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# Colon tumours linked to presence of bacteria

**M**ost people would consider early retirement a dream come true. For Port Moody's Gabe Retei, it was a nightmare. In 2006, he was diagnosed with colon cancer, forcing him to stop teaching and face uncertain times.

"What's involved in this disease isn't exactly dinner-table conversation," the Budapest, Hungary, native says on the line from home. "Let's say it involves frequent bathroom visits.... But when you hear the word tumour, it's really scary."

Although colorectal cancer is the second leading cause of cancer deaths in Canadian men and women, new research into the disease—including a recent breakthrough by scientists at the B.C. Cancer Agency's Genome Sciences Centre—could make diagnoses like those striking Retei a thing of the past.

According to a study just published in the journal *Genome Research*, a bacterial infection could be linked to colorectal cancer. Researchers discovered that the *Fusobacterium nucleatum* bacterium, which has previously been associated with appendicitis and periodontitis, was also prevalent in tissue of colorectal tumours.

The origin of the research goes back to the fact that at least 15 percent of the cancer burden worldwide can be attributed to known infectious agents, explains Rene Warren, bioinformatics coordinator at the B.C. Cancer Agency's Genome Sciences Centre and one of the study's authors.

"Look at cervical cancer and HPV [the human papilloma virus]," he says on the line from his office. "Going into this, we knew that microbes—bacteria, mostly—outnumber human cells 10 to 1 in our body once we reach a certain age. That's why people take probiotic yogurt; you're eating bacteria to regulate the good flora in your gut."

Warren stresses that the results point to an association between this particular type of bacteria and colorectal cancer but not causation. However, the implications of the findings could be far-reaching.

"This could lead to better diagnostics to identify colorectal cancer," Warren says. "And although this is pure speculation, maybe we could use that [bacteria] as a vector to carry something to the tumour to combat the disease, to destroy cancer cells."

Warren credits genome-sequencing technology as enabling researchers to make the link between the bacterium and colon cancer. They weren't simply looking for *Fusobacterium nucleatum* but rather mapping very short RNA sequences to establish its presence in tissue samples of colon cancer.

Bolstering the study findings are similar results that were published in *Genome Research* the same day: a team headed by researchers out of Broad Institute of Massachusetts Institute of Technology and Harvard Medical School also found an association between *Fusobacterium nucleatum* and colorectal carcinoma.

Furthermore, scientists have previously tied some strains of the bacteria to ulcerative colitis and Crohn's disease, two inflammatory bowel diseases that increase the risk of colon cancer.

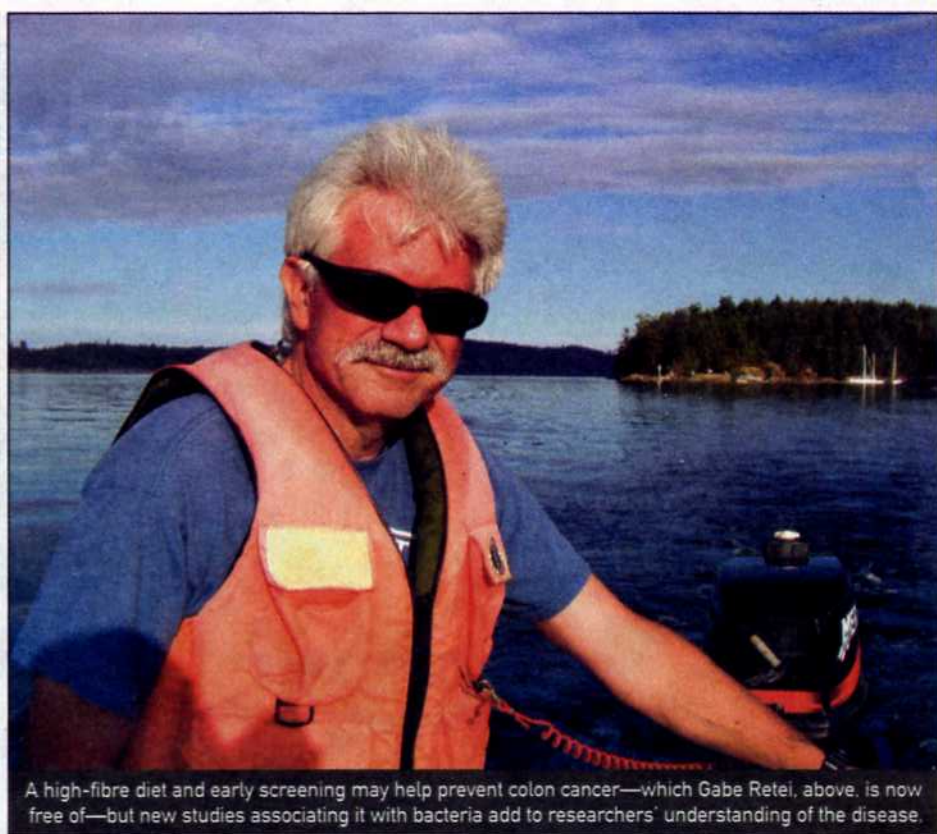
Other new research has found that Aspirin (acetylsalicylic acid) could prevent the disease in people with a family history of it. Published recently in *The Lancet*, the study involved nearly 900 people with a known genetic predisposition to colorectal cancer. A protective effect and substantially reduced cancer incidence began to be seen after five years of daily intake of about two regular-strength Aspirin.

However, taking Aspirin regularly has risks, including stomach bleeding and stroke. And among the study's funding bodies was Bayer Corporation, the original manufacturer of Aspirin, and Bayer Pharma.

According to the Colorectal Cancer Association of Canada (CCAC), there will be about 2,700 new cases of the disease in B.C. this year alone. Another 580 men and 510 women in the province will die because of it.

According to the CCAC, most colorectal cancers begin as polyps, which are benign growths in the lining of the large-bowel wall.

**Health**  
**Gail Johnson**



A high-fibre diet and early screening may help prevent colon cancer—which Gabe Retei, above, is now free of—but new studies associating it with bacteria add to researchers' understanding of the disease.

Over the course of several years, the polyps can grow in size and number, increasing the chance that cells within them will become cancerous and invade other organs. About two thirds of these cancers are found in the large intestine and one third in the rectum.

Risk factors include diets low in fibre, fruit, and vegetables and high in meats and fats; family history of the disease; pre-existing inflammatory bowel disease; heavy alcohol consumption (two or more drinks a day); abdominal fatness; and low levels of physical activity.

Rates of colorectal cancer are higher in Canada, the United States, western Europe, Australia, and New Zealand, than in Japan, Africa, and developing countries.

Early detection is crucial for successful treatment. Types of screening include a fecal occult blood test, fecal immunochemical test, flexible sigmoidoscopy, and colonoscopy. The B.C. Cancer Agency recommends regular screening after age 50. Retei, though, insists that screening isn't promoted enough.

Now 58, he says he had never been offered routine testing, nor has his wife, who's 53.

According to the 2008 Canadian Community Health Survey, 32 percent of adults aged 50 to 74 had had screening. A 2009 *Colon Cancer Screening in Canada Survey* by the Canadian Partnership Against Cancer found that 60 percent of Canadians do not understand that screening is to occur before any symptoms of colorectal cancer appear.

"People should be checked regularly," says Retei, who's been actively involved in the B.C. Cancer Agency's colorectal cancer support group. "These things shouldn't be put on the back burner."

Following surgery to remove the tumour from his colon, Retei had chemotherapy and has been free of the disease ever since. He says one of the hardest parts of the whole experience was the impact of the diagnosis on his son, who was 14 at the time.

"For him to lose his father at that age would be devastating." ♦

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