



Colorectal Cancer Overview




The American Cancer Society's most recent estimates for colorectal cancer in the United States are for 2010:

- About 102,900 new cases of colon cancer
- About 39,670 new cases of rectal cancer
- About 51,370 deaths from colorectal cancer



Not counting skin cancers, colorectal cancer is the third most common cancer found in men and women in this country. The risk of a man having colorectal cancer in their lifetime is about 1 in 19; for women it is about 1 in 20.




The death rate from colorectal cancer has been going down for the past 15 years. One reason is that there are fewer cases. Thanks to colorectal cancer screening, polyps can be found and removed before they turn into cancer. And colorectal cancer can also be found earlier when it is easier to cure. Treatments have improved, too.

What is colorectal cancer?

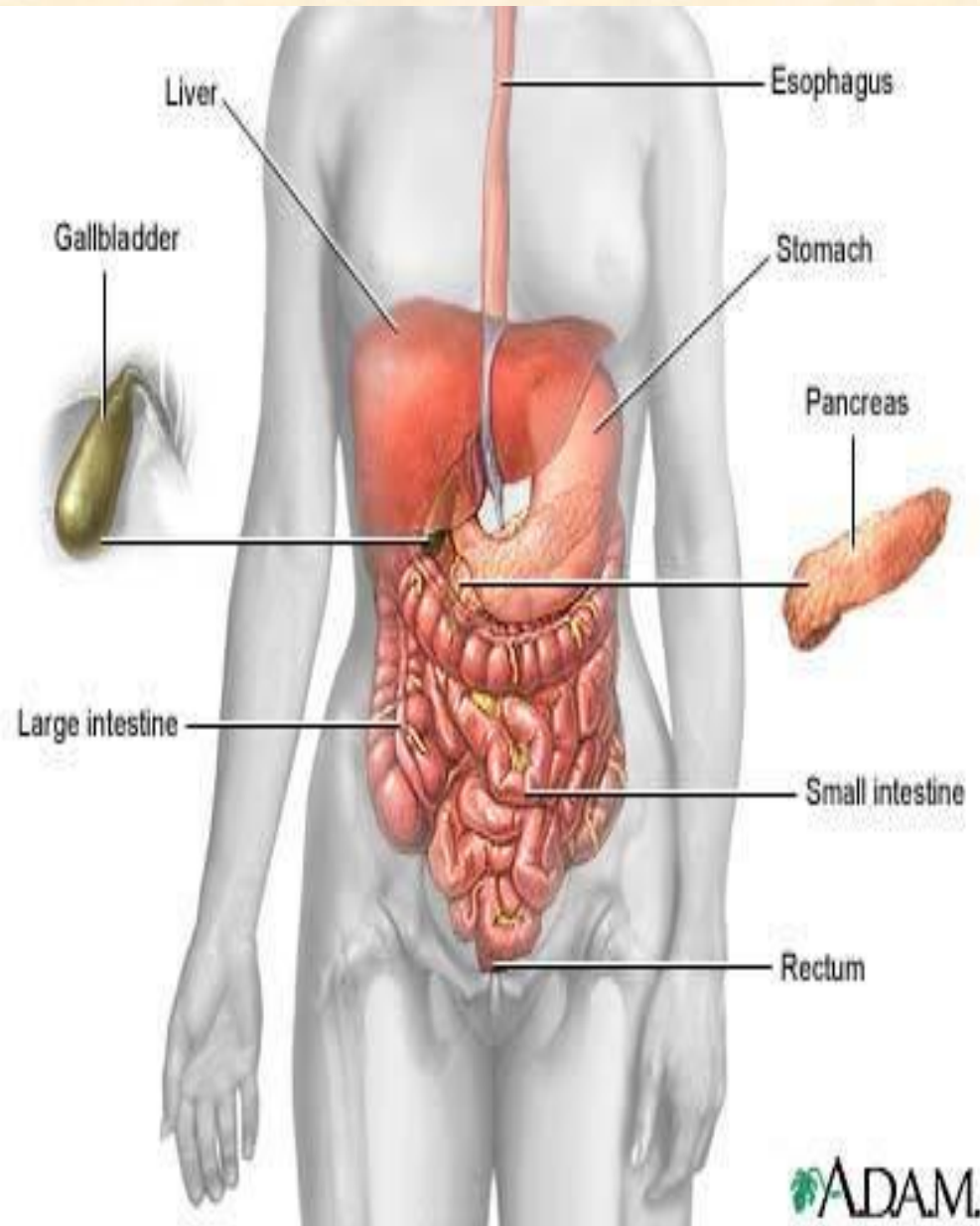
Colorectal cancer is cancer that starts in either the colon or the rectum. Colon cancer and rectal cancer have many features in common. They are discussed together here.

The normal digestive system


Colon and rectal cancers begin in the digestive system, also called the GI (gastrointestinal) system (see the picture below). The digestive system processes food for energy and the last part of it absorbs fluid to form solid waste (stool) that then passes from the body.




