The Effectiveness Of Colonoscopies On Cancer And IBD

In part one of this series, I illustrated just how common that injuries and death are from colonoscopies, which is far greater than the doctors and the media have led you to believe. Yet, those in the medical industry and media often like to claim that colonoscopies have saved thousands of lives, so the benefits outweigh the risks. Is this anymore accurate than their claim that injuries are rare?

The two most common uses of this procedure is for cancer screening and diagnosis of Inflammatory Bowel Diseases. I will cover each separately starting with:

The Efficiency Of Colonoscopies for Cancer Screening

How effective is this procedure for early detection of cancer and is polyp removal (polypectomies) successful at arresting cancer?

1. According to the American Cancer Society, up until 2009 "…there are no prospective randomized controlled trials of screening colonoscopy for the reduction in incidence of or mortality from colorectal cancer."

Here we see that few studies have been done to back the ridiculous claims of thousands of lives being saved. Let's look at a few that I could find.

1. The Minnesota Colon Cancer Study, which ran for 18 years and included 46,000 patients between the ages of 50 to 80, demonstrated only a 0.6% reduction in the incidence of colorectal cancer. This is a statistically insignificant amount. (*If you've heard greater risk reductions than 0.6%, you are not being lied to, but are*

receiving the relative risk as opposed to the absolute risk. This is a notorious "slight of hand" used by researchers and pharmaceutical companies to make their findings appear more relevant. An absolute difference is a subtraction; a relative difference is a ratio. The difference of a 0.2% to 0.1% drop would translate to a 50% reduction in relative terms, but in reality is quite insignificant. For more on relative vs. absolute statistics read here. Once you understand that difference, you will realize just how ineffective many drugs and treatments actually are compared to what you have been led to believe.)

Here is the overall observation:

1. Despite tens of millions of colonoscopies performed between the years 2000 and 2007, the annual incidence of colorectal cancer in the United States INCREASED by about 30,000 more cases.

Any other product, outside of the medical industry, would be abandoned and forgotten with such a dismal rate of proven success. Yet, to hear Katie and others in the media tout this procedure as the greatest life-saver since the polio vaccine, makes my blood boil – especially being a victim in its profitable wake.

Certainly the removal of polyps have saved many from developing colorectal cancer? Look at all of the millions of polyps that have been sliced out of colons since the advent of colonoscopies. The claim is quite impressive, but how has it actually played out on the world's stage?

From an article in the New York Times, dated 2006; "The patients in all the studies had at least one adenoma detected on colonoscopy but did not have cancer. They developed cancer in the next few years, however, at the same rate as would be expected in the general population without screening."

Another research study published in 2006 concluded that the screened patients in all of the studies developed colorectal cancer "at the same rate as would be expected in the general population without screening" in the next few years, even though all found polyps had been removed.

If polypectomies were as effective as advertised, and given the fact that about half of americans past age fifty get screened, we would have expected to see the incidence and mortality of colon cancer dive to a 45-50% reduction in mortality. Instead, we have seen a 22% increase. This increase could well be associated with the removal of the polyps themselves. Removing a polyp releases cancer cells into the bloodstream, spreading the cancer at an accelerated rate to other organs.

The result of the Telemark Polyp Study 1 highly supports that theory. Although there was a 2% reduction in colorectal cancers in the screening group that had polyps removed, they had a 157% higher mortality from other causes than the control group. The "all cause" death rate was significantly higher in the group that was screened. So, you may die prematurely, but at least you will die knowing that you have no polyps in your colon while being embalmed. If being a polyp free corpse is all that's important to you then, by all means, get the colonoscopy.

Most people will live their entire life with colon polyps and never develop colorectal cancer. An estimated 95% of all polyps are benign. They will never become cancers, so removing them and claiming victory over cancer is as fraudulent as cutting every mole off of everyone and boasting that you saved them from melanoma. Removing a benign polyp creates and open wound within the dirtiest organ of the human body. You might as well slice open your finger and stick it into a septic tank or gas station toilet.

The large polyps most commonly removed via colonoscopy are

rarely a cancer threat. By far, the largest portion of colon cancers start from flat lesions, which are usually never found or removed with colonoscopies, even though they are considered five times as cancerous as large polyps [source].

