

Colorectal Cancer

Colorectal cancer is cancer of the colon or rectum. It is equally common in men and women. An estimated 148,810 people will be diagnosed in 2008, and an estimated 49,960 people will die from the disease. It is one of the most preventable of cancers, because it develops from polyps that can be removed before they become cancerous.

AT RISK

- Men and women age 50 and older
- People who use tobacco, are obese and are sedentary
- 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, such as long standing ulcerative colitis or Crohn's disease
- People with a family history of inherited colorectal cancer

RISK REDUCTION AND EARLY DETECTION

- Be physically active and exercise regularly.
- Maintain a healthy weight.
- Eat a high-fiber diet rich in fruits, vegetables and whole grains.
- Consume calcium-rich foods like low-fat or skim milk.
- Limit red meat and avoid processed meats.
- Don't smoke.
- Don't drink alcohol excessively.

If you are at average risk for colorectal cancer, start having regular screening at age 50. If you are at greater risk, you may need to begin regular screening at an earlier age. The best time to get screened is before any symptoms appear.

Use this guide to help you discuss screening options with your health care professional. Consider **one** of the following:

Tests that find pre-cancer and cancer:

Colonoscopy
Virtual colonoscopy
Flexible sigmoidoscopy
Double-contrast barium enema

Screening intervals:

Every 10 years
Every 5 years
Every 5 years
Every 5 years

Tests that mainly find cancer:

Fecal occult blood test (FOBT)
Fecal immunochemical test (FIT)
Stool DNA test (sDNA)

Every year
Every year
Ask your health care professional

Any abnormal result of a virtual colonoscopy or double-contrast barium enema, as well as a positive FOBT, FIT or sDNA test, should be followed up with a colonoscopy.

SYMPTOMS

- Rectal bleeding or blood in or on the stool
- Change in bowel habits and/or stools that are narrower than usual
- Stomach discomfort (bloating, fullness or cramps)
- Diarrhea, constipation or feeling that the bowel does not empty completely
- Weight loss for no apparent reason
- Constant fatigue
- Vomiting

TREATMENT

- Surgery is the most common treatment.
- Chemotherapy or radiation therapy is given before or after surgery, when the cancer has spread.