

COLORECTAL CANCER

WHAT IS COLORECTAL CANCER?

Colorectal cancer is a cancerous tumor that occurs in the colon and the rectum. The colon and rectum form the large bowel. The colon is the upper 5 to 6 feet. The rectum is the last 6-8 inches.

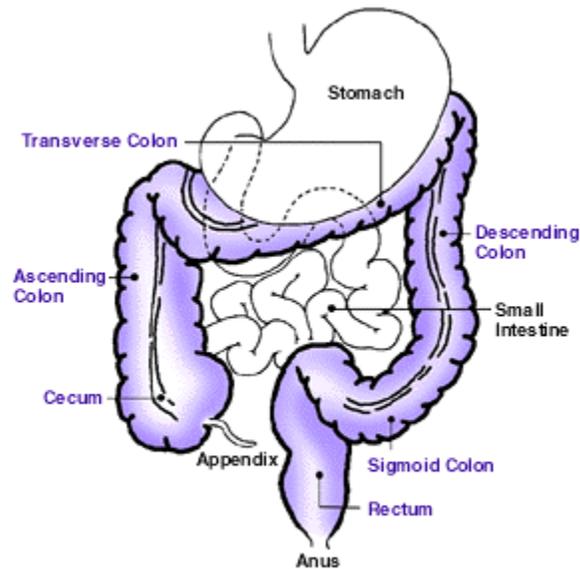


Diagram of the Colon and Rectum

WHAT CAUSES COLORECTAL CANCER?

When abnormal cells grow in the colon, a cancerous tumor may form. These tumors grow slowly, but they may get big and block the bowel.

WHAT ARE THE SYMPTOMS?

Colon and rectal cancer can occur without clear symptoms. When symptoms do occur, they may include:

- A change in bowel habits for 2 or more weeks or constipation or diarrhea for 1 or more weeks.

- Frequent gas pains, cramps, bloating or feelings of fullness in the abdomen
- Red or dark blood in or on the stool or rectal bleeding
- Fatigue and/or iron deficiency anemia in men and older women
- Pencil thin stools
- A feeling that the bowel does not empty completely
- Weight loss for no known reason

WHAT ARE THE RISK FACTORS?

Risk factors for colon and rectal cancer include:

- Polyps (non-cancerous growths that can become cancerous over time).
Most colon cancers develop from polyps.
- Family history of colon or rectal cancers, chronic colitis, or colon polyps.
Unless it is treated, an inherited condition called Familial Polyposis puts a person at very high risk.
- Age. Colon and rectal cancers occur most often in people over age 50.
- Having long term inflammation of the colon (diseases called ulcerative colitis or Crohn's disease)
- Eating a diet high in fat and low in fiber
- Physical inactivity

HOW IS COLON CANCER DIAGNOSED?

Early detection is the most important factor. Colon and rectal cancers maybe completely curable if found early. They can be detected by the following screening tests:

- **A stool blood test (fecal occult blood test)** checks for hidden blood in your stool from polyps, cancer, or other causes. Your Health Care Provider will give you a test kit to take home. You will be instructed to place a small

amount of your stool from three bowel movements in a row on the test cards. You are to return the cards to the Provider's office or a lab, where the samples are tested for any hidden blood.

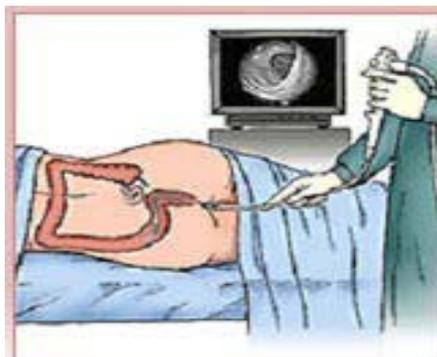


Example of a fecal occult blood test. Using an applicator stick, you apply a stool sample to two test windows on a supplied card. You then mail the card to your doctor's office or lab.



