MEDICAL MONDAYS | News Notes

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TOPIC: Colon Cancer Awareness

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Colorectal Cancer Overview

Colon cancer and cancer of the rectum can begin as a small polyp, detectable through regular cancer screening, such as colonoscopy. Colon cancer symptoms include a change in bowel habits or bleeding, but often there are no symptoms. With early detection, surgery, radiation, and/or chemotherapy can be effective treatment.

What are the SYMPTOMS of Colorectal Cancer?

In its early stage, colorectal cancer usually doesn't have symptoms. That's why it's so important to keep up with the tests your doctor recommends to see if you have it, when it's easiest to treat.

If you do have symptoms, the most likely ones include:

- Changes in bowel movements, including constipation or diarrhea that don't seem to go away
- Feeling like you can't empty your bowels completely or urgently need to have a bowel movement
- Bleeding or cramping in your rectum
- Dark patches of blood in or on your stool; or long, thin, "pencil stools"
- Discomfort or bloating in your belly
- Unexplained fatigue, loss of appetite, and weight loss
- Pelvic pain, which can happen in the later stages of the disease

When to Call Your Doctor

Lots of things can cause the symptoms listed above. So you'll need to check with your doctor to find out what's going on. Don't just assume it's hemorrhoids.

Make an appointment if you have any of the symptoms, or if a doctor tells you that you have anemia. (When doctors look for the cause of anemia, they should check for bleeding from the digestive tract because of colorectal cancer.)

Your doctor will most likely do a rectal exam. You may also get a sigmoidoscopy or a colonoscopy -- exams that involve a long flexible tube put into your rectum so that your doctor can look for any cancers or growths that could become cancer.

(9) Things That Raise Your Risk of Colorectal Cancer

Anyone can get colorectal cancer, and doctors don't always know why someone gets it.

Although scientists don't know the exact cause, they do know some of the things that make people more likely to get it. These include:

Age. The disease is most common in people over age 50, and the chance of getting colorectal cancer increases with each decade. But younger people can get it, too.

Gender. Colorectal cancer is more common among men. Men and women are equally at risk for colon cancer, but men are more likely to develop rectal cancer.

Polyps. These growths on the inner wall of the colon or rectum aren't cancer. They're fairly common in people over age 50. One type of polyp, called an adenoma, makes colorectal cancer more likely. Adenomas are the first step toward colon and rectal cancer.

Personal history. If you've already had colorectal cancer, you could get it again, especially if you had it for the first time before age 60. Also, people who have chronic inflammatory conditions of the colon, such as ulcerative colitis or Crohn's disease, are more likely to develop colorectal cancer than other people.

Family history. Do you have a parent, brother, sister, or child who has had colorectal cancer? That makes you more likely to get it, too. If two or more close family members have had colorectal cancer, then you have about a 15% chance of getting it at some point. If conditions such as familial adenomatous polyposis, MYH-associated polyposis, or hereditary nonpolyposis colon cancer run in your family, that raises the risk for colon cancer (and other cancers), too.

Diet. People who eat a lot of fat and cholesterol and little fiber may be more likely to develop colorectal cancer.

Lifestyle. You may be more likely to get colorectal cancer if you drink a lot of alcohol, smoke, don't get enough exercise, and if you are overweight.

Diabetes. People with diabetes are more likely to develop colorectal cancer than other people.

Race. African-Americans are more likely than other U.S. racial and ethnic groups to get colorectal cancer. Doctors don't know why that is.

If you have one or more of these risk factors, it doesn't mean that you will develop colorectal cancer. But you should talk about your risk factors with your doctor. She may be able to suggest ways to lower your chances and tell you when you need to get checked.

How Is Colorectal Cancer Diagnosed?

Beginning at the age of 50, everyone should be screened regularly for colorectal cancer (earlier screening is recommended for some high-risk groups). There are several options.

The traditional screening routine was for the doctor to perform a digital rectal exam once a year and for you to collect three stool samples to be tested for traces of blood. Also, every three to five years you would receive a sigmoidoscopy and a double-contrast barium enema to look at the lower part of the bowel. If anything were abnormal then you would be referred for a colonoscopy. The colonoscopy is a complete evaluation of the colon and rectum with a scope or long, flexible tube similar to the sigmoidoscope but longer.

Biopsies or tissue samples of any suspicious-looking areas can be obtained during a colonoscopy for laboratory analysis.

Now, most doctors advocate going right to colonoscopy at age of 50. However, other studies are sometimes recommended when a patient is unable or unwilling to undergo colonoscopy.

A noninvasive screening procedure called virtual colonoscopy is available. It does away with the tube and instead uses spiral computed tomography, which produces a three-dimensional image of the colon after it has been emptied and partially inflated with air.

