

# COLORECTAL CANCER

Colon and rectal cancers begin in the digestive system.

- Digestive System:

1<sup>st</sup> : food is chewed, swallowed, transported to the stomach

2<sup>nd</sup> : food is partially broken down and sent to the small intestine (which is 20 feet long)

3<sup>rd</sup> : food travels to large intestine or the colon (muscular tube about 5 ft long)

- The colon absorbs water and nutrients and acts as storage for waste matter (stool)

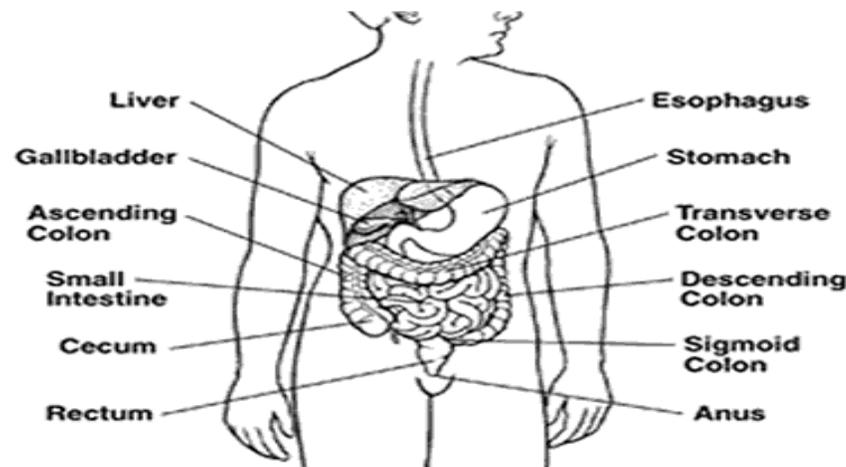
4<sup>th</sup> : stool moves from the colon to the rectum (the last 6 inches of the system)

5<sup>th</sup> : stool passes out the body through the anus

**\*\*The wall of the colon and rectum is made of layers and tissues\*\***

**\*\*Cancer starts in the inner layer and can grow through some or all of the layers\*\***

**\*\*The stage of cancer is diagnosed by how deep the cancer has grown in to the layers\*\***



*Mostly, colorectal cancers develop slowly over many years and start as a polyp, a growth of tissue that starts in the lining and grows to the center of the colon or rectum. This polyp may or may not be cancerous. An adenoma is a cancerous polyp. Adenocarcinomas make up 95% of colon and rectal cancers.*

## Did you know....

- Nebraska has one of the highest incidences and mortality rates from colorectal cancer
- Right behind lung cancer, colon cancer is the 2<sup>nd</sup> leading cause of death in the U.S.
- Your risk of having colon cancer is 1/19
- Because people do not seek testing early, only about 4 out of 10 are diagnosed at the early stage when treatment is most likely to be successful...39% of colon cancer cases are diagnosed at the early stage
- People 50 and older make up more than 90% of colon cancer cases
- Studies consistently report that regular physical activity is associated with a lower risk of colon cancer. The ACS recommends engaging in at least moderate activity for 30 minutes or more 5 days per week
- Both men and women are at risk
- In 2010 51,370 people in the U.S. died from colorectal cancer.

## Signs & Symptoms:

**Fact:** Most colorectal cancers do not develop with symptoms at first, that is why testing is SO IMPORTANT!

If symptoms are present, they may include:

- Blood in or on the stool
- A change in bowel habits
- Stools that are narrower than usual
- General, unexplained stomach discomfort
  - Frequent gas, pains, or indigestion
- Unexplained weight loss
- Chronic fatigue

*...“Not a lot of people in Nebraska get colon cancer.”*

**Fact:** Nebraska has the highest incidence rate of colon cancer when compared to all other states and the US as a whole

*...“that can wait...I’ll get tested next year!”*

**Fact:** If diagnosed early, colon cancer is highly treatable.

*...“I’m ok, no one in my family has it...”*

**Fact:** Colon cancer appears to be caused by environmental and genetic factors, however most cases are sporadic (environmental/chance) rather than hereditary

## Colorectal Screening

Age	Test	What is it?	How often?
Before 50 & 50+	Colonoscopy	Before this test, you will take a strong laxative to cleanse the colon. Colonoscopy is conducted in a doctor's office, clinic, or hospital. You are given a sedative to make you more comfortable, while the doctor uses a narrow, flexible, lighted tube to look inside the rectum and the entire colon. During the exam, the doctor may remove some polyps and collect samples of tissue or cells for more testing. For clients over 50, this test is recommended every 10 years.	Annually if you have a 1 <sup>st</sup> degree relative with a history of CR cancer  Every 10 years if the hereditary risk factor does not apply
50 +	Fecal Occult Blood Test (FOBT)	A test that checks for hidden blood in the stool. At home, using a small stick from a test kit, you place a small amount of your stool, from three different bowel movements three days in a row, on test cards. You return the cards to a lab, where they're checked for blood. This test is recommended yearly. If blood is found, guidelines indicate that a follow-up colonoscopy is recommended.	Annually
50 +	Sigmoidoscopy	Before this test, you use a strong laxative and/or enema to clean out the colon. Flexible sigmoidoscopy is conducted at the doctor's office, clinic, or hospital. The doctor uses a narrow, flexible, lighted tube to look at the inside of the rectum and the lower portion of the colon. During the exam, the doctor may remove some polyps (abnormal growths) and collect samples of tissue or cells for more testing. This test is recommended every 5 years. If polyps are found, guidelines indicate that a follow-up colonoscopy is recommended.	Every 5 years
50+	Double Contrast Barium Enema	This test is conducted in a radiology center or hospital. Before the test, you use a strong laxative and/or enema to clean out the colon. This procedure involves taking x-rays of the rectum and colon after you are given an enema with a barium solution, followed by an injection of air. The barium coats the lining of the intestines so that polyps and other abnormalities are visible on the x-ray. This test is recommended every 5 years.	Every 5-10 years

\*\*Depending on your health history and risk factors, your doctor may suggest different screening tests and/or different frequencies\*\*

Information obtained from Nebraska Colon Cancer Screening Program website: <http://www.hhs.state.ne.us/crc/>