Colon and Rectal Cancer Risk Factors - and What to Do in the Event of a Diagnosis

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♪ [music] ♪ - [Dr. Ransohoff] Hello, I'm Dr. Kurt Ransohoff, the CEO and chief medical officer here at Sansum Clinic.

I'd like to welcome you to "Sansum Speaks," a speaker series presented by the Sansum Clinic Women's Council led by Julie Nadel and Bobbie Rosenblatt. This series demonstrates our commitment to providing not only the highest quality healthcare, but also informing and educating our community on important healthcare topics. These talks will be filled with valuable information presented by some of our most distinguished healthcare providers.

The more you know, the more you will get out of your healthcare experience at Sansum Clinic. So, again, thanks for joining us. ♪ [music] ♪ Hello. We are here with Sansum Clinic's colorectal surgeon, Dr. Cristina Harnsberger, to talk about her work and to hear about the risk factors for colon and rectal cancer, and to hear what she would like people to know about in the event of a colon or rectal cancer diagnosis.

I'll start by giving a little bit of her background. Dr. Harnsberger joined Sansum Clinic in 2019. She's board-certified by the American Board of Surgery and by the American Board of Colon and Rectal Surgery. She grew up in Santa Barbara. And we'll hear about that as we go along. And then she went to UC Berkeley for undergrad.

And then keeping on the coastal UC system, she went to the University of California at Irvine School of Medicine, and then did her residency in surgery at UC San Diego before she went all the way across the country to do her fellowship in colorectal surgery at the University of Massachusetts Memorial Medical School.

So, thank you for being with us today, Dr. Harnsberger, and let's get started. You have chosen a really highly specialized area of medicine. Maybe you could just talk for a minute about how it is that you got interested in colorectal surgery.

- [Harnsberger] Yes, and it's a common question I get from patients as well. And they somewhat laugh when they ask now, "How did you get into this

field?" So, there are some great jokes that go with that. I was, like, at the bottom of my class, you know, which is not true, but there are so many…you have to take yourself a little lighthearted in the field, but truly I became interested at some point during my surgical residency at UC San Diego, and even prior to that as a medical student, and it was really the intrigue of the diagnosis and the variety of patients that got me interested in the field.

You can treat young patients who have problems that plague them on a daily basis that they may be embarrassed about. You can often do a straightforward surgery and really change their quality of life for the better and they're so grateful. And then you have the patient population that's a little more elderly, maybe a little bit sicker who might have cancer, and actually take them through an operation that can be curative and get them through that safely.

And then I do enjoy the variety of the actual surgeries themselves from outpatient procedures that are very low-risk colonoscopies as well, and then the larger operations that may take hours, but I really enjoy them. So, it's lots of variety in the field. And generally, patients do well.

- I know, but I think it might be worth sharing with everyone just exactly what the training is of someone who goes into colorectal surgery.

- Yes. And so it does start, like you said, with the college and then medical school and the residency training. Residency, you are already a doctor, and so you do training in a specific field, and for general surgery, it is five years. It's fairly rigorous as you might imagine. And I think every bit of that five years is necessary to train you to be a good surgeon.

And then in that time, I did some research as well for two years just to become more well-rounded, understand the literature, contribute to the field. And that was a wonderful experience. After that time, though, you take your exams and you're actually a board-certified independently practicing general surgeon if you want to be.

At that point, though, I chose to specialize, and so there's an additional year of training specifically in colon and rectal surgery which you go through all of the nuances of the diseases that you treat and the subtleties and how to form a treatment plan and how to perform those operations well. And so it's all in all five years of residency and one year of fellowship beyond medical school.

- So, for those of you keeping score, that's 10 years after college, I think.

- Yes, it's quite a journey, but it's a good one. And what I say to prospective medical students starting the journey, life is long and you have to do what you love. And so if it is colon and rectal surgery, it's worth every hour and every year.

- I think you know this, but my daughter is a OB/GYN resident at UC San Francisco right now. And in her class, there are nine women and one man, which is pretty common in OB/GYN. I'm curious, in your training, how many of your co-residents were female physicians?

- It's becoming much more balanced in recent years. And so in my residency program, there were about half and half. The faculty that you train under, though, it is still very much male-dominated field. And so many of my mentors were male physicians and surgeons who were excellent mentors.

But the field, I think, is gradually changing with more women, but less women in leadership roles to this point, certainly, and still a male-dominated field.

- Yeah, that's interesting. You're right, because I think 25 years ago, I don't think that there were a large number of women going into colorectal surgery. So, it's good to know that that's going to change and that future generations of women surgeons will have female mentors. So, that is good.

