

## Know the Issues

Colorectal cancer is the second leading cancer killer in North America, second only to lung cancer. This year, more than 153,760 Americans will be diagnosed with colorectal cancer and 52,180 will die of the disease. However, when colorectal cancer is detected early and treated promptly, suffering and loss of life can be significantly reduced.

### What is colorectal cancer?

Colorectal cancer includes cancers of the colon, rectum, appendix, and anus. When abnormal cell growth occurs, a tumor develops. If the cells of a tumor develop the ability to invade and thus spread into the intestinal wall and to other sites, a malignant or cancerous tumor develops. Most colorectal cancers develop from initially benign colorectal polyps – growths inside the colon or rectum – that later become cancerous.

### What are the known risk factors for colorectal cancer?

- ❖ Age: Although colorectal cancer can strike at any age, more than 9 out of 10 new cases are in people age 50 or older.
- ❖ Gender: Colorectal cancer affects both men and women; however, men are slightly more likely to develop colorectal cancer and die of the disease.
- ❖ Race: African Americans are more likely to be diagnosed with colorectal cancer at a later stage and are more likely to die from the disease.
- ❖ Personal history of bowel disease: A personal history of colon cancer or intestinal polyps and diseases such as chronic ulcerative colitis, Crohn's Disease, and Inflammatory Bowel Disease increase a person's risk of developing colorectal cancer.
- ❖ Family history/genetic factors: A person who has a specific inherited gene syndrome (such as Familial Adenomatous Polyposis (FAP) or Hereditary Non-Polyposis Colon Cancer (HNPCC)) is at increased risk for developing colorectal cancer. People with a strong family history of colorectal cancer (defined as cancer or polyps in a first-degree relative – parent or brother or sister – younger than 60 or two first-degree relatives of any age) are also at increased risk for developing colorectal cancer.

## **What are the symptoms of colorectal cancer?**

The following symptoms might indicate colorectal cancer:

- ◆ A change in bowel habits
- ◆ Diarrhea, constipation, vomiting
- ◆ Narrower than normal stools
- ◆ Unexplained weight loss
- ◆ Constant tiredness
- ◆ Blood in the stool
- ◆ Feeling that the bowel does not empty completely
- ◆ Abdominal discomfort – gas, bloating, fullness, cramps
- ◆ Unexplained anemia

If you experience any of these symptoms for more than a few days, talk with your doctor about them. Colorectal cancer can be present in people without symptoms, known family history, or predisposing conditions, such as inflammatory bowel disease. Regular screening will help identify precancerous polyps and colorectal cancers earlier.

## **Why is screening for colorectal cancer important?**

Colorectal cancer screening saves lives in two ways:

- 1) By finding and removing precancerous polyps before they become cancerous.
- 2) By detecting the cancer early when it is most treatable.

All men and women over the age of 50 should be routinely screened for colorectal cancer. People with a high risk of CRC and those with family history should talk with their doctors about being screened at an earlier age.

## **What are the screening tests for colorectal cancer?**

Experts are not in total agreement on which screening tests should be used or how often adults without known risk factors for colorectal cancer should be screened. However, all professional guidelines emphasize the importance of a regular screening program that includes annual fecal occult blood tests (FOBT), periodic partial or full colon exams, or both. Leaders in the field have estimated that, with widespread adoption of these screening practices, as many as 30,000 lives could be saved each year. That's over 55% of the colorectal deaths expected this year.

- ◆ Fecal Occult Blood Test (FOBT): Once a year, for three days in a row, a person checks his or her own stool for hidden (occult) blood with a special kit from a pharmacy or provided by a physician. A positive stool test is usually followed up by a full colon exam by either double contrast barium enema or colonoscopy.
- ◆ Flexible Sigmoidoscopy: Using a slender, flexible, lighted tube, the physician looks inside the rectum and the lower portion of the colon. If polyps or suspicious lesions are found, the test is usually followed up by a full colon exam by either double contrast barium enema or colonoscopy.
- ◆ Double Contrast Barium Enema: After the person being examined has been given an enema containing a white dye called barium, the doctor (a radiologist) takes x-rays of the colon. A positive test is usually followed up with a colonoscopy.
- ◆ Colonoscopy: Using a slender, flexible, lighted instrument called a colonoscope, a doctor (a gastroenterologist) looks at the inside walls of the full length of the colon. If abnormalities are found, they can be removed or biopsied during the same procedure.

### **Does Medicare cover colorectal cancer screening?**

All Medicare beneficiaries are entitled to regular colorectal cancer screening. Congress passed a law directing Medicare to pay for three of the four screening tests for colorectal cancer screening. Annual FOBT's are paid for all patients when ordered by the patient's doctor. Flexible Sigmoidoscopy is paid for every four years for average risk patients. Colonoscopy is paid for every two years for high-risk patients.

### **Who should be screened?**

Colorectal cancer screening should be a part of routine healthcare for people over the age of 50. People at higher risk for colorectal cancer should be screened earlier. These people should discuss colorectal cancer screening with their doctors to determine the right plan for them.

### **How many people are being screened for colorectal cancer?**

Unfortunately, screening rates are low. In a recent survey of Americans over 50 conducted by the Centers for Disease Control (CDC), only 41% reported having had either an FOBT (the take-home stool card test) or a partial colon exam (by sigmoidoscopy) within the time intervals

recommended by major professional groups. This number falls short of the 86% of women who were screened for breast cancer.

Some reasons for low colorectal cancer screening rates include:

- ◆ Lack of public awareness about colorectal cancer and of the benefits of regular screening
- ◆ Inconsistent promotion of screening by medical care providers
- ◆ Uncertainty among healthcare providers and consumers about insurance benefits
- ◆ Characteristics of the screening procedures (e.g., imperfect tests, negative attitudes towards the screening procedures)
- ◆ Absence of social support for openly discussing and doing something about "the disease down there"

### **How is colorectal cancer treated?**

Treatment for colorectal cancer is most effective when the cancer is found early. Colorectal cancer treatment may include surgery, radiation, chemotherapy, or any combination of these. Surgery is the first line of defense against colorectal cancer. Some patients may have radiation and/or chemotherapy prior to surgery. Others might have one or both afterwards, and some will not have either.

### **What is being done to find better ways to treat colorectal cancer?**

Comprehensive cancer research programs are now carried out in many institutions throughout North America. For more information about colorectal cancer research and treatment, visit the CCA website ([www.CCalliance.org](http://www.CCalliance.org)) or call the National Cancer Institute's Cancer Information Service at 1-800-4-CANCER. Recent research has made advances in the treatment of colorectal cancer, and many new drugs are being tested in clinical trials. Several additional chemotherapeutic drugs, such as oxaliplatin and Xeloda™, are either FDA-approved or available through clinical trials. In addition, clinical trials are investigating novel therapies such as vaccines (immunotherapy), monoclonal antibodies, gene therapy, and starving tumors of their blood supply (anti-angiogenesis). A great deal more research is needed.