



# Colorectal Cancer: *Preventable, Beatable, Treatable*

American Cancer Society





# What we'll be talking about

- How common is colorectal cancer?
- What is colorectal cancer?
- What causes it?
- What are the risk factors?
- Can colorectal cancer be prevented?
- Tests to find colorectal cancer early
- What you can do
- More information

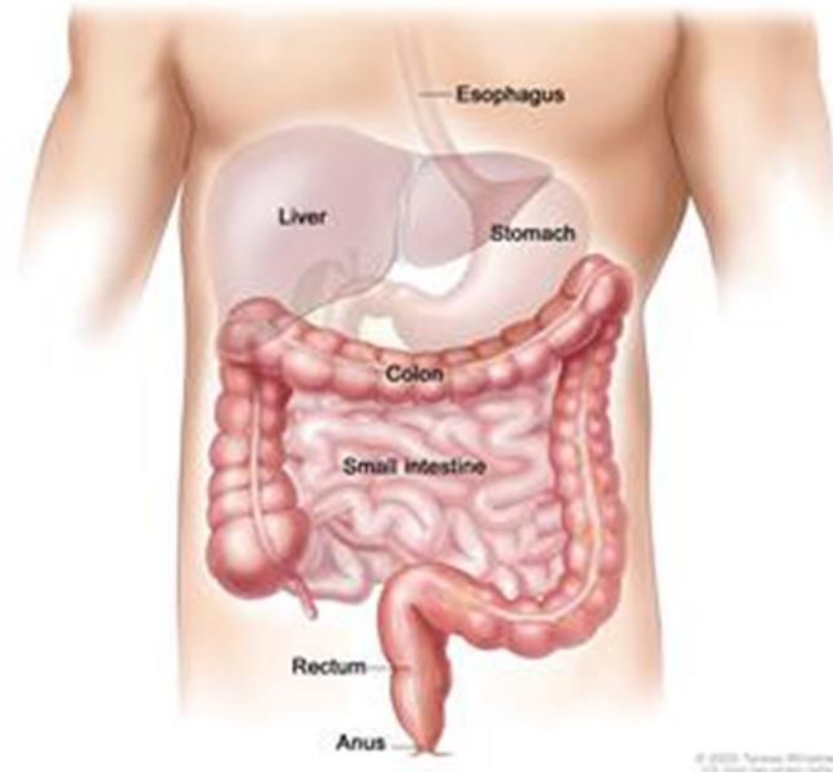


# Colorectal cancer: How common is it?

- The 3rd most common cancer in both men and women in the U.S.
- 3rd leading cause of cancer-related death in the U.S.
- It's estimated that more than half of all cases could be prevented by regular colonoscopy screening!

# What is colorectal cancer?

- The **colon** (large bowel or large intestine)
  - A muscular tube about 5 feet long
  - Part of the digestive system
  - Absorbs water and salt from food
  - Stores waste matter
- The **rectum** is the last 6 inches of the digestive system.





# What is colorectal cancer?

- Cancer is the growth of abnormal cells.
- Cancer cells can invade and damage normal tissue.
- Colorectal cancer starts in the colon or the rectum (parts of the digestive system).
- ColoRectal Cancer is often abbreviated as CRC.



# Causes of colorectal cancer

- We do not know the cause of most colorectal cancers.
- Most likely cause is related to changes in the genetic material (DNA) in our cells.
- Most DNA changes are related to our lifestyle.



# Colorectal cancer risk factors

**Risk factors** are anything that can increase or decrease a person's chance of getting a disease, such as cancer.

- Age

- Most CRC occurs in people age 50 and older

- Diet

- High in red meats (like beef, pork, or lamb) and processed meats (like hot dogs, bacon, or cold cuts) → **raises** risk for CRC
- High in fruits and vegetables → **lowers** risk

# Colorectal cancer risk factors

- Physical activity
  - Less active → raises risk
- Overweight
  - Obesity → raises risk of having and dying from CRC
- Smoking → raises risk
- Alcohol use → raises risk
- Type 2 diabetes → raises risk







# Colorectal cancer – major risk factors

Some adults have risk factors that make them much more likely to develop CRC than others:

Those with inflammatory bowel disease such as

- Ulcerative colitis
- Crohn's disease

(Irritable bowel disease is not a risk factor.)



