



## Colon Cancer

### WHAT IS COLORECTAL CANCER (CRC)?

- Normal cells in the lining of the colon or rectum begin to change, growing out of control. They no longer die, and become polyps.
- Colorectal cancer almost always develops from precancerous polyps (abnormal growths) in the colon or rectum.

### FACTS AND FIGURES

- It's the 2nd leading cancer killer in the U.S. (after lung cancer), but it doesn't have to be!!!
- Both men and women are at risk.
- 93% of cases occur in people age 50 and older.
- The risk of developing it increases with age.
- Having a family member with colon cancer or polyps increases your risk.
- Still, 75% of the people who develop CRC have no prior relatives.
- Existing cancer screening tests are underused. Over 90% of colon cancers could be prevented or cured if screening was fully implemented.

### HOW DOES SCREENING SAVED LIVES?

Screening tests can find polyps, so they can be removed before they turn into cancer. Screening tests can also find colorectal cancer early, when treatment works best.

### WHEN SHOULD I BEGIN SCREENING?

You should begin screening for colorectal cancer soon after turning 50, and then continue at regular intervals. However, you may need to be tested earlier or more often than other people if:

- You or a close relative have had colorectal polyps or cancer, or
- You have inflammatory bowel disease.

Talk to your doctor about when you should begin screening and how often you should be tested.

### DOES COLORECTAL CANCER HAVE SYMPTOMS?

**Most people have no symptoms, especially at first.** When they appear, they usually indicate a more advanced stage. That is why it is important to screen (to look for it before any manifestation).

But sometimes there are symptoms, such as:

- Blood in or on your stool;
- Unexplained and frequent pain, aches, or cramps in your stomach;
- A change in bowel habits, such as having stools that are narrower than usual
- Unexplained weight loss.

If you have any of these symptoms, talk to your doctor. These symptoms may also be caused by something other than cancer, but the only way to know.

## SCREENING TESTS

Several tests are available to screen for colorectal cancer. Discuss with your doctor about which is best for you. Here's a brief description of some of them:

- **Colonoscopy** This is the best option available. It is diagnostic and therapeutic at the same time. Since it is done with mild sedation, the discomfort of the test is usually minimal. It allows the doctor to examine the lining of your rectum and entire colon using a thin, flexible, lighted tube called a colonoscope. The doctor can find and remove most polyps and some cancers.
- **FOBT (fecal occult blood test)**. This test checks for hidden blood in the stool. At home, you place a small amount of your stool on the test cards. Your doctor's office or a lab will test the samples for hidden blood.
- **Flexible Sigmoidoscopy**. It is similar to the colonoscopy, but only checks the distal half of the colon. The proximal areas are not evaluated.
- **FOBT + Flexible Sigmoidoscopy**. Combining both tests increases the chances of finding polyps and cancers, but still half of the colon remains unchecked.
- **Barium enema**. It consists of an x-ray image of the rectum and the entire colon. First you receive an enema with a liquid called barium that flows from a tube into the colon, followed by an air enema. The barium and air create an outline around your colon, allowing the doctor to see if abnormalities are present.
- **Virtual colonoscopy**. Through a CT and software manipulation the radiologist can obtain images of the colon similar to the colonoscopy. No biopsies or removal of polyps can be performed. The accuracy of this test is being evaluated. It also requires a preparation with strong laxatives and an air enema to distend the colon for better visualization. If any of the last five tests shows evidence of polyps or cancer, a colonoscopy is indicated for further evaluations.

If you are 50 or older, get screened regularly for colorectal cancer. Screening for CRC saves lives.

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