make sure that they are not adenomatous polyps. Polyps grow slowly and some may continue to grow if not detected and removed.

#### How do the primary care physician and the pathologist make a diagnosis?

Because hyperplastic polyps do not present symptoms, most are found during a colonoscopy to detect polyps or for other conditions. Once a polyp is found, a physician can remove it, usually as part of a colonoscopy or **flexible sigmoidoscopy** procedure.

A pathologist examines the removed tissue, or **biopsy specimen**, more closely in the laboratory to determine the type of polyp and whether or not the growth is cancerous.

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Normal colon cells.

## What kinds of questions should I ask my doctors?

Ask any question you want. There are no questions you should be reluctant to ask. Here are a few to consider:

- Please describe the condition I have and what treatment options are available?
- What are the chances for my condition turning into cancer?
- What treatment options do you recommend? Why do you believe these are the best treatments?
- What are the pros and cons of these treatment options?
- What are the side effects?
- Is your medical team experienced in treating the condition I have?
- Can you provide me with information about the physicians and others on the medical team?
- If I want a second opinion, could you provide me with the names of physicians and/or institutions that you would recommend?

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## What else does the pathologist look for?

Rarely, a large hyperplastic polyp or serrated adenoma will contain cancerous cells. If the polyp contains cancerous cells, the pathologist makes a diagnosis—most likely colon cancer—and notes how close the cancer is to the edge of the removed tissue, and whether or not the tumor invaded blood or lymphatic vessels. These factors help physicians determine the likelihood of the cancer remaining in or returning to the affected area. In some situations, physicians may order imaging tests including a **chest x-ray** or **CT scan** to see if the tumor has spread to the lungs, lymph nodes, liver, or ovaries.

## How do doctors determine what surgery or treatment will be necessary?

The pathologist consults with your physician after reviewing the test results. Together, using their combined experience and knowledge, they determine treatment options most appropriate for your condition. It's important to learn as much as you can about these treatment options and to make the decision that's right for you.

## What kinds of treatments are available for hyperplastic colon polyps?

Most hyperplastic polyps are removed to make sure that they are not adenomatous polyps, which have a higher risk of cancer. To prevent polyps from becoming cancerous, you must have them removed. Benign polyps are removed through a procedure called **polypectomy** (polyp removal). Polypectomy can be performed during a colonoscopy, allowing the physician to view the entire colon during the procedure and remove polyps at the same time. With flexible sigmoidoscopy, a physician can remove polyps but can only view the lower section of the colon and the rectum.

Sometimes, if polyps are very large or difficult to reach, **laparoscopic polypectomy**, **laparotomy**, or **total resection** is necessary to remove them. Laparoscopic polypectomy is a minimally invasive procedure that involves making a few small abdominal incisions to provide access to the colon for a micro camera (for viewing inside) and surgical instruments. Laparotomy involves making one large abdominal incision to reach and remove polyps. These techniques are rarely needed to remove hyperplastic polyps.

Total resection involves removing the entire colon and rectum. After this procedure, a pouch is created from the end of the small intestine. The pouch is attached to the anus to allow waste to leave the body. Total resection is often advised for malignant polyps because it can remove the cancerous tumor from the body. Surgery is generally recommended for 90 percent of colon cancer patients. Cancer is also treated with **chemotherapy**, **immunotherapy**, and **radiation therapy**.

## How can I lower the chances of developing further polyps?

You can lower the chances of developing polyps by adopting a healthy diet and lifestyle. Fruits, vegetables and whole grain—especially those with high fiber content—are recommended. You should limit your intake of high-fat foods, and exercise for at least 30 minutes several times a week. Following this regimen will help you to achieve an optimal, healthy weight. Other factors that may help reduce the risk of polyps include taking folic acid (found in most multivitamins) and calcium (found in low-fat dairy products and nutritional supplements) and not smoking. If you are at high risk for developing polyps, your physician may recommend other therapies, such as taking anti-inflammatory drugs or receiving hormonal replacement therapy.

You also should receive regular screenings for adenomatous polyps. If you have a family history of any of these conditions—adenomatous polyps, colon cancer, Gardner's syndrome or inflammatory bowel disease—consult with your physician about the optimal timing and frequency for these screenings. Otherwise, you should begin these screenings at age 50. These screenings include periodic **digital rectal examinations (DREs)**, **blood tests**, and either a flexible sigmoidoscopy or colonoscopy.

**For more information**, go to [www.cancer.org](http://www.cancer.org) (American Cancer Society) or <http://emedicine.medscape.com> (eMedicine, a division of Web MD). Type the keywords **hyperplastic colon polyp** into the search box.