



Colorectal Cancer: Guide for Patients

Colorectal cancer (CRC) is the second most common cause of cancer death in Canada. Both men and women develop CRC and the risk increases with age, particularly after 50 years of age.

- One in 13 men is expected to develop CRC during his lifetime and one in 28 will die of it.
- One in 16 women is expected to develop CRC during her lifetime and one in 32 will die of it.

If colorectal cancer is found and treated early there is a high chance of cure. Early detection and intervention can save lives.

► What is colorectal cancer?

CRC is cancer that develops on the inner wall of the colon and rectum (also known as large bowel or large intestine). CRC can develop from polyps. Polyps are small growths that can grow on the inner wall of the colon or rectum. These can develop and exist over a long period of time without any symptoms before becoming cancer.

► What is the risk?

Most people are considered to be at average risk. You may be at average risk if you:

- do **not** have any symptoms of CRC,
- do **not** have a **family history** of colon cancer, and
- have **not** had polyps or colon cancer yourself.

You may have an increased risk of CRC if you have symptoms, family history, polyps or if you are 50 years-of-age or older. If so, you should discuss your situation with your doctor.

► What are the symptoms?

CRC is often a “silent” disease, in its early stages there may be no symptoms. That is why screening is very important. When symptoms occur, they may include blood in the stool (poop) or pain in the abdomen. If these symptoms occur, contact your doctor as soon as possible.

► What are polyps?

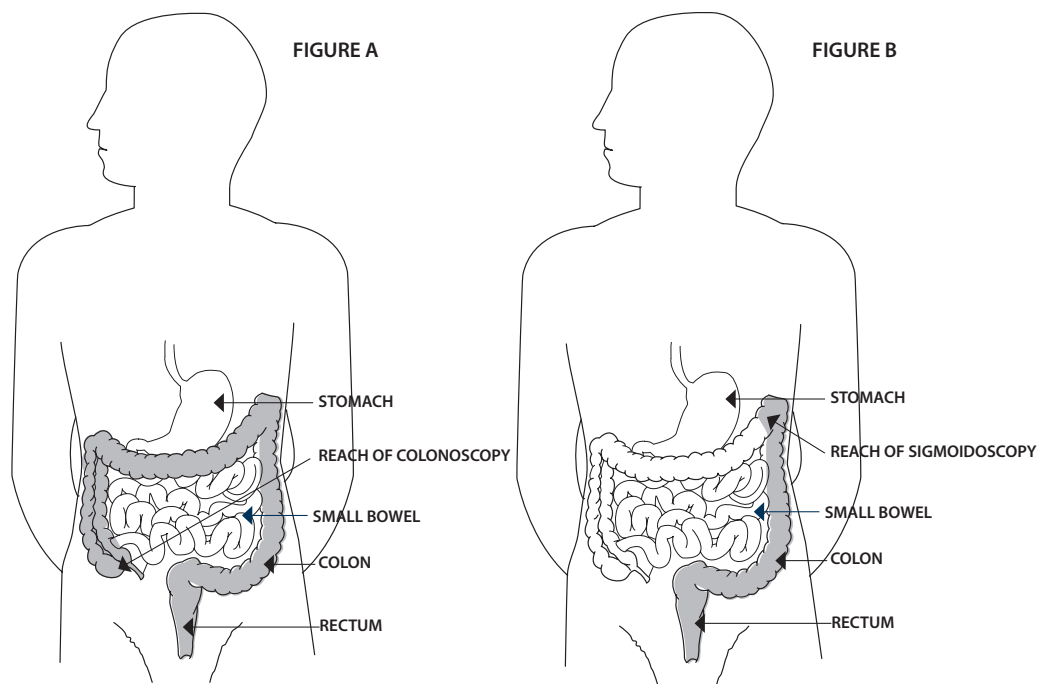
Polyps are small outgrowths of tissue on the inner lining of the colon. Although not all polyps become cancer, almost all CRC develop from polyps. Most polyps grow slowly and may take ten years or more to develop into a cancer. Some types of polyps (adenomatous) increase the risk of colorectal cancer, especially if they are large and if there are many of them. Other types of polyps (inflammatory and hyperplastic) do not increase the risk of colorectal cancer.

► What tests are used to check for polyps and colorectal cancer?

There are a number of tests that can be used to check for polyps or CRC. Some of the tests are easier to perform, and some are more likely to give the correct result than others.

Fecal Occult Blood Test (FIT vs. Guaiac): Polyps and CRC can bleed off and on, so stool (poop) samples are tested for blood that may be hidden in the stool. A small sample is collected at home and sent to a lab. This is the only type of test that you do not need to take medicines to clean your bowel before you do this test.

Colonoscopy: A flexible lighted camera is inserted through the anus to examine the entire colon. See picture (Figure A) below. Most patients require sedation (medicine to make you more comfortable and relaxed) for this procedure. Colonoscopy is considered the most complete and free from errors of the tests as the doctor can take all or a piece of the polyp or CRC from anywhere in the colon to be tested. Your bowel is specially cleansed before the test and the testing occurs at a clinic.



CT Colonography: A tube is inserted through the anus and air is used to inflate the colon. Special x-rays are taken to show if there are polyps or CRC the colon. Polyps and CRC cannot be sampled or removed if found but a colonoscopy can be done later to do this. Your bowel is specially cleansed before the test and the testing occurs at a clinic.

Sigmoidoscopy: A flexible lighted camera is inserted through the anus to look at the rectum and the lower portion of the colon. See picture (Figure B) above. The doctor can take all or a piece of the polyp or CRC to be tested, but any polyps or CRC in the upper part of the colon cannot be seen or treated. Your bowel is specially cleansed before the test and the testing occurs at a clinic.

► Which test should I have?

Most people should begin screening for CRC at 50 years of age. You should consider what each test offers and the risk and benefits involved. These tests vary in their advantages, disadvantages, limitations, and availability in your area. Discuss your options with your doctor. If you think you are at higher risk (see above) of CRC discuss when to start screening and what type of screening with your doctor.

For specific details on the detection of colorectal cancer, please refer to the guideline: Colorectal Screening for Cancer Prevention in Asymptomatic Patients found at www.bcguidelines.ca