

PREVENTATIVE MEDICINE

Colonoscopy deemed not justified for cancer screening

CARLY WEEKS

New Canadian guidelines state there is not enough evidence to justify colonoscopies as routine screening for colorectal cancer. Instead, patients should undergo fecal occult blood testing every two years, or flexible sigmoidoscopy – a procedure in which a scope is inserted in the lower portion of the colon and rectum rather than the entire tract – every 10 years.

The guidelines, published on Monday in the Canadian Medical Association Journal, apply to adults between the ages of 50 and 74 who are asymptomatic and at low risk for colorectal cancer, meaning they have no prior history of the disease, no family history, symptoms such as blood in the stool, or genetic predisposition.

The last time the guidelines were updated was 2001, and the new recommendations are meant to reflect the “major changes in

technology and practice” that have occurred since then, the authors wrote.

“We have a lot more evidence to give, information around screening intervals [and] when to start and stop screening,” said Dr. Maria Bacchus, chair of the Canadian Task Force on Preventive Health Care working group on colorectal cancer and internist at Calgary’s Foothills Medical Centre.

The task force is an independent body of 14 primary care and prevention experts who develop clinical practice guidelines.

Colorectal cancer is the third most commonly diagnosed cancer in Canada. It is the second leading cause of cancer death in men and the third in women.

Every province has an organized screening program or is implementing one. The territories do not. Nunavut has plans to develop one. Bacchus said she hopes the guidelines will push everyone to get on board.

Currently, no provincial screening program includes flexible sigmoidoscopy, and the guideline authors suggest policy-makers may want to consider the benefits as well as the cost of both screening methods before making a decision.

Ultimately, most Canadians will likely be screened using fecal occult blood tests, which look for microscopic specks of blood in the stool that could be a sign of cancer, Bacchus said. If blood is found, most provincial programs recommend colonoscopies as a follow-up test to determine whether a person has colorectal cancer.

Amy Elmaleh, executive director of the advocacy group Colon Cancer Canada, said while the guidelines are important, what is also needed is more education and awareness about the risks of the disease and the importance of regular screenings.

“You want there to be less stigma. It’s a challenge,” she said.

Technological developments in recent years improved both fecal occult blood testing and sigmoidoscopies.

Many gaps in the research still need to be closed, Bacchus said. For instance, the guidelines recommend against routine screening of adults with no symptoms who are older than 74. However, the recommendation is based on weak and low-quality evidence of the effectiveness of colorectal screening in that age group. So the authors suggest that adults 75 and over who are in good health may want to discuss their options with their doctor.

Some questions are also unanswered about whether colonoscopies are more effective than fecal occult blood tests or other screening methods. But because waiting lists are long and the potential for side effects such as bleeding or intestinal perforation are greater than they are for other tests, the guidelines recommend against using colonoscopies as a routine

screening tool in asymptomatic low-risk adults.

The U.S. Preventive Services Task Force, on the other hand, continues to recommend colonoscopies for primary screening, as well as fecal occult blood testing and flexible sigmoidoscopy.

Dr. Jennifer Telford, medical director of the BC Cancer Agency’s colon screening program, said Canada’s guidelines make the most sense. People who are in good health are much more likely to do a non-invasive stool test than a colonoscopy, which increases the likelihood more people will get screened.

“I think [colonoscopy] is a great test, but in terms of population-based colon cancer screening, I don’t think that is the right test,” Telford said.

She added that large studies are under way to evaluate how well fecal tests work compared to colonoscopies. Those results could help shape future recommendations.

Young pitchers need to be wary of overuse

DWIGHT CHAPIN
HEALTH ADVISOR

Little Leaguers will soon be taking to baseball diamonds across the country with a little extra enthusiasm thanks to Jose Bautista’s bat flip and Josh Donaldson’s MVP performance last fall.

To prepare for a new season, many young ball players have already been training indoors with their teams for a couple of months. Coaches look to leverage these early reps and hours of practice into reproducible, mid-season success.

To keep the kids healthy and having fun, equal consideration must be given to injury prevention and proper progression of training.

The recent trend in increased single-sport athletes, year-round training, longer competitive seasons and higher intensity of training at younger ages, has led to more injuries to throwing arms in young athletes. In my practice, I have seen a significant increase in overuse injuries in children. In most cases, these injuries are associated with sports-related activity. Studies estimate the incidence of overuse sports injuries as 20 per cent to 40 per cent in the



Experts say young pitchers should be kept to strict pitch counts to limit elbow injuries. ROB CARR/GETTY IMAGES

nine- to 12-year-old range and 30 per cent to 50 per cent in the adolescent age group.