In order to understand colorectal cancer, it helps to know something about the structure of the digestive system and how it works.




After food is chewed and swallowed, it travels to the stomach. There it is partly broken down and sent to the small intestine. The word "small" refers to the width of the small intestine.



In fact, the small intestine is the longest part of the Digestive system – about 20 feet. The small intestine also breaks down the food and absorbs most of the nutrients. It leads to the large intestine (also called the large bowel or colon), a muscular tube about 5 feet long.




The colon absorbs water and nutrients from the food and also serves as a storage place for waste matter. The waste matter (stool) moves from the colon into the rectum, the last 6 inches of the digestive system. From there the waste passes out of the body through the opening called the anus.



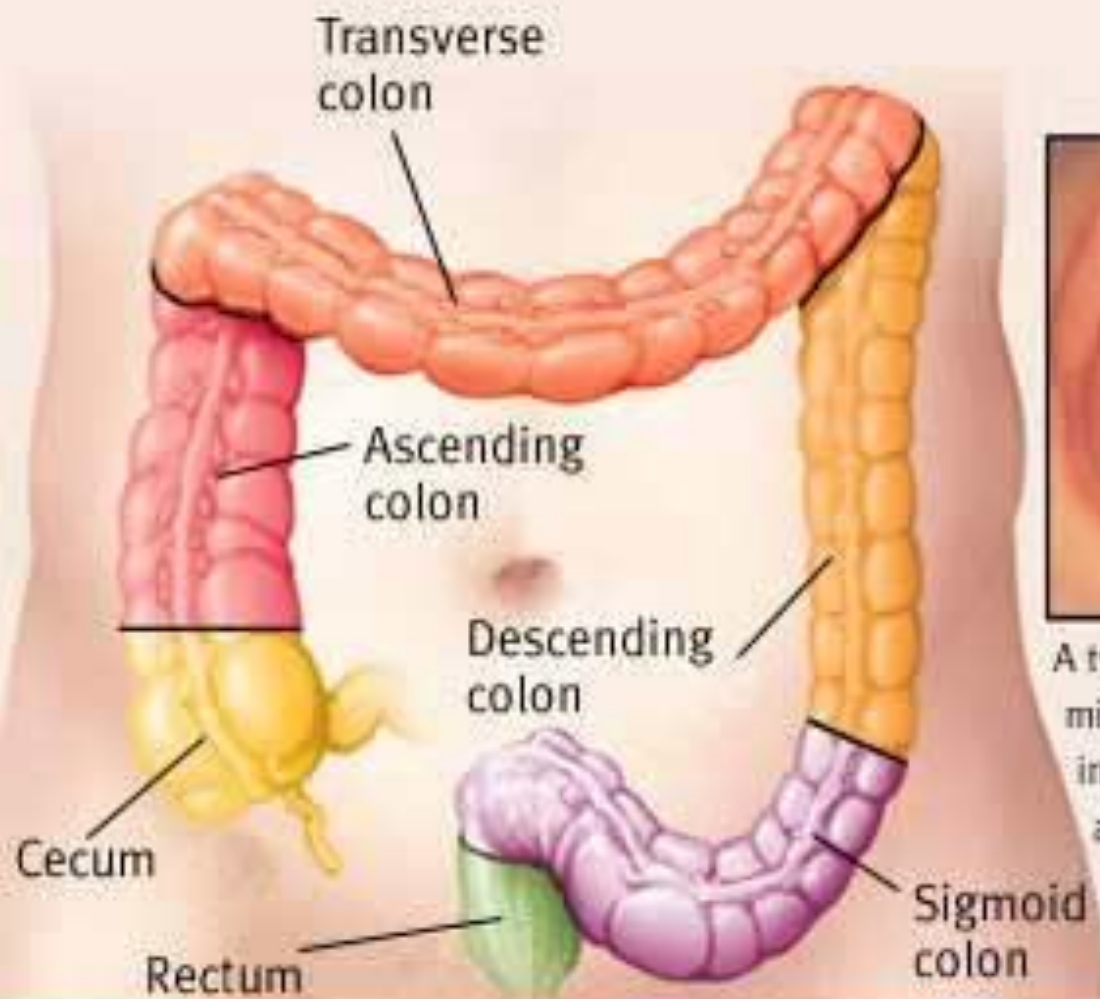
The wall of the colon and rectum is made up of layers of tissues. Colorectal cancer starts in the inner layer and can grow through some or all of the other layers. The stage (extent of spread) of a cancer depends to a great degree on how deep the cancer goes into these layers.

Abnormal growths in the colon or rectum


Cancer that starts in these different areas may cause different symptoms. But colon cancer and rectal cancer have many things in common. In most cases, colorectal cancers develop slowly over many years.



We now know that most of these cancers start as a polyp –A growth of tissue that starts in the lining and grows into the center of the colon or rectum. This tissue may or may not be cancer. A type of polyp known as an *adenoma* can become cancer. Removing a polyp early may keep it from becoming cancer.




A typical view a physician might see in a colonoscopy, in this instance revealing a cancerous growth.




