

March is National Colorectal Cancer Awareness Month

Colorectal Cancer

Colorectal cancer is cancer of the colon and/or rectum. In 2006, 148,610 people are estimated to be diagnosed with the disease, and men and women are diagnosed in nearly equal numbers. Of those diagnosed, 55,170 are estimated to die from colorectal cancer. However, it is one of the most preventable cancers, because it can develop from polyps that can be removed before they become cancerous.

PREVENTION

- Get regular screening tests
- Exercise regularly, and maintain a healthy weight.
- Eat a diet rich in fruits, vegetables and whole grains.
- Don't smoke, and don't drink alcohol excessively.

RISKS

- Men and women age 50 and older
- People with a personal or family history of colorectal cancer or benign (not cancerous) colorectal polyps
- People with a personal or family history of inflammatory bowel disease, ulcerative colitis or Crohn's disease
- People with a family history of inherited colorectal cancer
- People who use tobacco
- People who are obese and/or sedentary

SYMPTOMS

In the early stages, there may not be any symptoms. Later, these symptoms may appear:

- Rectal bleeding
- Blood in or on the stool (bright red)
- Change in bowel habits
- Stools that are narrower than usual
- General stomach discomfort (bloating, fullness and/or cramps)
- Diarrhea, constipation or feeling that the bowel does not empty completely
- Frequent gas pains
- Weight loss for no apparent reason
- Constant tiredness
- Vomiting

EARLY DETECTION

Men and women at average risk should begin regular screening at age 50. If you are at greater risk, you may need to begin regular colorectal cancer screening at an earlier age. There are many options for screening:

- Have a Fecal Occult Blood Test (FOBT) annually
- Have a sigmoidoscopy every five years, a colonoscopy or double contrast barium enema every five to 10 years. Have all non-cancerous polyps removed to help prevent colorectal cancer before it starts.
- Have a digital rectal exam every five to 10 years at the time of each screening sigmoidoscopy, colonoscopy or barium enema.
- If you have a personal or family history of colorectal cancer, benign colorectal polyps, inflammatory bowel disease, or breast, ovarian or endometrial cancer, talk to your health care professional about earlier and more frequent screening.

TREATMENT

There are many treatment options available. If diagnosed with colorectal cancer, please talk with your oncology team about which is best for you.

- Surgery is the most common treatment.
- Chemotherapy and/or radiation therapy is given before or after surgery to most patients with colorectal cancer that has spread.