

ColoRectal Cancer

This month the title can cause fear from both words, cancer and colonrectal. “Knowledge is the antidote to fear” Ralph Waldo Emerson once said and I hope this article reduces your fear by adding to your knowledge.

The American Cancer Society estimates that 1 in 22 men and 1 in 24 women will develop colorectal cancer in their lifetime. This is cancer in the colon or large intestine or rectum. There are stages of this cancer and knowing the stage is one of the first things the health care provider will talk to you about.

Stages of colorectal cancer:

Stage 1: The cancer has penetrated the lining of the colon or rectum but has **not** spread to the organ walls.

Stage 2: The cancer involves the walls of the colon or rectum but **does not** affect the lymph nodes or nearby tissue.

Stage 3: The cancer now involves the lymph nodes but not to other parts of the body. Usually this involves one to three lymph nodes.

Stage 4: The cancer has spread to other distant organ such as the liver or lungs.

Early detection and treatment are keys to successful treatment so what are the symptoms a person should be alert to that would convince you to make an appointment with your health provider. There are 7 symptoms that you should be aware of:

- changes in stool color
- changes in stool shape such as narrowed stool
- blood in stool
- bleeding from rectum
- excessive gas
- abdominal cramps
- abdominal pain.

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The purpose of the appointment is to begin colon cancer screening. Several professional medical organizations have various guideline so what your provider does can vary from another and not be wrong. American Cancer Society, U.S. Preventative Services Task Force, American College of Physicians and Gastroenterology and the National Comprehensive Cancer Network all have similar but not exactly the same recommendations.

96% of all colon cancer are adenocarcinomas. This forms within the mucus cells of either the colon or rectum. So am I at risk or what are the risk factor for this cancer?

- history of colon polyps
- a prior history of bowel disease
- a family history of colorectal cancer
- having a genetic syndrome such as familial adenomatous polyposis or FAP
- being of Eastern European Jewish or African descent.

There are several avoidable risk factors that you can manage such as being overweight or obese, smoking, heavy drinking of alcohol, type 2 diabetes, sedentary lifestyle, and consuming a diet high in processed foods or red meats.

Diagnosis can involve blood test of the stool, liver function tests, and a complete blood count. Coloscopy or the passage of a long tube with a small camera into the colon. Tissue sample can also be take during this procedure. The frequency of this test is determined by the health provider with 10 years if there are no problems or every 5 years but that does vary according to which guidelines are used and your own medical history. The American Cancer Society recommend regular coloscopy to age 45-75, age 75-85 would be after a discussion with the patient, and not recommended after age 85.

Fecal immunochemical test or FIT test has high test sensitivity for cancer and can be recommended on an annual basis. Stool DNA test also has a high sensitivity for cancer.

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The treatment is decided upon by the health care provider and that would be individualized to your situation.

I hope this information is helpful to you. The diagnosis and treatment is more complex and individual so it is not covered in this article

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References:

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