# Colorectal cancer – major risk factors

- People who have had adenomatous polyps
- People from families with adenomatous polyps, CRC, or certain inherited syndromes
- Those who have had CRC in the past  
(Risk is even higher if the CRC occurred at a younger age)

*Talk to your doctor right away if you or people in your family have any of these major risk factors.*

# Risk factors – polyps

A polyp is a growth of tissue in the lining of an organ.

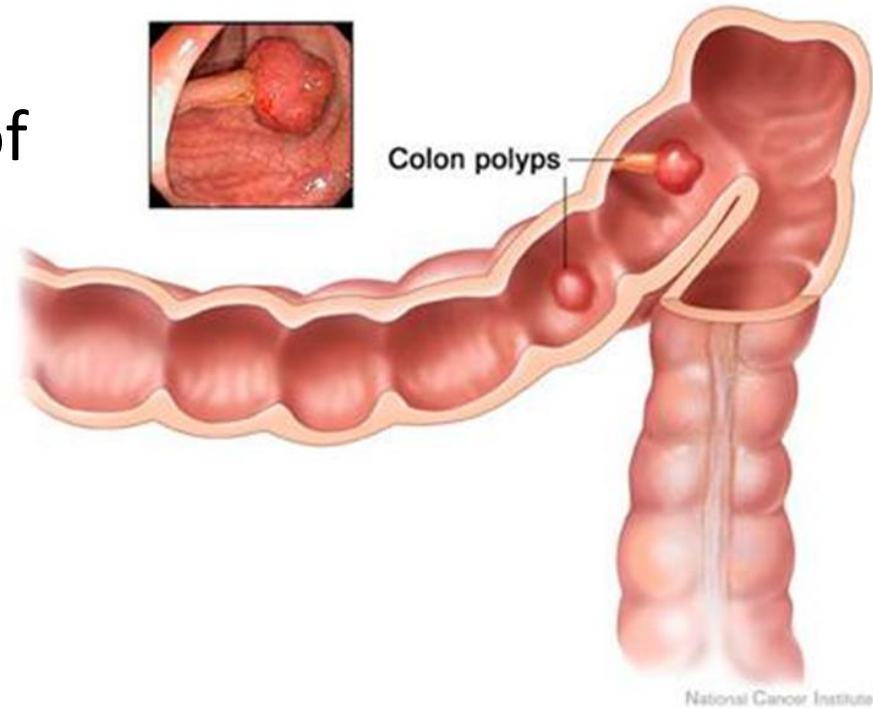
There are 2 main types of colorectal polyps:

- Hyperplastic

Very small chance they'll grow into cancer

- Adenomatous

Most colon and rectal cancers start as adenomatous polyps (“adenomas”)



# Polyps

Colorectal cancer can develop from a polyp.



Normal colon to Adenoma to Carcinoma



# Preventing colorectal cancer

- Many colorectal cancers could be prevented with regular screening.
- Screening is testing to find a disease in people who have no symptoms.
- Why screen?
  - To find and remove polyps before they become cancer
  - To find CRC early – when it's small and has not spread, and when treatment can be more effective