Over 95% of colon and rectal cancers are *adenocarcinomas*. These are cancers that start in the cells that line the inside of the colon and rectum. There are some other, more rare, types of tumors of the colon and rectum, but the facts given here refer only to adenocarcinomas.

What causes colorectal cancer?

While we do not know the exact cause of most colorectal cancers, there are certain known risk factors. A risk factor is something that affects a person's chance of getting a disease. Some risk factors, like smoking, can be controlled. Others, such as a person's age, can't be changed.




But risk factors don't tell us everything. Having a risk factor, or even many risk factors, does not mean that you will get the disease. And some people who get the disease may not have any known risk factors. Even if a person with colorectal cancer has a risk factor, it is often very hard to know what part that risk factor may have had.




Researchers have found some risk factors that may increase a person's chance of getting polyps or colorectal cancer.

Risk factors you cannot change


- **Age:** The chances of having colorectal cancer go up after age 50. More than 9 out of 10 people with colorectal cancer are older than 50.
- **Having had polyps or colorectal cancer before:** Some types of polyps increase the risk of colorectal cancer, especially if they are large or if there are many of them.

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- If you have had colorectal cancer (even if it has been completely removed), you are more likely to have new cancers start in other areas of your colon and rectum. The chances of this happening are greater if you had your first colorectal cancer when you were younger.




- **Having a history of bowel disease:**

Inflammatory bowel diseases, like *ulcerative colitis* and *Crohn's disease*, increase the risk of colon cancer. In these diseases, the colon is inflamed over a long period of time.




If you have one of these diseases your doctor may want you to have colon screening testing more often. (These diseases are different than *irritable bowel syndrome* (IBS), which does not increase colorectal cancer risk.)



- **Family history of colorectal cancer:**


If you have close relatives (parents, brothers/sisters, or children) who have had this cancer, your risk might be increased. This is especially true if the family member got the cancer at a younger age.

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- People with a family history of colorectal cancer should talk to their doctors about when and how often to have screening tests.



- **Certain family syndromes:**

A syndrome is a group of symptoms. The 2 most common inherited syndromes linked with colorectal cancers are familial adenomatous polyposis (FAP) and hereditary non-polyposis colorectal cancer (HNPCC).



If your doctor tells you that you have a condition that makes you or your family members more likely to get colorectal cancer, you will probably need to begin colon cancer testing at a younger age, and you might want to talk about genetic counseling.




- **Race or ethnic background:**


Some racial and ethnic groups such as African Americans and Jews of Eastern European descent (Ashkenazi Jews) have a higher colorectal cancer risk. Among Ashkenazi Jews, several gene mutations have been found that lead to an increased risk of colorectal cancer.

Risk factors linked to things you do

Some lifestyle-related factors have been linked to colorectal cancer, too. In fact, the links between diet, weight, and exercise and colorectal cancer risk are some of the strongest for any type of cancer.

- **Certain types of diets:** A diet that is high in red meats (beef, lamb, or liver) and processed meats (like hot dogs, bologna, and lunch meat) can increase your colorectal cancer risk.
- Cooking meats at very high heat (frying, broiling, or grilling) can create chemicals that might increase cancer risk. Diets high in vegetables and fruits have been linked with a lower risk of colorectal cancer.

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- **Lack of exercise:** Getting more exercise may help reduce your risk.
 - **Overweight:** Being very overweight increases a person's risk of having and dying from colorectal cancer.

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- **Smoking:** Most people know that smoking causes lung cancer, but long-time smokers are more likely than non-smokers to have and die from colorectal cancer. Smoking increases the risk of many other cancers, too.
 - **Alcohol:** Heavy use of alcohol has been linked to colorectal cancer.


- **Diabetes:** People with type 2 diabetes have an increased chance of getting colorectal cancer. They also tend to have a worse outlook (prognosis).

The American Cancer Society and several other medical organizations recommend earlier testing for people with increased colorectal cancer risk. These recommendations differ from those for people at average risk. For more information, talk with your doctor.




Screening tests:

Regular colorectal cancer screening or testing is one of the best ways to help prevent colorectal cancer. Screening is the process of looking for cancer in people who don't have any symptoms of the disease.



Some polyps, or growths, can be found and removed before they have the chance to turn into cancer.

Screening can also help find colorectal cancer early, when it is small and more likely to be cured.



If you have a history of colorectal cancer in your family, you should talk with your doctor about when and how often to have screening tests.

Symptoms

Many cases of colon cancer have no symptoms. The following symptoms, however, may indicate colon cancer:

- Abdominal pain and swelling in the lower abdomen
- Blood in the stool

Symptoms

- Diarrhea, constipation or other change in bowel movements
- Intestinal obstruction
- Narrow stools
- Unexplained anemia
- Weight loss with no reason

MARCH IS NATIONAL COLORECTAL CANCER AWARENESS MONTH

Sources: www.ncbi.nlm.nih.gov

www.mayoclinic.com

www.cancer.org

Visit www.cogdellhospital.com