

## Colon Polyps: What I Need to Know

### What are colon polyps?

The colon, also called the large intestine, is part of the body's digestive system. The digestive system absorbs nutrients from food and stores waste in the colon until it passes out of the body. (Figure 1)

A colon polyp is a growth on the inside lining of the colon. Polyps are commonly found in the colon of adults. Some colon polyps are precancerous lesions and can be safely removed to prevent colon cancer.

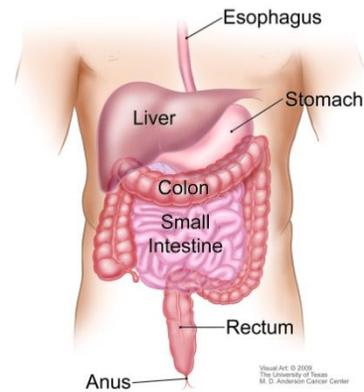


Figure 1. The digestive system.

### What do I need to know about colon polyps?

If you had a colonoscopy and were told you had a colon polyp, it is important for you to understand:

- what type of polyps you had
- how many polyps you had
- the size of the polyps

Knowing this information can help your health care providers determine if you are at an increased risk of developing colon cancer and how often you need to be screened. There are many terms you may hear or see describing types of colon polyps.

### Polyp Shape

During colonoscopy, your doctor will classify any polyps found by shape, using the terms pedunculated, sessile and flat. Pedunculated polyps are raised on stems like mushrooms (Figure 2). Sessile polyps grow on the surface of the colon, like a mushroom without a stalk (Figure 3). Flat lesions grow flat, like a pancake (Figure 4).

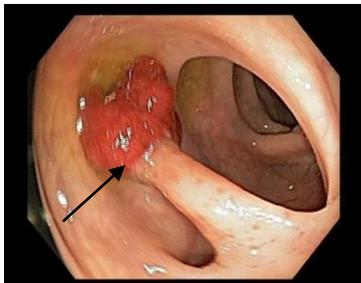


Figure 2. Pedunculated polyp

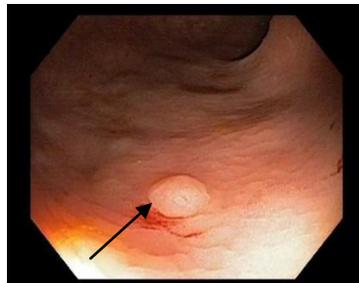


Figure 3. Sessile polyp

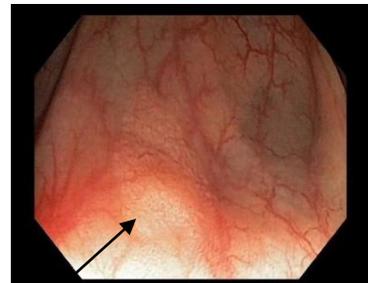


Figure 4. Flat lesion

## **Types of Polyps**

When a polyp is removed during colonoscopy, it is sent to a pathologist for examination under a microscope. The pathologist reports the final diagnosis as hyperplastic polyp, adenomatous polyp or cancer.

### **1. Hyperplastic Polyps**

Hyperplastic polyps are generally benign (not cancer). Hyperplastic polyps are usually small and found in the end portion of the colon, called the rectum. These polyps have no risk of becoming cancer.

Hyperplastic polyps found in the right side of the colon have a similar risk of becoming cancer as adenomatous polyps. They are treated as precancerous lesions and removed.

### **2. Adenomatous Polyps**

Adenomatous polyps are precancerous. They are not cancer, but may become cancer if not removed. They are confined to the inner lining of the colon. There are two kinds of adenomatous polyps.

- Tubular adenomas are the most common type of polyps. As the polyp grows, they may become villous adenomas and cancer. Patients with large tubular adenomas and patients with many tubular adenomas need to be screened more often for colon cancer.
- Villous adenomas are the most serious polyps. They have the highest risk of becoming cancer as they grow larger. Patients with villous adenomas need to be screened more often for colon cancer.

Precancerous polyps also may be described by the type of cells they contain. Dysplasia is used to describe polyps that have abnormal cells. Depending on how close the cells are to becoming cancer, they may be classified as low grade dysplasia or high grade dysplasia.

### **3. Cancer**

A polyp described as malignant is cancer. These polyps have cancer cells that have started spreading deeper into the wall of the colon.

### **Other Non-Cancerous Pathology Results**

You also may see other terms on your pathology report. The following results are not cancerous and do not require additional follow-up.

- Inflammatory polyp
- Chronic inflammation
- Colonic or colorectal mucosa
- Lipoma
- Lymphoid aggregate

## How can I collect my colon polyp history?

Your current health care provider will need to know about any polyps found during your last colonoscopy to determine when you should have your next colonoscopy. For the best care, provide your health care provider with a copy of the colonoscopy report and pathology report. The colonoscopy report provides information on the number, size and location of polyps. The pathology report provides information on the type of polyps.

If you do not know this information, you can collect it by doing one of the following:

- Talk with your doctor who ordered your last colonoscopy. He or she should have the reports in your patient records.
- Talk with the doctor who performed your last colonoscopy. He or she should have the reports in your patient records.
- Talk with the clinic where the colonoscopy was performed. The clinic should be able to provide a copy of your reports.

Bring this information with you to your appointment. Your health care provider will review the reports and provide a recommendation on when you should have your next colonoscopy.

## If colon polyps were found, when do I have my next screening colonoscopy?

The number, type and size of colon polyps found during colonoscopy determine when you have your next screening colonoscopy.

M. D. Anderson recommends:

- Your next screening colonoscopy in five years if:
  - You had one or two tubular adenomas that were less than 1 centimeter in size
- Your next screening colonoscopy in three years if:
  - You had more than 3 tubular adenomas that were removed completely
  - You had one adenoma that was larger than 1 centimeter that was removed completely
- Your next screening colonoscopy in less than three years if:
  - You had more than 10 tubular adenomas
  - You had a villous adenoma
  - You had high grade dysplasia
- Your next screening colonoscopy in two to six months if:
  - You had a sessile adenoma removed piecemeal (in pieces)

In addition, the quality of colon preparation and completeness of the examination are important to determine the timing of your next colonoscopy.

Your health care provider will review your colonoscopy results and tell you when you need your next colonoscopy. For more information on colon cancer screening, visit M. D. Anderson's Cancer Screening Guidelines website, [www.mdanderson.org/screeningguidelines](http://www.mdanderson.org/screeningguidelines).

## **Who can get colon polyps?**

Anyone can get colon polyps. Some factors, however, may put you at a higher risk, including:

**Age.** Colorectal cancer is most common in people over 50. In African Americans, it is most common in people over 45.

**Family History.** Your risk is higher if someone in your family has had polyps or colon cancer.

**Personal History.** Your risk is higher if you have had polyps before, or if you have a history of Crohn's disease or ulcerative colitis.

**Lifestyle Factors.** You may be more likely to get colon polyps if you smoke, drink alcohol, do not exercise or are overweight.