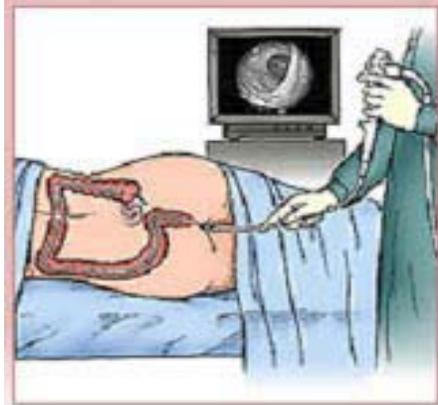
Once the card reaches a doctor's office or a lab, a chemical is applied to the back of the card over the test windows. If blood is present, the chemical will react and appear as a different color.

- **A flexible sigmoidoscopy** allows the Health Care Provider to examine the lining of your rectum and the lower part of your colon. This is done by inserting a thin, lighted tube into your rectum and lower colon. The Provider can take samples of polyps or cancers if necessary.



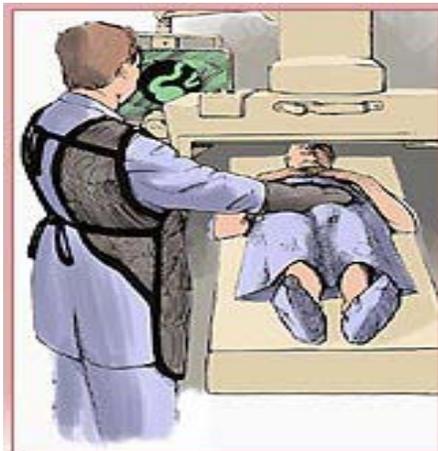
A tiny video camera at the tip of a sigmoidoscope transmits images to a television monitor so that your doctor can look closely at the inside of your rectum and sigmoid colon.

- **A colonoscopy** allows the Health Care Provider to examine your rectum and entire colon. Like the sigmoidoscopy, a thin, lighted tube is inserted into your rectum and entire colon. You will be sedated for this procedure.



A tiny video camera at the tip of a colonoscope transmits images to a television monitor so that your doctor can look closely at the inside of your entire colon.

- **A double contrast barium enema** allows the provider to see an x-ray image of the rectum and entire colon. You will be given an enema with a liquid called barium that flows from a tube into the colon, followed by an air enema. The barium and the air create an outline around your colon, allowing the doctor to look for abnormalities.



By pressing on your abdomen and pelvis, the radiologist positions your colon for enhanced viewing.

HOW IS COLON CANCER TREATED?

Treatment is based on the size and location of the tumor and the stage of the disease. Age and general health are also factors in treatment. Treatment may include surgery, chemotherapy and radiation therapy.

HOW CAN COLON CANCER BE PREVENTED?

Early detection is the most important factor. Colon and rectal cancers may be completely curable if found early.

- You should have one of the following screening tests:
 - A stool blood test every year starting at age 50
 - A sigmoidoscopy every 3 to 5 years starting at age 50 or at the time intervals recommended by your Health Care Provider.
- Have colon polyps removed.
- Follow a high fiber, low fat diet. Eat whole grain breads and cereals. Have at least 5 servings of vegetables and fruits a day.

REFERENCES / LINKS:

CDC, National Center for Chronic Disease Prevention and Health Promotion

<http://www.cdc.gov/nccdphp>

National Cancer Institute

<http://www.nci.nih.gov/cancerinfo>

QUESTIONS TO ASK YOUR HEALTH CARE PROVIDER



- Where is my cancer located?
- Has my cancer spread beyond the primary site?
- What is the stage of my cancer and what does that mean in my case?
- What treatment choices do I have?
- What do you recommend and why?
- What risks or side effects are there to the treatments you suggest?
- What are the chances my cancer will come back with these treatment plans?
- What should I do to be ready for treatment?
- Should I follow a special diet?
- What can I do to prevent colorectal cancer?
- Can you explain the screening tests to me?

There are two key people on your health care team, you and your health care provider. You are just as important as your provider in directing your health care. The first step you should take in becoming an active team member of your health care team is to understand what you are being treated for and why. Continue to ask questions until you understand the answer. By paying attention to your health and maintaining your own records, you will become an active, informed decision maker in your health care.



Endorsed by: VA National Center for Health Promotion and Disease Prevention