# How is CRC screening done?

## Types of tests for CRC screening:

Tests that can find both  
polyps and colorectal cancer

Tests that mainly find cancer



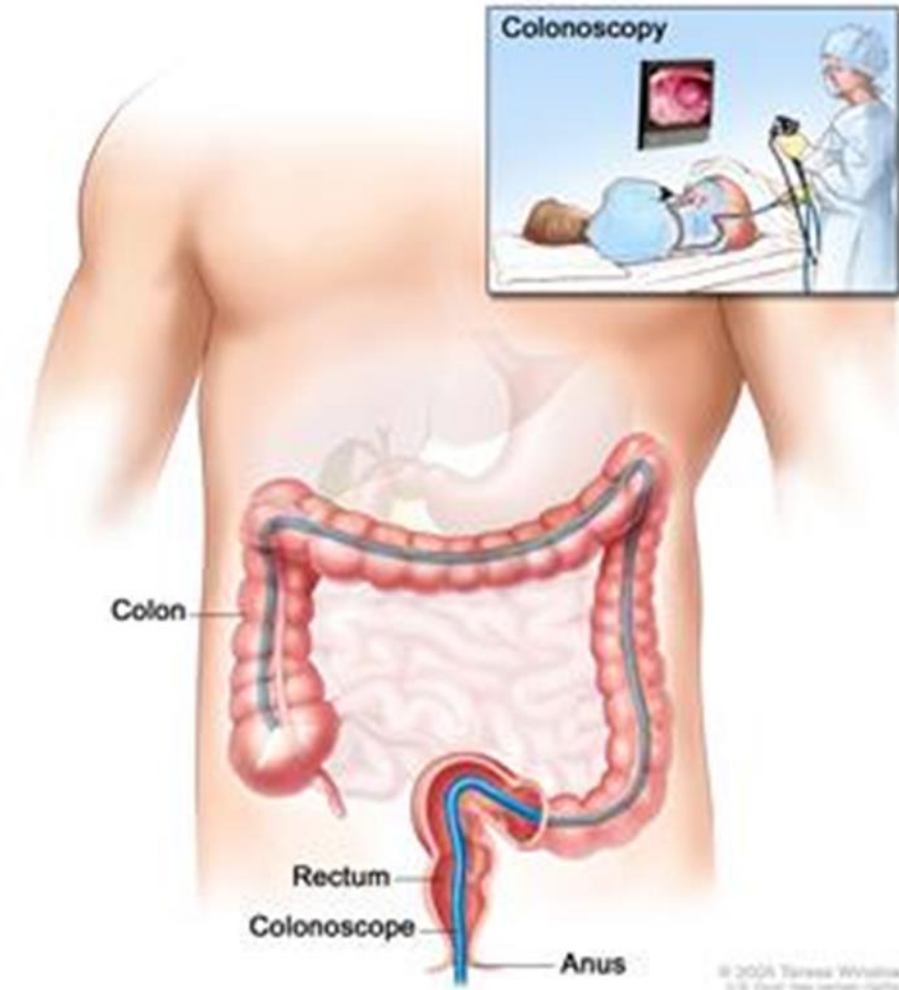
# Tests that can find both polyps and cancer

- ✓ Flexible sigmoidoscopy
  - ✓ Colonoscopy
  - ✓ Double contrast barium enema (DCBE)
  - ✓ CT colonography (“virtual colonoscopy”)
- These tests look inside the colon to find abnormal areas.
  - They are done with a lighted tube put in through the rectum or with special x-ray tests.
  - If polyps are found they can be removed before they develop into cancer, so these tests can prevent cancer.
  - These tests are preferred if they are available and if a person is willing to have them.

# Colonoscopy

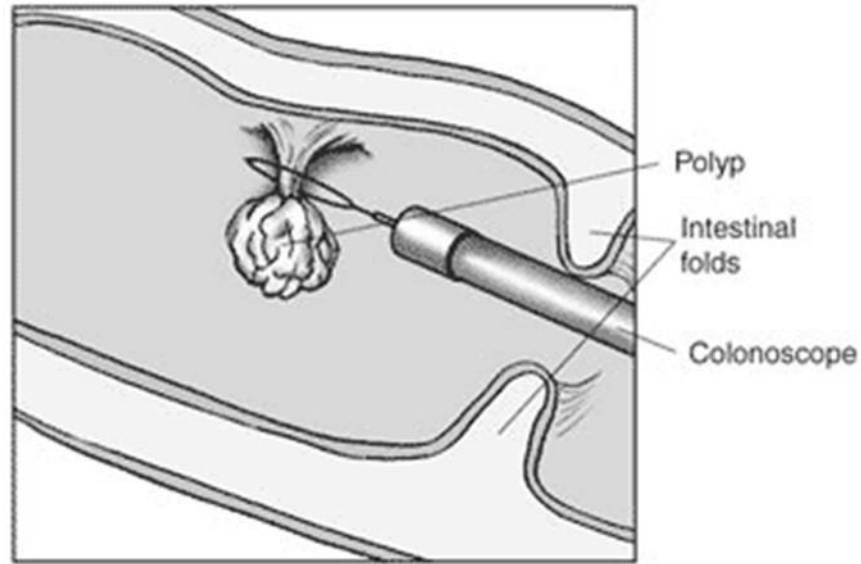
A thin, lighted tube is put in through the anus and rectum and passed up into the colon to look for abnormal areas.

Tissue can be taken from any areas of concern and polyps can be removed.