- Yes. I was fortunate to have many excellent female mentors, particularly at UC San Diego and then also in fellowship.

- I remember when you were a fellow, we spoke a number of times because I certainly got the sense that you wanted to come back to Santa Barbara into Sansum Clinic. So, maybe you could just share some of that.

- Yes. Indeed, I did. In growing up in Santa Barbara, you just really come to love the community and it's no stretch that it's a beautiful place to live and to raise a family. And so with my family still being here in the area and my husband as well, the draw to come back was strong.

And I really wanted the opportunity to serve this community if I could. I was the wonderful recipient of a very generous individual who funded medical school for me through the Santa Barbara Scholarship Foundation anonymously. I don't know who it is, but thank you to whoever that is if you're watching. And so the opportunity to give back to this community specifically was something that I was hoping to be able to do.

- Well, we are delighted that that person did that for you. That's really remarkable. And just a shout-out to the Santa Barbara Scholarship Foundation for helping so many people in this community. So, Cristine, maybe people don't have an idea of the sort of illnesses that you treat.

- That's true. They wonder what I could be doing all day. And that goes back to the question of, why'd you go into the field, but… So, there's separate sort of disease processes. The anal and rectal disease processes sometimes are... Previously, surgeons were known as proctologists.

And so that goes along with treatment of hemorroids or anal fissures or infections, fistula, many of the diseases that are primarily treated with outpatient surgery and medicine. And then there's the treatment of colon diseases such as diverticulitis, which is exceedingly common. And then also large polyps that maybe cannot be removed with the colonoscopy or inflammatory bowel disease, ulcerative colitis and Crohn's disease, which is a little more rare in our community, but certainly present.

And then there's also the cancers that I treat, which is colon cancer, you know, distinct from rectal cancer, really the treatment is quite different and patients certainly know that. And then also anal cancer as well. So, it's a broad spectrum of diseases. And, you know, rectal bleeding and pain and hemorrhoid-type complaints are many of the frequent consults I receive.

- So, you mentioned proctologists. This has always been a mystery to me. There was never actually, like, a residency in proctology, was there?

- The evolution of the colon and rectal surgery certification did start with proctology and the training was initially...the society was called the Society of Proctology or something very similar to that. And then it evolved to encompass the treatment of colon and rectal diseases as well. So, yes.

Now it's the entire spectrum, which I think is nice.

- So, proctologists were surgeons, they weren't gastroenterologists.

- That's correct, that's correct.

- And maybe that's actually interesting for our audience to understand just that there there are gastroenterologists and surgeons maybe just to share what's the sort of difference.

- Yes, and we work very closely together, which I enjoy. And our offices are conveniently right across the way from each other and we chat all the time. So,

gastroenterologists treat all a host of GI ailments and diseases and they treat those with medicines and different, you know, dietary modifications, medical management.

They do procedures as well. So, while they don't do surgeries, per se, they take out large colon polyps, they can treat bleeding in the colon. They have a whole spectrum of things that they can do with procedures. But the actual surgery and incisions, per se, are done by a colon and rectal surgeon.

And so we work very closely together with managing patients all of the time.

- And I think you mentioned that the GI doctors as they would be called and shortening, medical shortening and instead of gastroenterologists, are right down the hall. And I think that is a real advantage at Sansum Clinic just having the surgeons right next to the gastroenterologists right next to the radiologists so that you guys can all confer together.

- There's no place I'd rather be, you know, at Sansum Clinic, specifically, and then right here across from the hospital or across from the radiologist and the GI clinic as well.

- You mentioned colonoscopy, always a favorite on people's list of things to do. I think maybe you could, you know, for those who haven't had that, explain what that's all about. And you, just like the gastroenterologist, you do those yourself as well.

- I do. And I don't necessarily do all of the screening, just routine colonoscopies, but I often will do them for patients who have been referred to see me, who I think do need a colonoscopy as part of their workup for the problem that they present with. But a colonoscopy is the gold standard best test to figure out what could be going wrong in the colon and to prevent something from going wrong, namely cancer.

And so, although the test may have sort of a bad reputation, I would argue that we get patients through it day in and day out. And many of them say, "Oh, you know, that was not that bad. All the horror stories that I've heard were really not true." The hardest part is really the bowel prep.

You have to drink a lot of the laxatives and it really cleans the entire colon out. And so for one afternoon evening, you're dedicated to doing that. But really, the potential benefit is huge. And the actual procedure is generally fairly painless, effortless. Many patients don't even remember it.

And you go home the same day, you're eating regular food, doing all of your regular activities. So, once you can get through the bowel prep, the procedure itself is very well tolerated and very low risk. The benefits are huge and they could really be life-saving because patients who don't have any symptoms, this is the most common thing that patients come to me after they've been diagnosed with colon cancer and they say, "I just didn't have any symptoms. I don't understand."

