



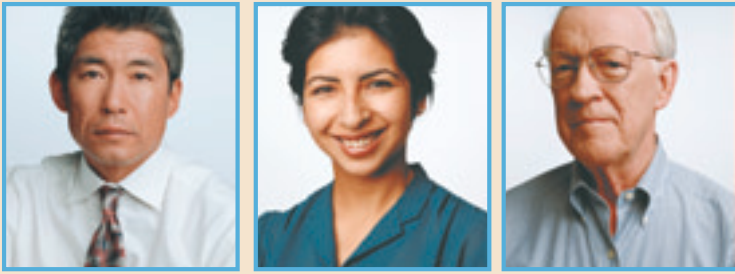
# Colorectal Cancer

Colorectal cancer is the fourth most common type of cancer. It is the second leading cause of cancer death in the United States. The number of new cases and deaths are decreasing. Still, more than 135,000 new cases are diagnosed each year. More than 56,000 people die from colorectal cancer, annually.

Read this brochure carefully to learn more about colorectal cancer. It explains who is at risk, the screening exam, and how to decide which exam you should have. As always, your health care provider is your best source of information and advice.

## What is colorectal cancer?

Colorectal cancer begins when cells in the colon or rectum become abnormal and divide without control or order. This process results in a mass called a tumor. (The colon and rectum are parts of the body's digestive system. The system removes nutrients from food and water and stores solid waste until it passes out of the body.) Cancer cells invade and destroy the tissue around them. Cancer cells can also break away from the tumor and spread to form new tumors in other parts of the body.



## Who is at risk for colorectal cancer?

**The exact causes of colorectal cancer are not known. The following factors increase your risk for colorectal cancer:**

**Age**—Colorectal cancer can occur at any age. Most people who develop colorectal cancer are 50 years of age or older.

**Polyps**—Polyps are benign (non-cancerous) growths that protrude from the inner wall of the colon or rectum. They are relatively common in people older than 50. Most colorectal cancers develop in polyps. Detecting and removing these growths may be a way to help prevent colorectal cancer. Polypectomy is the procedure for removing polyps.

**Personal history**—A person who already has had colorectal cancer may have it a second time. Also, research studies show that women with a history of ovarian, uterine, or breast cancer have a higher-than-average chance of developing colorectal cancer.

**Family history**—A person whose close relatives (parents, brothers, sisters, or children) have had colorectal cancer are somewhat more likely to develop this type of cancer. It is even more likely if the family member developed the cancer at a young age. If many family members have had colorectal cancer, the chances increase even more.

**Ulcerative colitis or Crohn's colitis**—Ulcerative colitis is a condition that causes rawness and sores in the lining of the colon. Crohn's colitis (also called Crohn's disease) also affects the digestive tract. It affects the small intestine most often. People who have ulcerative colitis or Crohn's colitis may be more likely to develop colorectal cancer than people who do not have these conditions.

**Diet**—A person may develop colorectal cancer because of a poor diet. Eating foods that are high in fat and calories and low in fiber is risky.

## What is screening, and why is it important?

A screening checks for health problems before symptoms occur. Screening can find some cancers before they spread to other parts of the body.

Colorectal cancer screening helps to detect cancer, polyps that may eventually become cancerous, or other abnormal conditions. Diagnosis and treatment can occur promptly if screening detects an abnormality. When colorectal cancer is found early it is more treatable.

## How can you and your health care provider decide which colorectal cancer screening tests to use and how often to be screened?

Talk with your health care provider about when to begin screening for colorectal cancer. Your health care provider will discuss what tests to have, the benefits and risks of each test, and how often to schedule appointments.

The decision to have a certain test will be based on several factors:

- Person's age, medical history, family history, and general health
- Accuracy of the test
- Risks associated with the test
- Preparation required before the test
- Sedation necessary during the test
- Follow-up care after the test
- Convenience of the test
- Cost and insurance coverage of the test

**If you are between 50 and 80 years of age, you should have had at least one of the following:**

- Fecal occult blood test within the past 1 to 2 years
- Flexible sigmoidoscopy within the past 5 years
- Colonoscopy within the past 10 years
- Double contrast barium enema within the past 5 years



# What screening tests are used for colorectal cancer?

Your health care providers may suggest one or more of the colorectal screening tests listed below.