The current American Cancer screening guidelines for colon cancer in an average risk patient begin at the age of 50 and include the following options:

- Flexible sigmoidoscopy every 5 years, or
- Colonoscopy every 10 years, or
- Double-contrast barium enema every 5 years, or
- CT colonography (virtual colonoscopy) every 5 years.

Alternative screening options include a fecal or stool tests done on a yearly basis.

However, if you are at high risk of colon cancer due to a family history of colon cancer or polyps, screening intervals should begin earlier and be more frequent.

Any suspicious symptoms or abnormalities will alert your doctor to perform a colonoscopy to get a biopsy.

Should a biopsy confirm cancer, imaging tests using chest X-rays and CT scans of the abdomen, pelvis, and possibly chest are performed to find out whether the cancer has spread to other sites.

TREATMENTS for Different Stages of Colorectal Cancer

The treatment you get for your colorectal cancer may depend on the "stage" of the disease. For all except stage IV, you'll first get surgery to remove the tumor. You may also get other treatments.

Stage 0 Colorectal Cancer Treatment

Stage 0 colorectal cancer is found only in the innermost lining of the colon. Surgery should be able to take it out.

Your procedure will depend on how big the cancer is.

Your surgeon may be able to remove the tumor and a little tissue near it. He may call this procedure a polypectomy.

If you have larger tumors, your surgeon may need to remove the diseased part of the colon and reattach the healthy tissue so that your bowels still work. Doctors call this procedure an anastomosis.

Stage I Colorectal Cancer Treatment

Stage I tumors have spread beyond the inner lining of the colon, to the second and third layers, and involve the inside wall of the colon. The cancer hasn't spread to the outer wall of the colon or outside the colon.

You can expect to have surgery to remove the cancer and a small amount of tissue around the tumor. Most people don't need additional treatments.

Stage II Colorectal Cancer Treatment

Stage II colorectal cancers are larger and go through the muscular wall of the colon. But there is no cancer in the lymph nodes (small structures that are found throughout the body that make and store cells that fight infection).

You'll probably have surgery to remove the cancer and an area surrounding the cancer.

You may also get chemotherapy as a precaution to help prevent the cancer from coming back. Doctors usually do this only for people who are likely to get the disease, because there aren't a lot of advantages of chemotherapy in this stage of colon cancer. An oncologist (a doctor who specializes in cancer treatment) should help decide whether chemotherapy is needed for your stage II colon cancer.

Stage III Colorectal Cancer Treatment

Stage III colorectal cancers have spread outside the colon to one or more lymph nodes.

Your doctor may talk about stage lIl A, B, or C tumors. Here's what that means:

Stage lIlA: Tumors are within the colon wall and also involve the lymph nodes.

Stage lIlB: Tumors have grown through the colon wall and have spread to one to four lymph node.

Stage lIlC: Tumors have spread to more than four lymph nodes.

Treatment involves:

- Surgery to remove the tumor and all involved lymph nodes if possible
- Chemotherapy after surgery
- Radiation if the tumor is large and invading the tissue surrounding the colon

Stage IV Colorectal Cancer Treatment

Stage IV colorectal cancers have spread outside the colon to other parts of the body, such as the liver or the lungs. You may also hear the cancer called "metastatic," which means that it has spread.

The tumor can be any size and may or may not include affected lymph nodes.

Treatment may include:

Surgery. You may need an operation to remove the cancer, both in the colon and in other places where it has spread. Or you may need surgery to bypass the cancer and hook back up the healthy parts of the colon.

Chemotherapy . Along with chemotherapy, you may get:

- Bevacizumab (Avastin), cetuximab (Erbitux), or panitumumab (Vectibix). These drugs work on your immune system. Your doctor may call them "monoclonal antibodies." Whether you get them depends on certain aspects of your tumor.
- Ziv-Aflibercept (Zaltrap), if your cancer has worsened or doesn't respond to other treatment.

Targeted therapy: Your doctor may consider regorafenib (Stivarga) if your metastatic colorectal cancer has progressed despite other treatment.

Radiation to ease symptoms.

You may also want to consider joining a clinical trial. These are studies that test new drugs or treatments to see if they are safe and if they work. They often are a way for people to try new medicine that isn't available to everyone. Your doctor can tell you if one of these trials might be a good fit for you.

If Your Colorectal Cancer Comes Back

Doctors call colorectal cancer "recurrent" if it comes back (recurs) after treatment. It may come back in or near the same area, or in a different part of your body.

Recurrence is most likely in people who had more advanced colorectal cancer the first time.

Treatment may involve:

- Surgery to remove the recurrences
- If all the cancer can't be removed in an operation, chemotherapy is the main treatment.
- Clinical trials are another option.