

COLORECTAL CANCER

What is colorectal cancer?

Colorectal cancer starts in the colon or rectum. The colon begins at the cecum, where it joins the end of the small intestine (ileum). The colon changes to rectal tissue in its last 6 inches.

How common is this colorectal cancer?

Currently, colorectal cancer is the 4th most commonly diagnosed cancer and the 2nd leading cause of cancer death in Canada. It is estimated that 22,500 new cases of colorectal cancer will be diagnosed in Canada in 2010.

What are the risk factors for this colorectal cancer?

There is no single cause of colorectal cancer, but some factors appear to increase the risk of developing it:

- age – particularly after 50
- having polyps (small growths on the inner wall of the colon and rectum)
- family history of colorectal cancer - especially if the relative (parent, sibling, child) developed colorectal cancer before the age of 45
- having familial adenomatous polyposis (FAP) or hereditary nonpolyposis colon cancer (HNPCC)
- inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- diet high in red meat (beef, pork, lamb and goat)
- processed meat (ham, salami, sausage, hot dogs)
- alcohol consumption
- smoking
- physical inactivity
- obesity
- ethnic background – people of Ashkenazi (Eastern European Jewish) descent

Researchers are also looking at how diet affects the risk of developing colorectal cancer. A diet high in vegetables and fruit is known to lower risk. A diet high in fibre and low in animal fats also seems to decrease risk, but more research is necessary to be sure.

Some people develop colorectal cancer without any of these risk factors.

Why is early screening important for this colorectal cancer?

Colorectal cancer screening means checking for colorectal cancer as part of routine medical care when there are no symptoms present. Colorectal cancer responds best to treatment when it is found and treated as early as possible. Treatment is most effective before the disease spreads outside of the colon.

We recommend that men and women age 50 and over have a stool test (fecal occult blood test or fecal immunochemical test) at least every 2 years. Stool testing helps identify polyps before they become cancerous.

Those who are at higher than average risk of developing colorectal cancer should discuss an individual plan of surveillance with their doctor. High risk individuals include those with:

- a first-degree relative with colorectal cancer (such as a parent, sibling or child)
- a personal history of colorectal cancer
- inflammatory bowel disease such as ulcerative or Crohn's disease

- some inherited syndromes such as FAP (familial adenomatous polyposis) or HNPCC (hereditary non-polyposis colon cancer)
- benign polyps of the colon or rectum

What are the signs and symptoms of colorectal cancer?

Colorectal cancer may not cause any signs or symptoms in its early stages because the lower abdomen (stomach area) has lots of room for a tumour to grow and expand. Symptoms often appear once the tumour causes bleeding blocks the bowel.

Possible symptoms may include:

- a change in bowel habits
- blood (either bright red or very dark) in the stool
- diarrhea, constipation or feeling that the bowel does not empty completely
- stools that are narrower than usual
- general abdominal discomfort (frequent gas pains, bloating, fullness or cramps)
- unexplained weight loss
- feeling very tired
- vomiting

Other health problems can cause some of the same symptoms. Testing is needed to make a diagnosis

How does this colorectal cancer be diagnosed?

Diagnostic tests will be done if the signs and symptoms of colorectal cancer are present, if the result of a screening test is abnormal, or if the doctor suspects colorectal cancer. Tests may include:

- medical history and physical examination
- blood tests
- FOBT (if it was not included as a screening test)
- sigmoidoscopy
- colonoscopy
- biopsy

Additional tests, such as x-rays and other imaging tests, may be done to determine the stage (how far the disease has progressed).

What are some treatment plans?

Each person with colorectal cancer will have a treatment plan designed for them by their healthcare team. The team will recommend treatment options based on the specific characteristics of the cancer and the unique needs of the person. A treatment plan for colorectal cancer may include one or more of the following:

- surgery
- chemotherapy
- radiation therapy
- targeted therapy

To learn more, contact your doctor or speak to a nurse 24 hours a day, seven days a week by calling: Alberta Health Link toll free at 1-866-408-LINK (5465). Mandarin Health Link Calgary at 403-943-1554, Cantonese Health Link Calgary at 403-943-1556

Source: Canadian Cancer Society Website www.cancer.ca
Canadian Cancer Encyclopedia Website <http://info.cancer.ca>

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