

Colorectal Cancer

Colorectal cancer is the second-leading cancer killer of men and women combined in the United States. More than 90 percent of colorectal cancer cases are discovered in people over the age of 50. Screening is essential to diagnosing colorectal cancer because the disease lacks symptoms in the early stages. It is estimated that 50 to 60 percent of colorectal cancer deaths could be prevented if all men and women over the age of 50 were screened routinely. Colorectal cancer develops within the layers of tissue in the colon or rectum. The stage is based on the spread of cancer through these layers.

Statistics

- It is estimated that 108,070 cases of colon cancer and 40,740 cases of rectal cancer were diagnosed in 2008 in the United States.
- In 2008, 49,960 deaths were expected in the United States from colorectal cancer.
- The five-year survival rate for colorectal cancer discovered early and before the cancer spreads is 90 percent.
- In Texas, colorectal cancer is the second-leading cause of cancer deaths, with 3,646 deaths expected in 2008.

Risk Factors

- **Age:** People over the age of 50 have a higher risk of developing colorectal cancer.
- **Family History:** People with close relatives who have had colorectal cancer are at a greater risk of developing the disease. Those with a family history should consult a doctor about the frequency of screening.
- **Diet:** Overweight people are at a higher risk of developing colorectal cancer. A high-fat diet can increase the risk of developing colorectal cancer, including diets that contain large amounts of red and processed meats.
- **Health:** Diabetics are 30 percent more likely to develop and die from the disease. People with a history of polyps and inflammatory bowel disease are also at an increased risk of colorectal cancer.
- **Lynch Syndrome:** This inherited condition affecting the body's genes increases the likelihood of a colorectal cancer diagnosis. In many cases, the positive diagnosis of Lynch Syndrome occurs before age 45. Genetic testing is available to determine if a person has the gene mutation associated with Lynch Syndrome.

Symptoms

Typically, people in the early stages of colorectal cancer do not have symptoms; symptoms become apparent as the disease advances. If a person experiences any of the following symptoms, he or she should consult a physician immediately:

- Change in bowel habits
- Cramping or steady stomach pain
- Bleeding from the rectum or blood in the stool
- Chronic fatigue
- Unexplained stomach discomfort
- Stools that are narrower than usual
- Weakness and tiredness
- Frequent gas, pains, or indigestion

Prevention

- Screening:
 - Men and women age 50 and older with an average risk for developing colorectal cancer should have at least one of the five screening tests: annual fecal occult blood test (FOBT) or fecal immunochemical test (FIT); flexible sigmoidoscopy every five years; double contrast barium enema every five years; or colonoscopy every 10 years.
- Lifestyle:
 - Maintaining a regular exercise schedule and healthy diet may decrease the risk of colorectal cancer. A healthy diet includes plenty of fruits, vegetables, and whole grain foods, and limited intake of high-fat foods, red meat, and alcohol.
 - Use aspirin and other related drugs in moderation. Studies suggest that aspirin and drugs such as ibuprofen or naproxen prevent the growth of polyps. Consult your doctor about what is best for you.

Treatment Options

There are four main types of treatment for colorectal cancer: surgery, radiation therapy, chemotherapy, and targeted therapies. Specific needs may be addressed by surgeons, gastroenterologists, or medical or radiation oncologists. For complex treatments, a team of specialists may be involved.

Sources: American Cancer Society, National Cancer Institute, Texas Cancer Registry, and Centers for Disease Control and Prevention

