Colorectal Cancer

Colorectal (large bowel) cancer is a disease in which malignant (cancer) cells form in the inner lining of the colon or rectum. Together, the colon and rectum make up the large bowel or large intestine.

Most colon and rectal cancers originate from benign wart-like growths on the inner lining of the colon or rectum called polyps. Not all polyps have the potential to turn into cancer. It takes more than 10 years in most cases for a polyp to develop into cancer. This is why some colon cancer prevention tests are effective even if done at 10-year intervals.

HOW COMMON IS COLORECTAL CANCER?
Colorectal cancer is the second most common cancer killer overall and third most common cause of cancer-related death in the United States in both males and females. There will be approximately 147,000 new cases and 57,100 deaths from colorectal cancer each year.

WHY SCREEN FOR COLORECTAL CANCER?
Screening looks for cancer or polyps when patients have no symptoms. Finding colorectal cancer before symptoms develop dramatically improves the chance of survival. Identifying and removing polyps before they become cancerous actually prevents the development of colorectal cancer.

WHO IS AT RISK FOR COLORECTAL CANCER?
- Everyone 50 – 75 years of age
- Men and women
- Anyone with a family history of colorectal cancer
- Anyone with a personal history of colorectal cancer or polyps at any age, or cancer of the uterus or ovary diagnosed before age 50

WHAT ARE THE SYMPTOMS OF COLORECTAL CANCER?
Symptoms of colorectal cancer vary depending on the location of the cancer within the colon or rectum, though there may be no symptoms at all. The prognosis tends to be worse for those individuals who are showing symptoms as opposed to those who are not. The most common symptom of colorectal cancer is rectal bleeding. Cancers arising from the left side of the colon generally cause bleeding, or in their late stages may cause constipation, abdominal pain and obstructive symptoms. On the other hand, right-sided colon lesions may produce vague abdominal aching, but are unlikely to present with obstruction or altered bowel habit. Other symptoms such as weakness, weight loss, or anemia resulting from chronic blood loss may accompany cancer of the right side of the colon. You should see your doctor right away when you experience any of these symptoms.

WHY SHOULD YOU GET CHECKED FOR COLORECTAL CANCER EVEN IF YOU HAVE NO SYMPTOMS?
Polyps can grow for years and transform into cancer without producing any symptoms. By the time symptoms develop, it is often too late to cure the cancer, because it may have spread. Screening identifies cancers earlier and actually results in cancer prevention when it leads to removal of precancerous polyps.
WHAT TESTS ARE AVAILABLE FOR SCREENING?
Several options are available for screening:

Colonoscopy (every 10 years)
Your doctor can examine your entire colon and rectum during a colonoscopy. This procedure is used to look for early signs of cancer in the colon and rectum where they could not be reached by sigmoidoscopy. Polyps can be removed during a colonoscopy and sedation is usually used. Colonoscopy is currently the only test recommended for colorectal cancer screening in average-risk persons at 10-year intervals.

Flexible Sigmoidoscopy (every 5 years)
An examination in which a doctor uses a sigmoidoscope (a thin, lighted instrument) to view the inside of the lower colon and rectum (usually about the lower 2 feet) for polyps and cancers. If an adenoma is found, colonoscopy should be performed. Sigmoidoscopy does not examine the entire colon and so is less reliable than colonoscopy for detecting polyps. Sedation is usually not used for sigmoidoscopy. Sigmoidoscopy is performed every five years, often in conjunction with an annual fecal occult blood test.

Double Contrast Barium Enema (DCBE) (every 5 years)
Barium is a white liquid that helps to show the inside image of the colon and rectum on an X-ray. The liquid barium is put into the colon using a rectal tube. Multiple X-rays are taken to look for polyps or cancers. DCBE is less expensive than colonoscopy but also less effective. DCBE has not been established as a reliable colorectal cancer screening test in any rigorous scientific studies. One scientific report, the National Polyp Study, found that DCBE detected only 50 percent of the larger adenomas (greater than 1 cm), and that DCBE is inferior to colonoscopy for detection of colorectal polyps. Because of its limitations, DCBE is not widely used for colorectal cancer screening. If used for screening, it should be done every five years. If polyps are found, colonoscopy should be performed.

Fetal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) (every year)
Detects the presence of blood in the stool, which may indicate colorectal cancer.