The National Cancer Institute's report suggests it is closer to ten times higher: *"In a study in which endoscopists used high-resolution white-light endoscopes, flat or nonpolypoid lesions were found to account for only 11% of all superficial colon lesions, but they were about 9.8 times as likely to contain cancer (in situ neoplasia or invasive cancer) compared with polypoid lesions."*

If colonoscopies are so ineffective at discovering cancer in early stages, why would this procedure be recommended as a proven prophylactic and diagnostic tool for cancer? It can only be driven by the extreme income potential, not only to the doctors, but to the manufacturers of this device that costs in excess of $28,000.00. This should be reason enough to hear a public outrage, but add in the fact that people are being killed or left disabled (as I am) and the outcry should be deafening and I believe it would be, if the american people were given the truth.

The erroneous claims of the success of polypectomies is as much of an illusion as a psychic surgery. Doctors use this parlor trick to remove polyps commonly found in middle-aged to elderly patients and happily grabbed another $2,000.00 dollars and move to the next ~~sucker~~ patient. It all looks so impressive when they can show the patient high-resolution images of the polyps they discovered and removed from inside of them and claim that they saved them from cancer. When in reality, that polyp was little more threat to your life than that mole on their butt.

Even though I believe that Katie Couric has convinced herself that she is saving thousands of lives, her national endorsement of this service has most likely been responsible

for the death of more people than she could possibly have saved. Katie responded in a knee-jerk reaction to her husband's untimely passing with the promotion of this money-making scandal of the medical supply companies. I feel that Katie owes it to her viewers to broadcast stories like mine, showing the potentially deadly and life crushing effects of this service she endorses to healthy people and the rare transplant I received, which would, in fact, have been the only thing that could have saved her husband. I will not hold my breath waiting for her call.

There is a rare group of individuals who suffer from a congenital defect known as Gardener's Syndrome. These people know who they are, because the cancer runs in their family. For them, screening at the age of 50 would be far too late, because they often develop colon cancer in their 30s. The benefits of colonoscopies does outweigh the risks in their case. But, if you are over 45 and have not developed colorectal cancer yet, you are not one of these people and the risks associated with a colonoscopy far outweigh any potential gain.

Katie's husband was only 42 when he succumb to colon cancer, leading me to believe he may have suffered from this rare gene mutation (average age of colon cancer is 71, so his case is rare). A simple polyp removal would not have saved his life. Only a full multi-visceral transplant could have. I know this because the woman assigned as my mentor had Gardener's Syndrome and required a six organ transplant at the age of 33 to rescue her. Katie's endorsement of colonoscopies is misplaced and she should instead be endorsing intestinal and multi-visceral transplants. But how would that profit GE and her investments in their products? Starting colon screening at the age of 50 would have been little consolation to her late husband, given the fact that he died at the age of 42. Unfortunately, this leads me to believe that Katie is only endorsing what is profitable to her, not what would have truly

saved her husband's life. She is not on a crusade to save lives, but to boost her career.

The Use Of Colonoscopies For Inflammatory Bowel Disease

Besides its use for cancer screening, colonoscopies are also used by Gatroenterologist's to diagnose Ulcerative Colitis, Crohn's disease and other Inflammatory Bowels Diseases (IBD). This is a deadly combination. The risks of perforation are much greater in these patients. To use a device, which exerts so much pneumatic pressure within a human organ on patients who have weakened areas (ulcers and fistulas) and inflammation is irresponsible to say the least. This procedure should be completely forbidden for use on patients with severe IBD, yet doctors are using it as the tool of choice.

A sigmoidoscopy would be far less invasive and just as effective at diagnosing IBD diseases (by cellular biopsies). Sigmoidoscopy does not require the use of general anesthetics and has less than half the incidence of perforation [source].

A case study reported by the Journal Of the National Cancer Institute stated:

> *Overall, we found a perforation incidence of nearly two per 1000 colonoscopies, slightly more than twice the perforation incidence from sigmoidoscopy.*

But, a sigmoidoscopy charges out at a fraction of the cost of a colonoscopy and takes about the same amount of time to perform. So doctors naturally opt for the colonoscopy. I was never offered the option of, nor given the information about the safety differences between the two or I would most likely still have my native small bowels. I have no idea how many Crohn's or UC patients have been killed or damaged by these machines as I was, but I would reason to believe that the number is staggering – and of course, unreported.