## Fecal Occult Blood Test (FOBT)

This test checks for hidden blood in the stool. Studies have proven that this test, when performed every 1 to 2 years in people age 50 to 80, reduces the number of deaths due to colorectal cancer.

### Advantages

- No preparation of the colon is necessary
- Samples can be collected at home
- Cost is low compared to other colorectal screening tests
- There is no risk of infection or tears in the lining of the colon

### Disadvantages

- This test fails to detect most polyps and some cancers
- False positive results are possible. (“False positive” means the test suggests an abnormality when none is present.)
- Dietary and other limitations, such as increasing fiber intake and avoiding meat, certain vegetables, vitamin C, iron, and aspirin, are necessary for several days before the test
- Additional procedures, such as colonoscopy, may be necessary if the test indicates an abnormality

## Sigmoidoscopy

A lighted instrument that doctors use to examine the rectum and lower colon. Sigmoidoscopy can find precancerous or cancerous growths in the rectum and lower colon. Studies suggest that regular screening with sigmoidoscopy after age 50 can reduce the number of deaths from colorectal cancer.

### Advantages

- The test is usually quick, with few complications
- Discomfort is minimal
- The doctor can perform a biopsy (the removal of tissue for examination under a microscope by a pathologist) and remove polyps during the test, if necessary
- Less extensive preparation of the colon is necessary with this test than for a colonoscopy

### Disadvantages

- This test allows the doctor to view only the rectum and the lower part of the colon. Any polyps in the upper part of the colon will be missed
- There is a very small risk of infection or tears in the lining of the colon
- Additional procedures, such as colonoscopy, may be necessary if the test indicates an abnormality

## Colonoscopy

A lighted instrument that doctors use to exam the rectum and entire colon. Colonoscopy can find precancerous or cancerous growths throughout the colon.

### Advantages

- This test allows the doctor to view the rectum and the entire colon
- The doctor can perform a biopsy and remove polyps during the test, if necessary

### Disadvantages

- The test may not detect some small polyps and cancers
- Thorough preparation of the colon is necessary before the test
- Sedation is usually needed
- Complications, such as infection and/or tears in the lining of the colon, can occur

## Double Contrast Barium Enema (DCBE)

A series of x-rays of the entire colon and rectum. The patient receives an enema with a barium solution and air is introduced into the colon before the x-rays are taken. The barium and air help to outline the colon and rectum on the x-rays. Research shows that DCBE is more effective at detecting larger growths than smaller ones.

### Advantages

- This test usually allows the doctor to view the rectum and the entire colon
- Complications are rare
- No sedation is necessary
- Discomfort is minimal

### Disadvantages

- The test may not detect some small polyps and cancers
- Thorough preparation of the colon is necessary before the test
- False positive results are possible
- The doctor cannot perform a biopsy or remove polyps during the test
- Additional procedures are necessary if the test indicates an abnormality

## Digital Rectal Exam (DRE)

Often part of a routine physical examination. In a DRE, the health care provider inserts a lubricated, gloved finger into the rectum to feel for abnormal areas. The test examines nearby structures, such as the prostate in men. Unlike the colorectal cancer screening tests described above, DRE allows for examination of only the lowest part of the rectum.

## What happens if a colorectal cancer screening test shows an abnormality?

If screening tests find an abnormality, the health care provider will perform a physical exam and evaluate the person's personal and family medical history. Additional diagnostic tests may be ordered. These may include x-rays of the gastrointestinal tract, sigmoidoscopy, or colonoscopy. The health care provider may also order a blood test called a CEA assay to measure carcinoembryonic antigen, a protein that is sometimes present in higher levels in patients with colorectal cancer.

If an abnormal area is found during a sigmoidoscopy or colonoscopy, a biopsy is performed to determine if cancer is present.

### For More Information

National Cancer Institute Publications Locator at <http://cancer.gov/publications> or call the Cancer Information Service (CIS) toll-free at 1-800-4-CANCER (1-800-422-6237)

Additional information about colorectal cancer is available on the NCI's Web site at <http://cancer.gov/colon> on the Internet.



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