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## Is your family at risk for colon cancer?

By Darla Carter  
dcarter@courier-journal.com

Colon cancer can strike at random, but members of certain families are at higher risk than the general population because of genetic flaws that can sometimes be detected through testing.

The public can learn more at a talk featuring Andrea Lewis, manager of Norton Cancer Institute's Genetic Counseling Services, later this month downtown.

"Most cancer is not hereditary," said Lewis, a certified genetic counselor. "Ninety to 95 percent of colon cancers are just random bad luck, if you will. But in the subset of people, the 5 (percent) or 10 percent who have their colon cancer because of a genetic mutation, in those families, we can potentially predict who's going to come down with colon cancer."

Norton is trying to raise awareness about the testing through the talk — "Hereditary Colon Cancer and Your Family: Are You at Risk?" — which will be March 25 at the Norton Healthcare Pavilion.

"The main goal is to just give people some basic information about what we look for in a family history to determine whether or not someone is appropriate for genetic counseling and testing," Lewis said.

The talk is open to anyone but is expected to attract "people who've already been diagnosed with colon cancer and are maybe worried about their family members or themselves in the future, or people that have a significant family history of colon cancer, even related cancers," Lewis said.

The talk also is targeted at people who've been diagnosed with colon or uterine cancer before age 50; anyone with a personal or family history of cancer of the bladder, kidney, stomach, ovaries, uterus or small intestine, or certain brain tumors; and anyone who's had 10 or more colon polyps in his or her lifetime.

The goal is to help families that might be affected by a hereditary colorectal cancer syndrome, such as familial adenomatous polyposis, which is characterized by the development of numerous polyps in the colon and rectum.

Genetic testing is intended to detect "specific genes that we know to be associated with these syndromes," Lewis said. "... Changes in those genes cause them to stop working properly and then increase the risk for colon cancer."

If you know you have such a genetic problem, then you can take steps to prevent the cancer from developing or at least detect it as early as possible, she said.

However, genetic testing isn't foolproof, cautions Dr. Ed McCabe, president of the American Society of Human Genetics.

### No guarantee

"Even if there's a strong family history of a specific cancer like colon cancer, lots of times they'll get the genetic testing done and then they'll say, 'Oh, it came back negative so I'm OK,'" McCabe said. But "there's still a lot of genes out there that we don't know that they're involved."

Often, a person who already has been diagnosed with colon cancer but doesn't know whether it's random or inherited gets tested first.

When interested people contact Norton's Genetic Counseling Services, the staff conducts a phone interview to gather family medical history, going back at least three or four generations when possible. "We go through and we actually draw out their family history; they end up getting a copy of that in the end," Lewis said.

Then they come in for a general information session to learn more about the testing and what the consequences might be and to have their questions answered. They also have their blood drawn, and then are required to come back in person for the test results.

The discussion before the test is important because "then they're prepared for when the results come back as to what that means, they've started talking with their family members about the testing, and they just have a better sense of what's going on," Lewis said.

It's important for a medical geneticist to be involved "because we're experienced in dealing with how people react to the test," said McCabe, co-director of the Center for Society and Genetics at the University of California, Los Angeles.

One worry in the past has been the prospect of discrimination. But thanks to the Genetic Information Nondiscrimination Act, "there's less probability that you'll be discriminated against in employment or health insurance," he said. "But we all know that the civil-rights legislation was passed in the '60s, and there's still occasional problems, so it doesn't mean it's gone to zero."

## Reducing risk

If a person is found to have a genetic mutation that increases his or her risk of colon cancer, "we can do lots of different things to help them reduce that risk," Lewis said.

For example, if a person is at high risk because of Lynch syndrome, which is hereditary, "we do an annual colonoscopy in them starting at age 25," compared with the more typical age of 50, she said.

Colonoscopies are a way not only to screen for colon cancer but to remove precancerous polyps as well, "reducing the chance that somebody is going to come down with colon cancer," she said.

Reporter Darla Carter can be reached at (502) 582-7068.

## Additional Facts

Colon cancer talk

- **What:** "Hereditary Colon Cancer and Your Family: Are You at Risk?" The talk, presented by the Norton Cancer Institute Patient Navigator Program, is free and open to the public.
  - **When:** noon to 1 p.m. March 25.
  - **Where:** Norton Healthcare Pavilion, 315 E. Broadway, in the interactive conference room on the fourth floor.
  - **To register:** Call (502) 629-3136.
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