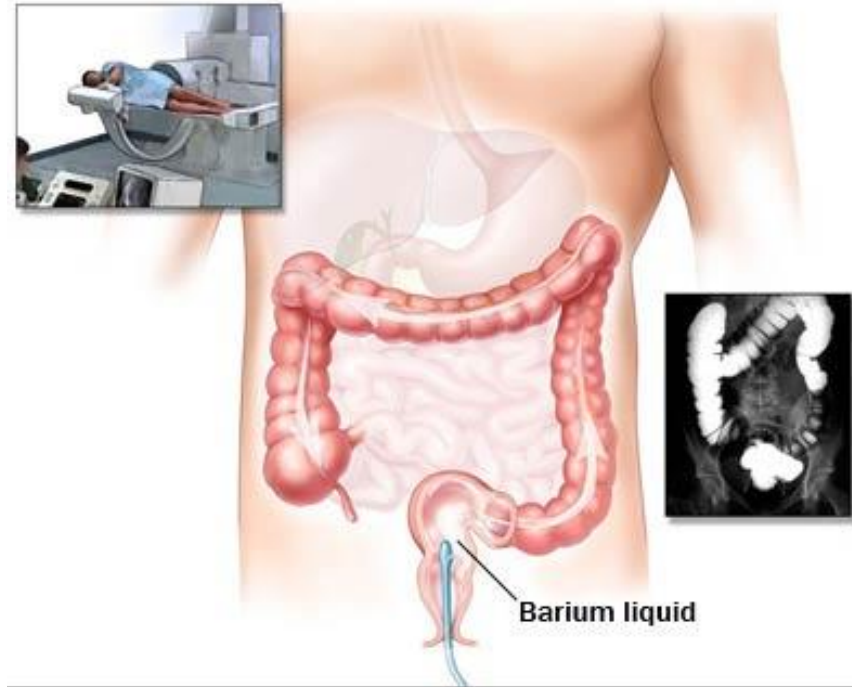
# Colonoscopy



If polyps are found during a colonoscopy they can be removed with tools used through the narrow scope. Removing polyps before they turn into cancer is how tests like this can prevent cancer.

# Double-contrast barium enema

- Barium is a substance that looks white on x-rays
- It's put into the rectum through a plastic tube and fills the colon
- A series of x-rays show the size of the colon and any growths or polyps protruding into the hollow space of the colon.



# CT colonography

- Air is pumped into the colon through a flexible tube
- CT scans are then done
- Special computer programs create both 2-dimensional x-ray pictures and a 3-dimensional "fly-through" view of the inside of the colon and rectum, which lets the doctor look for polyps and cancer




*Image of polyp taken with virtual colonoscopy*



# Tests that mainly find cancer

- ✓ Fecal occult blood test (FOBT)
- ✓ Fecal immunochemical test (FIT)
- ✓ Stool DNA tests (sDNA)

- All of these test the stool for hidden blood or other changes that may be signs of cancer.
- They are less invasive and easier to do.
- They are less likely to find polyps than the other types of tests.
- Colonoscopy will be needed if results are abnormal.




# ACS Colorectal Cancer Screening Guidelines

At age 50, both men and women should begin regular screening and have one of the screening tests listed here or on the next slide:

## *Tests that find both polyps and cancer*

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

\*Colonoscopy should be done if anything is found by these tests




# ACS Colorectal Cancer Screening Guidelines

At age 50, both men and women who have an average risk of CRC should begin regular screening and have one of the screening tests listed here or on the previous slide:

## *Tests that find mainly cancer*

- Guaiac-based fecal occult blood test (gFOBT) every year\*, or
- Fecal immunochemical test (FIT) every year\*, or
- Stool DNA test (sDNA) every 3 years\*

