COLORECTAL CANCER

Excluding skin cancers, colorectal cancer is the third most common cancer in both men and women. It is estimated by the American Cancer Society that 142,570 colorectal cancer cases are expected in 2010. The number of deaths due to colorectal cancer has decreased, which is attributed to increased screening and polyp removal.

What are the symptoms of colorectal cancer?
The following are the most common symptoms of colorectal cancer. However, each individual may experience symptoms differently. People who have any of the following symptoms should check with their physicians, especially if they are over 50 years old or have a personal or family history of the disease:

- A change in bowel habits such as diarrhea, constipation, or narrowing of the stool that lasts for more than a few days
- Rectal bleeding or blood in the stool
- Cramping or gnawing stomach pain
- Decreased appetite
- Vomiting
- Weakness and fatigue
- Jaundice - yellowing of the skin and eyes

The symptoms of colorectal cancer may resemble other conditions, such as infections, hemorrhoids and inflammatory bowel disease. It is also possible to have colon cancer and not have any symptoms. Always consult your physician for a diagnosis.

What are the risk factors for colorectal cancer?
Risk factors may include:

- Age: Most people who have colorectal cancer are over age 50, however, it can occur at any age.
- Race: African Americans have the highest risk for colorectal cancer.
- Diet: Colorectal cancer is often associated with a diet high in red and processed meats.
- Polyps: Benign growths on the wall of the colon or rectum are common in people over age 50, and are believed to lead to colorectal cancer.
- Personal history: People who have had colorectal cancer or a history of adenomatous polyps have an increased risk for colorectal cancer.
- Family history: People with a strong family history of colorectal cancer or polyps in a first-degree relative (especially in a parent or sibling before the age of 60 or in two first-degree relatives of any age), have an increased risk for colorectal cancer.
- Ulcerative colitis or Crohn’s disease: People who have an inflamed lining of the colon have an increased risk for colorectal cancer.
- Inherited syndromes, such as familial adenomatous polyposis (FAP) or hereditary nonpolyposis colon cancer (HNPCC)
- Obesity
- Physical inactivity
- Heavy alcohol consumption
- Type 2 diabetes
- Smoking
Prevention of colorectal cancer:
Although the exact cause of colorectal cancer is not known, it is possible to prevent many colon cancers with the following:

**Diet, weight, and exercise**
It is important to manage the risk factors you can control, such as diet, body weight, and exercise. Eating more fruits, vegetables, and whole grain foods, and avoiding high-fat, low-fiber foods, plus exercising appropriately, even small amounts on a regular basis, can be helpful.

**Drug therapy**
Some studies have shown that low doses of nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin, and hormone replacement therapy for post-menopausal women may reduce the risk of colorectal cancer. These drugs also have their own risks, so it is important to discuss this with your physician.

**Screenings**
Perhaps most important to the prevention of colorectal cancer is having screening tests at appropriate ages. Screening may find some colorectal polyps that can be removed before they have a chance to become cancerous. Because some colorectal cancers cannot be prevented, finding them early is the best way to improve the chance of successful treatment, and reduce the number of deaths caused by colorectal cancer.

The following screening guidelines can lower the number of cases of the disease, and can also lower the death rate from colorectal cancer by detecting the disease at an earlier, more treatable stage.

**Screening Guidelines for Colorectal Cancer**
Colorectal cancer screening guidelines from the American Cancer Society for early detection include:

- **Beginning at age 50,** both men and women should follow one of the examination schedules below:
  - Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) every year
  - Double-contrast barium enema every five years
  - Colonoscopy every 10 years

- **People with any of the following colorectal cancer risk factors should begin screening procedures at an earlier age and/or be screened more often:**
  - Strong family history of colorectal cancer or polyps in a first-degree relative, especially in a parent or sibling before the age of 60 or in two first-degree relatives of any age
  - Family with hereditary colorectal cancer syndromes, such as familial adenomatous polyposis (FAP) and hereditary nonpolyposis colon cancer (HNPCC)
  - Personal history of colorectal cancer or adenomatous polyps
  - Personal history of chronic inflammatory bowel disease (Crohn’s disease or ulcerative colitis)

*These recommendations and guidelines are for individuals with average risk. Always consult with your doctor to determine if additional precautions are necessary.*