And that is the precise reason to get your screening colonoscopy even when you have no symptoms because you could have a small cancer there.

- You're just really talking about prevention. I always like to ask docs during these sessions kind of a counterintuitive question, I guess. But if someone said, "I'd like to never see a colorectal surgeon except in a social event," you know, what advice would you give them to say, you know, to really kind of avoid having to ever use somebody with your skills.

- So, one thing I would say is to have a high fiber diet. Now I find myself a little bit of a broken record in clinic talking to patients about the importance of raw fruits and vegetables and whole grains and water intake, eight glasses per day, and then, you know, good bowel habits too.

Don't bring your phone into the bathroom and don't have the literature stacks behind the commode. And that'll take care of many, many concerns of why patients come to see me. But the other aspect of that is getting the colonoscopy. And really less than half of our population is compliant with the recommended screening guidelines and follow-up after they've been treated.

And so the importance of getting a colonoscopy to, one, as a screening test, we have many screening tests, for example, you know, x- rays or ultrasound. The unique aspect of a colonoscopy, you know, different from all of the other screening tests for colon and rectal cancer, is that it actually can be preventative as well.

You get your colonoscopy. And if you have a small polyp that would otherwise turn into a cancer, it can be removed. And then you don't ever have to see a colon and rectal surgeon because the cancer has been prevented. So, I cannot underscore the importance of getting a colonoscopy. And you might wonder, you know, "Well, when should I get it?"

And that has been recently changed. The guidelines officially now are that patients would get a colonoscopy beginning at age 45 if they have no

symptoms. This is a healthy patient who has no family history of colon cancer, no bleeding, no pain, is just doing great.

They turn 45, they should get a colonoscopy. And then otherwise, if you have risk factors, you would get it sooner than that.

- Maybe you could talk about the risk factors for colon and rectal cancer.

- So, the risk factors, some of them, we can't do much about. If our mother has had colon and rectal cancer, we're at a bit of a higher risk and we should be screened sooner. Same with if you have immediate family member with polyps or if you yourself have had polyps. So, those things you can't modify.

Your age as well. As you age, you are at higher risk for development of colorectal cancer. This is why we don't screen patients in their 20s unless they have symptoms. But there are some risk factors that you can modify. And smoking is a big one. So, non-smokers are at lower risk.

People who drink heavily, drink alcohol heavily have a higher risk of colorectal cancer. And then probably one of the biggest is actually obesity. And this is, you know, the medical definition of that. So, having a body mass index of 30 or more, which is very prevalent in the U.S., that puts you at a higher risk.

And so really, when folks ask, "Well, what can I do? Is it, you know, avoiding eating these things?" No, really it's trying to get your weight down to a healthy level and not eating a diet that is high in fat or red meat, but more of the low fiber or a high fiber, rather, low-fat diet. So, those are the primary risk factors.

- You mentioned a high fiber diet. For people who say, "I just can't get around to doing that," are things like Metamucil, are they a good sort of substitute for the people who just can't figure out how to get vegetables and fruits in their diet?

- Yes, absolutely. And naturally in westernized societies, we just don't have as much fiber in the diet as we should. And so, in general, it's a good idea to add a fiber supplement to your diet. And really the most effective are the powdered form. And there are many powdered forms, Metamucil will be one of them. But about a heaping tablespoon of powdered fiber a day keeps the colorectal doctor away. That's what I would say.

- That's very catchy.

- Yes, and it's really true. So, there are very little downside to adding a powdered fiber supplement to the diet. So, I would love to put it in the water just like fluoride.

- You are definitely devoted to your craft. We talked at the beginning that we would talk about what people should know if they are diagnosed with colon or rectal cancer.

- So, people should know that it is almost always a treatable cancer. It is very different from other GI malignancies, you know, pancreas cancer, bile duct, gallbladder, liver, and stomach. It actually has a much better prognosis than almost all of the GI cancers that we treat.

And in most cases, it's curable. Now, being treatable and curable, though, doesn't always mean your life has not changed. And so in many cases with colon cancers that are early, you can be cured with an operation and it may never come back.

But then there are other patients who are diagnosed and the cancer, it's in a bad spot. And although we can treat it and cure it very effectively, your life is never the same. And for those patients, especially, they just wish that they had known about it sooner, gotten the colonoscopy earlier, been told that their bleeding was not just due to hemorrhoids and those sorts of things.

