

Colorectal Cancer

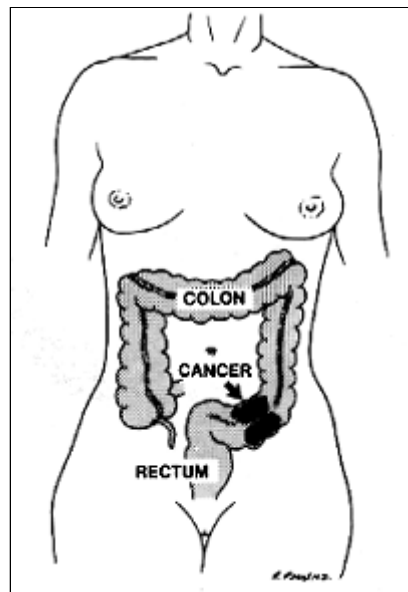
Colorectal cancer is the second most common cancer in the United States, striking 140,000 people annually.. and causing 60,000 deaths. That's a staggering figure when you consider the disease is potentially curable if diagnosed in the early stages.

WHO IS AT RISK?

Though colorectal cancer may occur at any age, more than 90% of the patients are over age 40, at which point the risk doubles every ten years. In addition to age, other high risk factors include a FAMILY history of colorectal cancer and polyps and a PERSONAL history of ulcerative colitis, colon polyps or cancer of other organs, especially of the breast or uterus.

HOW DOES IT START?

It is generally agreed that nearly all colon and rectal cancer begins in benign polyps. These pre-malignant growths occur on the bowel wall and may eventually increase in size and become cancer. Removal of benign polyps is one aspect of preventive medicine that really works!



WHAT ARE THE SYMPTOMS?

The most common symptoms are rectal bleeding and changes in bowel habits, such as constipation or diarrhea. (These symptoms are also common in other diseases so it is important you receive a thorough examination should you experience them.) Abdominal pain and weight loss are usually late symptoms indicating possible extensive disease.

Unfortunately, many polyps and early cancers fail to produce symptoms. Therefore, it is important that your routine physical includes colorectal cancer detection procedures once you reach age 40. Those detection methods are a digital rectal exam and a chemical test of stool for blood. A sigmoidoscopy - the inspection of the lower bowel with a lighted tubular instrument - should be part of routine

physical check-ups.

HOW IS COLORECTAL CANCER TREATED?

Colorectal cancer requires surgery in nearly all cases for complete cure. Radiation and chemotherapy are sometimes used in addition to surgery. Between 80-90% are restored to normal health if the cancer is detected and treated in the earliest stages. The cure rate drops to 50% or less when diagnosed in the later stages. Thanks to modern technology, less than 5% of all colorectal cancer patients require a colostomy, the surgical construction of an artificial excretory opening from the colon.

CAN COLON CANCER BE PREVENTED?

There are steps that reduce the risk of contracting the disease. One way is having benign polyps removed by an outpatient procedure called colonoscopy. In addition to removing the polyps, the long flexible tubular instrument used in the procedure provides a more thorough bowel examination.

Though not definitely proven, there is some evidence that diet may play a significant role in preventing colorectal cancer. As far as we know, a high fiber, low fat diet is the only dietary measure that might help prevent colorectal cancer.

Finally, you must be aware of changes in your bowel habits and make sure bowel examinations are included in routine physicals once you fall under the "high risk" category.

CAN HEMORRHOIDS LEAD TO COLON CANCER?

No, but hemorrhoids may produce symptoms similar to colon polyps or cancer. Should you experience these symptoms, you should have them examined and evaluated by a physician, preferably by a colon and rectal surgeon.

The executive office of the 1,800-member American Society of Colon and Rectal Surgeons is located in the Chicago suburb of Arlington Heights. Board-certified colon and rectal surgeons complete a residency in general surgery, plus an additional year in colon and rectal surgery, and pass an intensive examination conducted by the American Board of Colon and Rectal Surgery.

For additional information or a [list of colorectal surgeons in your area](#), contact:

American Society of Colon and Rectal Surgeons
85 W. Algonquin Rd., Suite 550
Arlington Heights, IL 60005
Email: ascrs@fascrs.org