

Colon Health

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Healthy Advice for Digestive Wellness
was created by *Healthy Advice Networks*
to provide timely, reliable information
for making informed healthcare decisions.

**Remember: Your doctor is your best source
to answer your questions and concerns.**



Understanding Colorectal Cancer

Why should I learn about colorectal cancer? Is it common?

Colorectal cancer is the second leading cause of cancer deaths in the United States. Only lung cancer kills more people. Each year, over 135,000 Americans are diagnosed with colorectal cancer ... and 56,000 die.

However, colorectal cancer is very treatable, if found early enough. Over 90 percent of people diagnosed, while the colorectal cancer is still localized, survive more than five years. However, only 37 percent of colorectal cancers are detected while still localized. Localized means the cancerous cells have not spread to other parts of the body.

Go to page 14
and complete
Know Your Risks.
Share your answers
with your doctor.

**GET
CHECKED**

90% of colorectal cancers found early are treatable. However, only 37% are found early.

How is colorectal cancer different from colon cancer?

It's not, really. Your large intestine is actually made up of two parts: your colon and your rectum. Cancers of the colon and rectum are essentially the same disease; so these terms are often used interchangeably.

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What are the symptoms of colorectal cancer?

As is the case with many diseases, you may have no symptoms at all in the early stages—when colorectal cancer is most treatable. Depending on the size and location of the cancer, your symptoms will vary.

If you experience any of the following symptoms for more than two weeks, you should see your doctor:

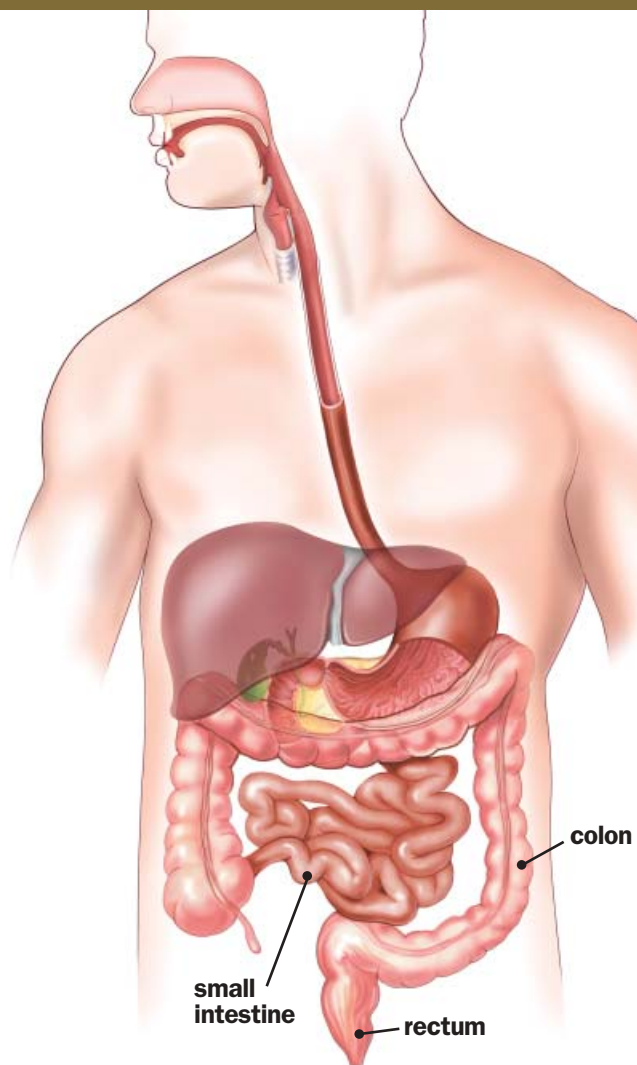
- rectal bleeding or blood in your stool
- sensation that your bowel doesn't empty completely*
- narrow, pencil-thin stools
- diarrhea*
- constipation*
- abdominal pain
- weakness
- unexplained weight loss
- anemia

*If this is a change from your normal bowel habit.

Keep in mind these symptoms may not mean that you have cancer. They could be symptoms of other treatable diseases such as diverticulitis, diverticulosis, or inflammatory bowel disease (IBD).

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Your colon



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Your **colon** (large intestine) is the last five or six feet of your intestines, with the final six inches being your **rectum**.

Your colon plays a critical role in your body's digestive system. It absorbs water, salt and other minerals from the food you eat, and stores the waste until it's eliminated from your body, as stool.

What causes colorectal cancer?

