A 27-year-old male has newly diagnosed ulcerative colitis. His colonoscopy showed mild (Mayo 1) inflammation up to the mid-descending colon; the remainder of the colon appeared normal. Pathology results showed evidence of mild active colitis with architectural distortion in all segments of the colon including the cecum. What do you tell him about his risk of colon cancer?

A. Your risk is increased relative to the average risk population without colitis.
B. Because the colitis is restricted to the left colon, your risk is not increased.
C. Your risk is increased relative to the average risk population without colitis but chemoprevention with mesalamine has clearly been shown to decrease the risk.
D. Your risk is increased relative to the average risk population without colitis and screening for colon cancer should commence in 5 years.

Answer: A

The risk of colon cancer is increased in patients with more than rectosigmoiditis as determined by biopsy not solely by endoscopic appearance. There have been conflicting data about the role of mesalamine for chemoprevention. Currently, the US guidelines do not recommend it. Patients with ulcerative pancolitis should begin colon cancer screening 8 years after onset of symptoms, not 5 years.