\*Colonoscopy should be done if anything is found by these tests



# ACS Colorectal Cancer Screening Guidelines

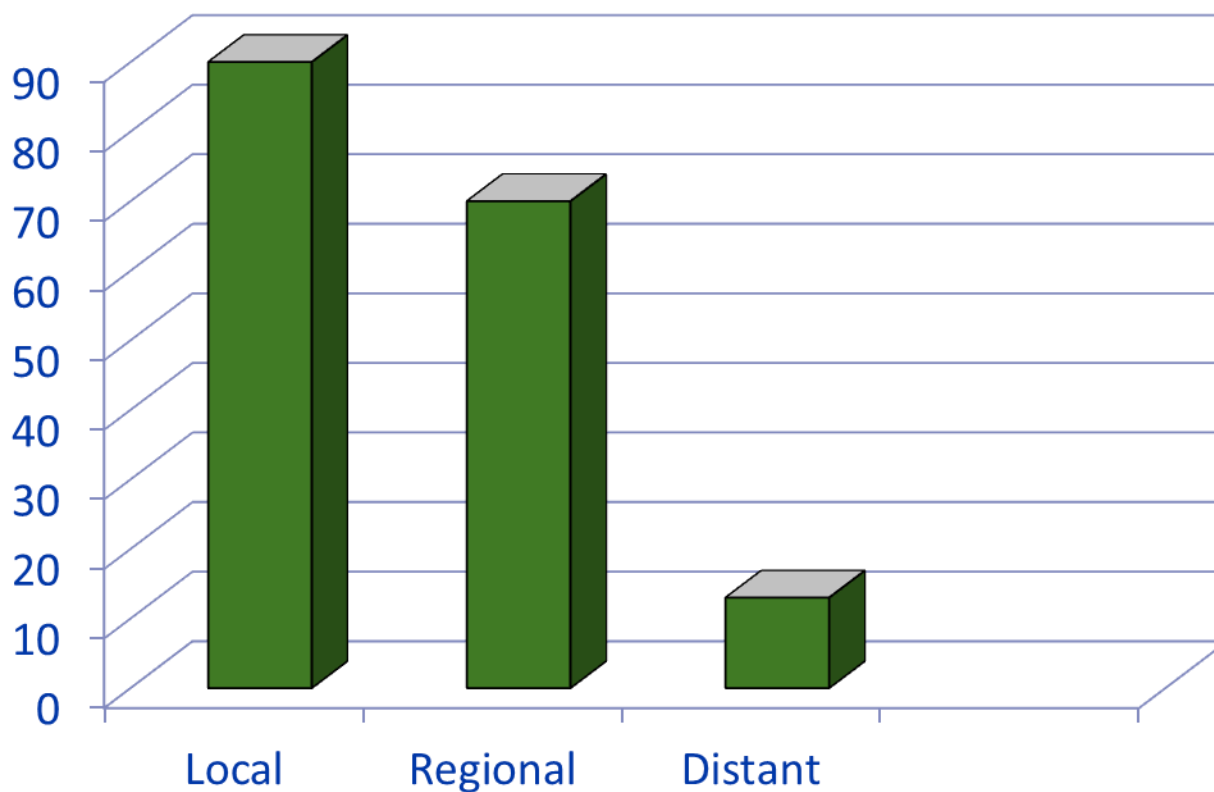
Adults who are at higher risk for CRC should talk with a doctor about their medical history to decide the best screening test and schedule for them. They may need to begin screening earlier.

The American Cancer Society has specific guidelines for adults who are at higher risk for CRC.

# Benefits of screening tests

**The earlier colorectal cancer is found, the better the long-term outcome!**

**5-year relative survival rates by stage at time of diagnosis**





So what can you do to prevent  
and beat colorectal cancer?

# What you can do

- Stay at a healthy weight
- Be active
  - ✓ At least 150 minutes of moderate or 75 minutes of vigorous intensity activity per week, or an equivalent combination, preferably spread throughout the week
- Limit sedentary behavior





# What you can do

- Eat right

- ✓ Choose foods and beverages in amounts that help you get to and stay at a healthy weight
- ✓ Eat at least 2½ cups of vegetables and fruits each day
- ✓ Choose whole grains
- ✓ Limit red meats (like beef, pork, or lamb) and processed meats (like hot dogs or luncheon meats)

- Limit alcohol

- ✓ No more than 2 drinks a day for men and 1 for women



# What you can do

- If you are age 50 or older, get tested for colorectal cancer.
- Talk with a doctor about which screening test is best for you.
- Talk with a doctor about your medical history and your family history to find out if you need to start testing earlier or have more frequent tests.



# What you can do

- Screening tests offer the best way to prevent CRC or find it early. Finding cancer early gives you a better chance for successful treatment.
- Early CRC usually has no symptoms. Don't wait for symptoms to occur. Again — treatment is most effective when CRC is found early.



# More information

You can get more information on colorectal cancer on our website, [www.cancer.org](http://www.cancer.org), or call 1-800-227-2345 and talk with one of our cancer information specialists.

- Colorectal Cancer: Early Detection (also in Spanish)
- Colorectal Cancer (also in Spanish)
- Colorectal Cancer Overview (also in Spanish and Chinese)
- Five Myths About Colon Cancer

Thank you!



We **save lives** and create more birthdays  
by helping you stay well, helping you get well,  
by finding cures, and by fighting back.

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