So, overall, I'm always very optimistic when I meet a patient with colon and rectal cancer that we can treat you, our goal is to cure you. Even if it is advanced stage four, meaning the most advanced, there are patients we can still cure. So, by and large, we have great treatment, you know, surgery, chemotherapy, or radiation if it's necessary.

But in some cases, the patient's quality of life is really affected when they go through the treatment.

- When you think about the future of your specialty, what are things that are coming or things that you're really excited about?

- It's a great field in that there are new advances and things always changing, the surgical tools and techniques we have. It's not new, but nationally, it's not always done where you can do these surgeries through small incisions laparoscopically or with long-handled instruments and a little camera so you don't have to dig up and down the scar.

You can do the same great cancer surgery and afford a cure for the patient without a long painful recovery, which is great. People get back to work sooner, they have less soreness, they're up and walking and eating the next day. And so while that's not new, still, the overwhelming majority of colon cancers and certainly rectal cancers are treated with traditional open surgery, dig up and down incisions, where that's why it'd be helpful to see a colon and rectal surgeon.

And while that's not necessarily new, I think it's important information for patients to be aware of, that depending on who you see or where you go, you might be offered a different surgery with somewhat of a different recovery. One thing that is coming and is new is the potential to avoid a surgery for rectal cancer. And while this is something that is being done in academic centers and gradually people are becoming more comfortable with it, when you have a cancer in the rectum and you have to take out the rectum with the surgery to cure someone, their life is forever changed.

And so with radiation and chemotherapy, the new techniques of that and the very targeted treatment now, sometimes the cancers seem to go away completely. And so then the patient is left with, "Do I really need a surgery? It looks like it's gone. Now, why are you going to put me through this huge operation?"

And it's a valid question. And so there has been and it's ongoing research in whether we can safely not do surgery and sort of save the rectum. So, almost similar to breast cancer when we realize that we can take out a lump and give the person radiation and maybe chemotherapy and save them a mastectomy.

Now, it's certainly very different, but the same logic is if you don't have to take out the organ, meaning the rectum because the cancer looks like it's gone, then it's something worth considering.

- And then anal cancers are really a whole different...

- They're really a different disease. And so I do try to tell patients who are diagnosed with anal cancer that if someone tells you they got their colon cancer treated and you'll do fine, it's really a totally different disease process. And the overwhelming majority of patients with anal cancer never need surgery, which is excellent.

Our chemotherapy and radiation techniques work so well for that disease that it truly just melts away. So, generally, I don't have to operate on those patients these days, which is good for the patient.

- Well, really switching gears. You have a very busy professional life, but I know you have a pretty busy family life. And maybe you could talk about, well, what you like to do for fun.

- Yes, and so I do. I feel like my life is rich and full in every way. I love my job. There's nothing I'd rather do. And you get to work long hours, but if you love what you do, it's worth it. And when I'm not at work, I enjoy Santa Barbara in every way. I love to go to the beach and to hike.

There's wonderful hiking trails just right here. And then I truly love to snowboard, although the snow hasn't been great lately, but that's something that I thoroughly enjoy. But most often, I'm spending time with my family. I have four young kids, almost one year old, up to nine years old. And so we're primarily just doing and enjoying simple things in life, going on walks, riding our bikes, going to the beach, and just playing in the backyard.

So, there's nothing more I'd rather be doing than spending time with my husband and my kids. And so I get to do that every free minute that I can.

- And that is really remarkable that you have done all that you have done and somewhere along the way managed to have four kids. So, that makes the rest of us, I think, feel pretty inadequate.

- Yeah. Well, it's not with a lot of huge network of support. My parents and my husband's parents are here in town and my husband is incredible and we just have a huge network of support. So, I feel very blessed.

- I can't help but notice, and I'm sure our audience has too, the jellyfish picture behind you. Are you an artist as well?

- Oh, yes.

- Yes. That's my sister. She's a local watercolor artist. Kelly Claus. Well, I'm a bit biased, but I think her work is fantastic. So, I really enjoy having it up in the office and seeing it every day.

- Well, Cristina, you know, it sounds like your days and your weeks are incredibly full. I want to thank you for taking the time to educate our patients about what you do, colorectal surgery and really ironically the ways to avoid having to ever see you. So, thank you for educating us on both of those.

We're thrilled that you decided to come back home to Santa Barbara and to Sansum Clinic. And we hope you'll join us again in the future. Thank you so much.

- Absolutely. Thank you. And I will just say, if you take one thing away, get your colonoscopy. All right, thank you so much for having me. I really appreciate the opportunity.

- So long. Thank you for joining us for "Sansum Speaks." We hope you found this to be of valuable information. To view all of our talks, please visit sansumspeaks.sansumclinic.org. ♪ [music] ♪

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