For the young baseball player, soreness is often felt first in the elbow. This could be a sign of over-throwing, or of improper mechanics, or both. The elbow commonly suffers for the inefficient movement of the shoulder and/or the lower body. Overuse injuries can affect muscles, ligaments, tendons, bones and growth plates. The growth plates represent areas of developing cartilage where bone growth

occurs in children. This tissue is sensitive to repetitive stress and deserves extra attention in young athletes.

The “funny-bone” or bony prominence found at the end of the upper arm, along the medial or inside of the elbow is particularly vulnerable to repetitive stress when throwing mechanics are off or the athlete jumps into pre-season training too quickly. Conditioning and training errors can also contribute to the risk and frequency of injury. Excessive overhand throwing can irritate

and inflame an important growth plate found there, resulting in a condition called Little League Elbow (LLE) Syndrome.

The growth plates at the elbow typically close between 14-16 years of age. Until this point, the player is at risk of this injury.

Coaches and parents should be aware of the more common signs of overuse injury from throwing. These include:

- Pain and tenderness to the touch localized to the medial or inside of the elbow joint.
- Swelling of the elbow
- Sudden changes in throwing mechanics or performance level

Treatment consists of rest, icing, physical therapy and anti-inflammatories. Long-term rest (six to eight weeks) may be necessary in some cases to allow for complete healing. Most cases do resolve with rest and conservative management. In more severe cases of LLE Syndrome, surgical treatment is occasionally necessary to remove loose bone fragments, bone grafting or for reattachment of a ligament to the bone.

Unlike many acute injuries, overuse injuries of this nature are highly preventable if coaches, parents and players commit to educating themselves on prevention. General pitch count guidelines per calendar day are listed

as: 70 pitches for nine- to 10-year-olds, 80 pitches for 11- to 12-year-olds, 90 pitches for 13- to 14-year-olds and 100 pitches for those 15 and older. Younger pitchers are usually taught to master the fast-ball and change-up first before considering breaking-ball pitches, which add additional stress to the elbow.

A proper dynamic warm-up focusing on efficient movement patterns should kick off every practice. Building a solid foundation of strength is highly recommended for all sports and activities. Do not sacrifice overall fitness for sport-specific strength, especially before the body is fully developed. Focus on training the total athlete gradually with adequate resting time. Encouraging kids to play multiple sports is also important. Competing in several sports throughout the year will prevent sport-specific repetitive stress as long as there is adequate rest between seasons. Play smart and good luck this season.

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NUTRITION

Artificial sweeteners should be consumed in moderation

RONI CARYN RABIN

THE QUESTION

Does long-term use of artificial sweeteners cause weight gain or contribute to metabolic syndrome?

THE ANSWER

Scientists are still scratching their heads over this question.

Artificial, or non-nutritive, sweeteners have no calories and are often used as diet aids. But while some well-designed trials have found that those randomly assigned to drink artificially sweetened beverages gained less weight than those given sugar-sweetened drinks, large population studies suggest that frequent consumption of artificial sweeteners may be linked with unanticipated consequences, including weight gain.

A large study that followed a diverse group of 6,814 Americans from the ages of 45 to 84 for at least five years found that those who drank diet soda at least once a day were at 67 per cent greater risk of developing Type 2 diabetes than those who didn’t consume diet drinks, regardless of whether they gained weight or

not, and at 36 per cent greater risk of metabolic syndrome, which can be a precursor to heart disease, stroke and diabetes.

Another large study that followed thousands of residents of San Antonio for 10 years found those who drank more than 21 servings of diet drinks a week were at twice the risk of becoming overweight or obese, and the more diet soda people drank, the greater the risk.

These large observational trials do not prove cause and effect, however, and may reflect the fact that people who are gaining weight may be most likely to drink a lot of diet soda.

But other scientists urge caution, saying more research is needed. They point to animal studies such as those showing that non-nutritive sweeteners alter responses to blood sugar in rats by disturbing the gut microbiota. Others speculate that artificial sweeteners may disrupt the body’s ability to regulate blood sugar by stimulating sweet taste receptors throughout the digestive system or disrupting hormonal and neurobehavioral pathways that control hunger and satiety.

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