

Man up

Why getting a colonoscopy could be the best way to preserve your manhood

BY DR. MARK CEDAR

Jim Komis refers to himself as a “man’s man.” An army veteran and avowed sportsman, Komis taught middle school science and coached athletics at Mellon Middle School in Mt. Lebanon for more than 30 years before he retired in 2001.

“All I wanted to do was hunt and fish,” the 65-year-old Komis recalls.

Komis’ life took an unexpected turn in the summer of 2007 when he attended a health benefits seminar administered by ACSHIC. Among the presenters was Dr. Lisa Oliva, who spoke of the importance of regular colonoscopies.

“We manly men just don’t do this sort of thing,” Komis recalls telling himself. “Just the thought of that procedure makes the hair stand up on the back of my neck.”

Despite Komis’ misgivings, Oliva’s presentation struck a chord. On July 13, 2007, Komis walked into the South Hills Endoscopy Center for his first colonoscopy.

Within hours, Dr. Nicholas Bellicini detected and removed a 40-millimeter polyp from Komis, leaving the retired teacher and his family fearful that years of neglect had left him with cancer. Those fears were allayed four days later, however, when Komis received a call informing him that the diagnosis was dysplasia, a pre-cancerous condition.

The usual response from patients when doctors recommend a screening colonoscopy is, “Doc, I feel fine.” But most polyps do not cause symptoms until they’ve progressed into a cancerous tumor that can spread throughout

the body.

Colorectal cancer (CRC) develops in the large intestine or rectum and is the second leading cause of cancer deaths in the U.S. According to the American Cancer Society, approximately 77,000 new cases of CRC were diagnosed in men last year, and more than 24,000 men died from the disease.

According to recent studies, both the incidence and mortality rates of CRC are declining due to improved screening efforts and earlier detection. However, numerous studies have shown that even greater reductions in CRC could be achieved if more men received regular screening colonoscopies.

Nearly all colon and rectal cancers start out as small polyps that can become larger and progress to dysplasia and cancer.

Several different types of polyps can form in the colon, but the most common and important are adenomas. These are the polyps that most often transform into cancer. The goal of CRC screening exams is to detect and remove adenomas before they progress.

Numerous tests are available for CRC screening, but the gold standard is the colonoscopy. For this procedure, the patient is typically sedated, and a thin, flexible rubber scope with a tiny camera is inserted into the rectum and advanced gently around the colon. Colonoscopy detects most small polyps and almost all large polyps and cancers, which are then removed and analyzed



under a microscope. The typical exam lasts only 15-20 minutes.

The average-risk patient with no family history of polyps or cancers and no symptoms should undergo his first screening colonoscopy at age 50. If no polyps are found, the exam should be repeated every 10 years. Repeat exams may be recommended sooner in people with increased risk factors, such as men with a family history of polyps or CRC and African-Americans.

Since he got his first colonoscopy, the changes in Komis’ life are noticeable. Out are the days when Komis avoided the doctor’s office and left his health to chance; in are the days of paying attention, attending health meetings and seeing his doctor.

“I feel like my life has been saved,” Komis says.

Mark Hornung contributed to this article.



Dr. Mark Cedar is a board-certified gastroenterologist in private practice serving patients in the South Hills and the city of Pittsburgh. He is the chief of gastroenterology at St. Clair Hospital.