I would like to give you an idea of the air pressure that can be exerted by this device. After my transplant, the technician operating the ileoscope was a Fellow, who was inexperienced at it. I began to complain of the tremendous pressure, but he ignored my discomfort and continued to pump away. Suddenly, everything in my stomach ejected from my mouth. I didn't have nausea, nor did I wretch. The air pressure was so great that it literally pushed upward through over 20 feet of bowels and blew open 2 one-way sphincters. I was terrified of these machines after this and would only allow Attending Surgeons to perform any future ileoscopes.

Perforations are difficult to diagnose and often go undetected for several days. Every hour counts after a perforation, because the leakage of colonic bacteria begin to spread infection and necrosis throughout the visceral organs. It can be difficult to diagnose and locate all perforations which has led to the levels of damage and death I have seen in several patients because of delay in treatment. It is the x-ray and/or CT screening for the presence of "free air" in the abdomen that is the golden standard used to diagnose perforations. "Free air" will not always be present nor easy to detect. The level of confidence that doctors instilled in this diagnostic technique is what led them to dismiss the possibility of perforation and thereby ignore my failing vitals over the next four days.

Conclusion

Because of the savior status that this deadly procedure has received in recent years and the fact that celebrities like Katie Couric have made it a media darling, it is impossible to get anyone in the media to report anything that may suggest that there is a danger with this procedure. Even though it has never been proven to be effective at diagnosing cancer, nor have we seen any decline in colorectal cancer since its implementation, these whores in the media continue to insist that it has saved thousands of lives. Where are the studies

to support their claims?

The words “cancer” and “terrorist” scare Americans more than any others in the English language. What are your chances of developing colorectal cancer? Even a person in a high-risk group is 12 times more likely to die from heart disease; 10 times from any other cancer, 6 times from a medical error, 3 times from stroke, and twice as likely to die from an accident. Yet, Americans are so motivated by the word “cancer”, that they are willing to submit themselves to this ambulatory surgical procedure, even when they feel perfectly healthy. Would you submit yourself to any other invasive surgical exploration as simply a screening technique for a disease you most likely don’t have?

Of the seven intestinal and multivisceral transplant recipients I met, only two had lost their organs to a disease. Nurses told me that better than 80% of the organ recipients were the result of bariatric surgeries, liposuction and colonoscopies (in that order). I met two women who lost their organs to faulty gastric by-pass surgeries and two were the result of colonoscopies. Disease is not your worst enemy, medical procedures are. And every one of these are elective procedures undertaken by otherwise healthy people who were assured of their safety. Healthy people whose lives have now been destroyed and shortened by medical practitioners hawking unnecessary procedures for monetary gain.

I will continue to fight the battle of awareness until a much safer and more effective diagnostic tool for cancer, Crohn’s and Ulcerative Colitis is invented. Because everyone seems happy with the status quo, nothing will be done to improve this diagnostic technique or better yet, come up with a far less invasive one, unless the dangers and the ineffectiveness of its use as a cancer screening device are made common knowledge.

Modern medicine needs to start looking in new, less invasive,

directions – not to simply dump more money into promoting their existing products that do not work effectively – and even worse, are making people sicker or outright killing them. If half as much money went into research as is spent on the advertising and celebrity endorsement for the promotion of this outdated, crude and invasive torture device, we would have cured the damned disease by now. Curing a disease is never as profitable as treating one.

They have been quite efficient at sweeping my story under the carpet and my tiny place in cyberspace will never get this information the attention that it needs to save lives. I will continue to do whatever I can. If I can save just one person from having to live through the nightmares that I have, it will be worth the effort. But people, you to need to wake up and demand more truth about these modern "snake oil" practices.

If you wish to learn more about the dangers of this procedure, please read part 1; "The Dangers Of Colonoscopies" and the "Wolverine Story".

There is also a lot of good information and videos at Konstantin Monastyrsky's website; here

I still have many more articles in this series upcoming, so please check back or subscribe to receive email notifications of when new articles are posted.

I am not a doctor nor attempting to give medical advice. I believe that every american has the right to the truth concerning the real, absolute risks and benefits in modern medicine – something you will not get from the mainstream media. Always remember that their broadcasts or publications are paid for by the manufacturers of these medical devices and pharmaceuticals. The entities in the media will not bite the hand that feeds. I am selling no products and am a victim of this profitable industry and will always give an unbiased

opinion of my research and experiences, so you can have better information with which to make decision concerning your health. Stay healthy, please.