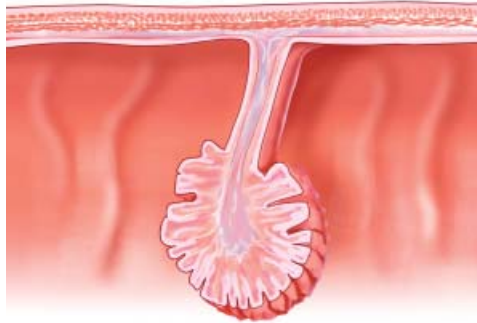
Your body—and your colon—is made up of cells. When your cells are normal, they grow and divide, keeping you healthy. However, sometimes cell growth gets out of control. The cells keep dividing—even when new cells aren't needed.

When this happens in your colon or rectum, precancerous growths are formed in the lining of your colon or rectum. These growths are called polyps. Polyps are fairly common in people over age 50. Over time, some of the polyps may become cancerous.

Small Intestine ... Large Intestine

Your small intestine is about 20 feet long. Your large intestine is only about five or six feet. Why the backward names? **Small and large refer to their widths ... not their lengths.** The large intestine has a much larger diameter than the small intestine.

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Polyp

Are all polyps cancerous?

No. Polyps are not all potentially cancerous. The most common types of polyps are:

- **Adenomatous polyps**—these polyps are potentially cancerous, but can be removed while you're having colorectal screening tests (*see pg. 8–9 for more on screening tests*).
- **Hyperplastic polyps**—these polyps are rarely a risk factor for colorectal cancer. However, there is evidence that some hyperplastic polyps may be precancerous if found growing in your right or ascending colon.
- **Inflammatory polyps**—these polyps are not precancerous, and often are seen after a bout of ulcerative colitis. However, ulcerative colitis may increase your overall risk of colorectal cancer.

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Screening for Colorectal Cancer

GUIDELINES FOR SCREENING

Beginning at age 50, follow one of the two testing options:

Fecal occult blood test	once a year
AND choose one:	
• flexible sigmoidoscopy	once every 5 years
• double contrast barium enema	once every 5 years
OR	
colonoscopy	once every 10 years

Note:

- A digital rectal exam (DRE) is NOT an acceptable substitute for the above recommended tests.
- Due to your personal risk factors, your doctor may suggest you begin screening sooner than age 50.

What about a virtual colonoscopy?

As of December 2003, no expert panel or nationally recognized organization—including the American Cancer Society—has endorsed the use of virtual colonoscopy for cancer screening outside of a clinical research setting.

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Screening 101

Fecal occult blood test—finds occult (hidden) blood in your stool.

Certain foods and drugs can affect your fecal occult test; therefore avoid the following unless otherwise instructed by your doctor:

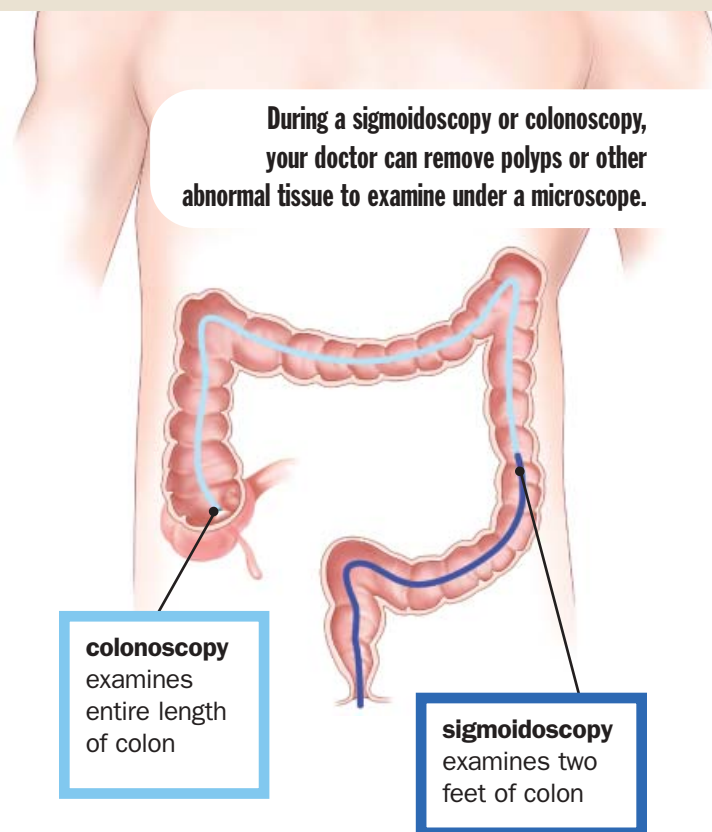
- **Vitamin C** in excess of 250mg from supplements or citrus fruits or juices for three days prior to testing
- **red meat** for three days prior to testing
- **non-steroidal anti-inflammatory drugs** such as ibuprofen, naproxen or aspirin (no more than one adult aspirin per day) for seven days prior to testing

Flexible sigmoidoscopy—lets the doctor see inside your rectum and lower colon. Your doctor inserts a flexible, slender, lighted tube (called the sigmoidoscope) through your rectum to check the last two feet—which is less than half—of your colon.

