Launch Internet Explorer or your favorite browser by double clicking on its icon.

I'm interested in polyps as a risk factor for colorectal cancer.

You can use a search engine such as Google:  [HTTP://WWW.GOOGLE.COM](HTTP://WWW.GOOGLE.COM)

I tried the search string **polyps colon cancer** and got 770 hits. The first hit looks interesting,

*Polyps, Colon polyps, Colon Cancer and All the Information You Wanted Related to Colon CA,* ...

So I clicked on it and found this paragraph:

Polyps are growths which develop in the colon and other parts of the body as well. ... The cumulative risk of cancer developing in an unremoved polyp is 2.5% at 5 years, 8% at 10 years, and 24% at 20 years after the diagnosis. ... The relative risk of developing colon cancer after polyps have been removed is 2.3 compared to a relative risk of 8.0 for those who do not have the polyps removed.

**I found these references at the bottom of this web page:**

4. Otchy DP. "Aggressive surveillance, or colonoscopy every three to five years, is warranted in persons found to have one large colon polyp." Am J Gastroenterol 1996;91:448-454

I expect you to look at original articles -- a web page can focus your search, but if it doesn't list sources it is not useful.

**Healthnet**

You can use Healthnet to search for references, or you can use it to get abstracts of references you have found on the WWW.

1. Go back to my web page ([http://www.stat.uiowa.edu/~gwoodwor](http://www.stat.uiowa.edu/~gwoodwor)) and click on the course web page.
2. Click on **Healthnet** (under **Resources**)
3. Click the appropriate "Connect directly to Ovid" button
4. You should now be on the "choose a database" page.
5. Select Medline (Biological Abstracts is also a good choice)
6. Uncheck the "map term to subject heading" box
7. In the "Keyword or phrase" box type: colorectal AND polyps AND cancer AND risk
8. Click "perform search" and continue. When the results come back, scroll down and look at the references.
9. If a reference looks interesting double click on "Complete Reference".
10. After looking at the complete reference, click the "back" arrow at the top of your browser.
11. If the reference was useful, put a check mark in the box to the left side of the reference.
12. To see more references click the "next citations" button at the bottom of the page.
13. To print out the summaries, scroll down to the bottom of the page to "Citation Manager".
   - Under "Action" click Email and type your e-mail address in the first two slots.
   - Click "send email".
   - **Please do not ask for more than 5 references at a time.**

**Example (this will show up in your e-mail):**


The on-line abstract may be detailed enough that you do not need to see the complete article; however, if you do need to see it, go to the Hardin Library (Pentacrest Bus) and Xerox it there. **Please do not check out the journals.**

**Abstract**

OBJECTIVES: The purpose of this study was to describe the effect of screening endoscopy (sigmoidoscopy or colonoscopy) on colorectal cancer incidence and mortality. METHODS: We used data from a prospective cohort study of 24,744 men aged 40 to 75 years in 1986, free from cancer and colon polyps, followed until 1994. The outcomes are diagnosis of colorectal cancer and death from colorectal cancer. RESULTS: Screening endoscopy in 1986-87 was associated with a lower risk of all colorectal cancer (multivariate relative risk [RR] = 0.58, 95 percent confidence interval [CI] = 0.36-0.96); cancer in the distal colon or rectum (multivariate RR = 0.40, CI = 0.19-0.84); Dukes stage A&B (multivariate RR = 0.66, CI = 0.35-1.25); and Dukes stage C&D (multivariate RR = 0.50, CI = 0.20-1.26) colorectal cancer; and death from colorectal cancer (multivariate RR = 0.56, CI = 0.20-1.60), after adjusting for age and a wide range of colon cancer risk factors. Screening endoscopy in 1988-87 appeared to provide strong protection against distal stage C&D cancers (age-adjusted RR = 0.16, CI = 0.02-1.23) but no protection against proximal stage C&D cancers (age-adjusted RR = 0.96, CI = 0.32-2.91). CONCLUSIONS: This study provides strong evidence for a protective effect of screening sigmoidoscopy on colorectal cancer incidence and mortality and supports recommendations for screening sigmoidoscopy as an approach to colon cancer prevention.