Double contrast barium enema—provides a clear picture of your intestine so your doctor can see signs of disease. For this procedure, your colon is partially filled with barium sulfate (a white, chalky solution) through a small tube inserted into your anus. Air is also pumped in through the same tube to expand your colon for the best possible picture. X-rays are then taken.

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Colonoscopy—lets the doctor see inside the entire length of your colon, including your rectum. Your doctor inserts a colonoscope (which is basically just a very long sigmoidoscope) through your rectum to view your colon.



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Colorectal Cancer Risk Factors

- **age**—your risk goes up after age 50. However, that does not mean younger people don't get colorectal cancer.
- **diet**—colorectal cancer seems to be associated with diets made up mostly of foods that are high in fat, especially from animal sources.
- **polyps**—if you had adenomatous polyps (and possibly hyperplastic polyps in your ascending colon), you are at increased risk; especially if the polyps were large and you have a lot of them.
- **personal history** of colorectal cancer— if you've had colorectal cancer in the past (and even if it was completely removed) you are at increased risk.



- **women: uterine or ovarian cancer**— if you have had uterine or ovarian cancer before age 50, you are at increased risk. Note: Women who have had breast cancer have only a slightly increased risk.

- **chronic inflammatory disease**—if you have ulcerative colitis or Crohn's disease, you are at increased risk for developing colorectal cancer.
- **family history**—if you have close relatives (parent, brother or sister, or child) who have had colorectal cancer, your risk is increased.
- **ethnic background**— some Jews of Eastern European descent (Ashkenazi Jews) may have a higher rate of colon cancer.
- **lack of exercise**—if you don't get regular exercise, you are at increased risk.
- **overweight**—if you are very overweight, particularly if your waist is fatter than your thighs or hips, you are at increased risk.
- **smoking**—smokers are 30–40 percent more likely than nonsmokers to die of colorectal cancer.
- **alcohol**—heavy alcohol use may be linked to colorectal cancer.



What happens if they find cancer?

- **found early:** If you have regular screenings, it's likely that your doctor will detect your cancer when it's just a small polyp, which can be removed during your sigmoidoscopy or colonoscopy. Larger polyps may require surgery to remove them.
- **advanced:** If you have advanced colorectal cancer, surgery may be required to remove the cancerous part of your colon. Additional therapies such as radiation and chemotherapy may also be necessary.
- **severe:** If your cancer is severe, a colectomy (removal of your colon) may be necessary. This surgery may also require a permanent or temporary colostomy. A colostomy involves surgically creating a hole in your abdominal wall so that an external bag can be attached to your body to collect fecal waste.

SAVE
A LIFE

80% of all colorectal cancer deaths can be prevented by timely removal of precancerous polyps.

Is colon cleansing a good idea?

While colon “cleansing” (sometimes called getting a high colonic) may sound like a reasonable thing to do to get the “toxins out of your system,” it can actually have the opposite result. Some colon “cleansing” programs disrupt your body’s natural balance to such an extent that they can deplete your body of the water/sodium/electrolyte balance you need ... and potentially cause harm.

The only appropriate use of colon cleansing is when preparing for a colonoscopy or sigmoidoscopy. Follow your doctor’s orders to prepare for those examinations.

What can I do to help prevent colorectal cancer?

The most important thing you can do is to follow the screening guidelines. Early detection can save your life. Eighty percent of all colorectal cancer deaths can be prevented by timely removal of precancerous polyps.



Know Your Risks

Share with your doctor.

Answer the questions and share with your doctor.

Are you age 50 or older?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have any of your first-degree relatives (parent, sibling, or child) had colorectal cancer?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, at what age?	_____
Have any of your first-degree relatives had a colon polyp diagnosed or removed?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever had colorectal cancer—even if it was completely removed?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever had a colon polyp diagnosed or removed?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have a chronic inflammatory disease, such as ulcerative colitis or Crohn's disease?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you smoke?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have excess weight around your middle?	<input type="checkbox"/> yes <input type="checkbox"/> no
Weight	_____
Height	_____
Have you had uterine or ovarian cancer before age 50?	<input type="checkbox"/> yes <input type="checkbox"/> no
List other symptoms or questions to ask the doctor:	_____



Clip and place near your computer.

Resources

There is a wealth of health information available on the Internet. But proceed with caution ... the quality of the information varies greatly from website to website. Even popularity is no guarantee of quality.

To help you start your search, we've pulled together this list of health information websites we've found to be credible and useful. To gain the best understanding of a topic, search more than one site. **And remember, your doctor is always your best source for health information.**

American Cancer Society
www.cancer.org

The National Cancer Institute (NCI)
www.nci.nih.gov

American Gastroenterological Association
www.gastro.org

Colon Cancer Alliance
www.ccalliance.org

Other websites my doctor recommends:
