



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

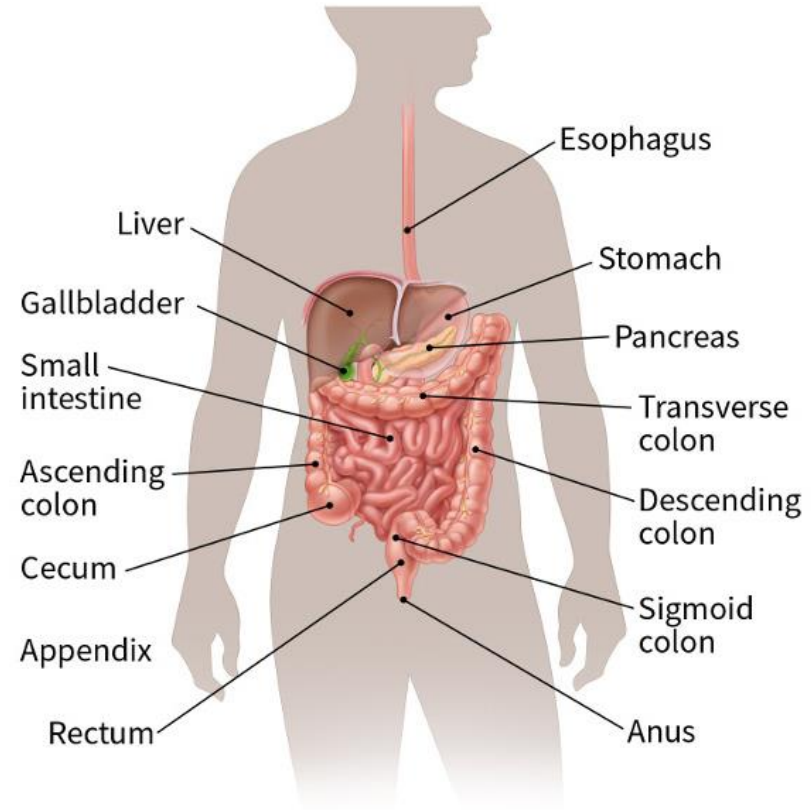


Colorectal cancer: How common is it?

- 3rd most common cancer in both men and women in the U.S. (not including skin cancer).
- 2nd leading cause of cancer-related death in the U.S. for men and women combined.
- 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
- Studies show significant increased incidence in those under age 55 from 2004-2014

- 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
- Those who have had radiation to the abdominal or pelvic area to treat a previous cancer

(Irritable bowel disease is not a risk factor.)



Colorectal cancer – major risk factors

- People who have had adenomatous polyps
- People who have family members with adenomatous polyps or FAP, CRC, or certain inherited syndromes such as Lynch syndrome (HPNCC)
- People who have had CRC in the past (Risk is even higher if 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.

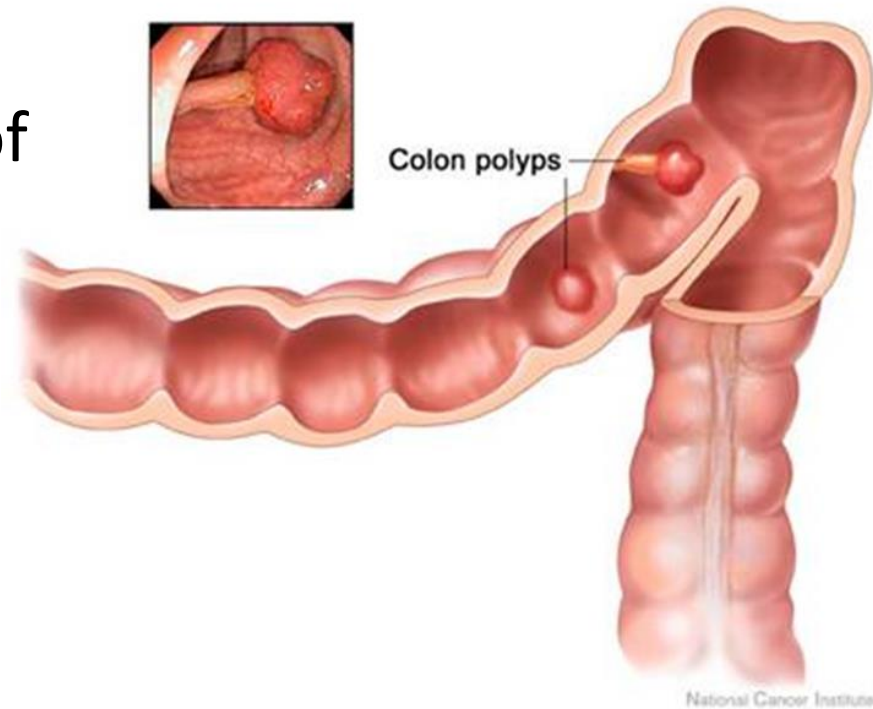
There are 2 main types of colorectal polyps:

- 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 likely has not spread, and when treatment can be more effective



How is CRC screening done?

2 types of tests for CRC screening:

1. Visual exams: Tests that can find both polyps and colorectal cancer
2. Stool-based tests: Tests that mainly find cancer



Visual Exams:

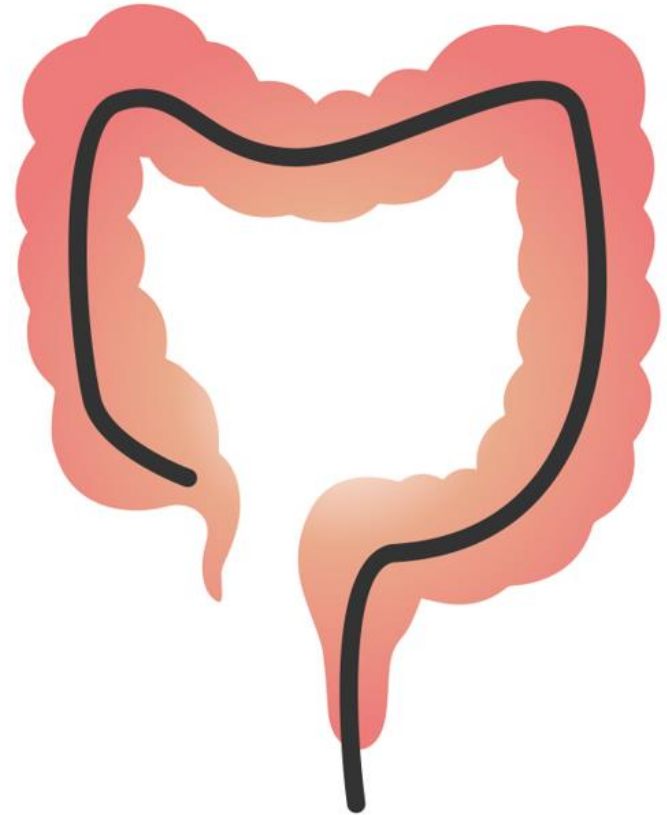
Tests that can find both polyps and cancer

- ✓ Flexible sigmoidoscopy
 - ✓ Colonoscopy
 - ✓ 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 may be removed before they develop into cancer, so these tests can help prevent cancer.
 - These tests are preferred for screening (if available) and if a person is willing to have them.

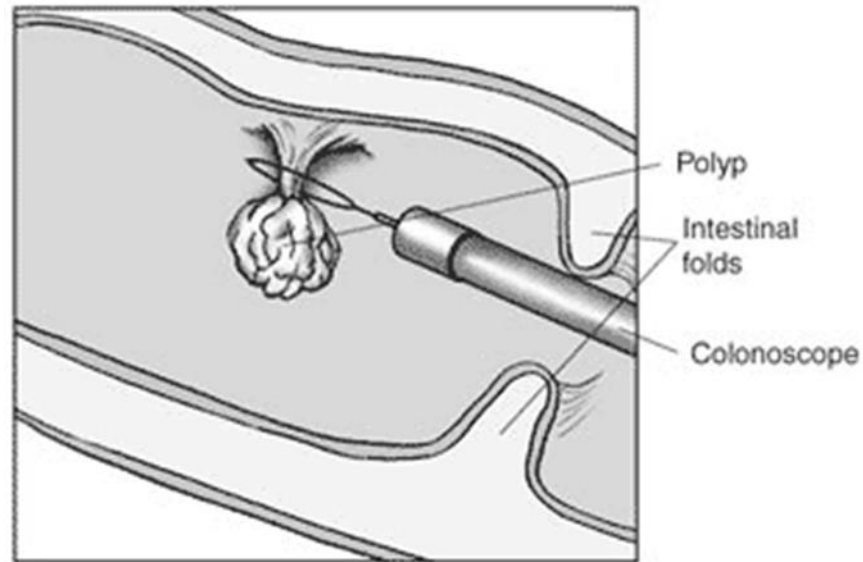
Colonoscopy

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.

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



Stool-based Tests:

Tests that mainly find cancer

- ✓ Fecal immunochemical test (FIT)
 - ✓ Guaiac-based fecal occult blood test (gFOBT)
 - ✓ Stool DNA tests (sDNA)
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- 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 visual exams.
 - Colonoscopy will be needed if results are abnormal.



ACS Colorectal Cancer Screening Guidelines: 2018

- At age 45, both men and women at average risk should begin regular screening either with a sensitive stool-based test, or with a visual exam that looks at the colon and rectum.
- People who are in good health and with a life expectancy of more than 10 years should continue regular colorectal cancer screening through the **age of 75**.



ACS Colorectal Cancer Screening Guidelines: 2018

Test options for colorectal cancer screening:

- **Stool-based tests: Tests that mainly find cancer**
 - Highly sensitive fecal immunochemical test (FIT) every year*, OR
 - Highly sensitive guaiac-based fecal occult blood test (gFOBT) every year*, OR
 - Multi-targeted stool DNA test (MT-sDNA) every 3 years*
(*Abnormal findings will need a colonoscopy as follow-up.)
- **Visual (structural) exams**
 - Colonoscopy every 10 years, OR
 - CT colonography (virtual colonoscopy) every 5 years, OR
 - Flexible sigmoidoscopy (FSIG) every 5 years



ACS Colorectal Cancer Screening Guidelines: 2018

Adults who are at higher risk for CRC might need to start screening before age 45, be screened more often, and/or get specific tests.

Higher risk individuals are those with a family or personal history of colorectal cancer and certain types of polyps, other bowel disorders, or a known hereditary colorectal cancer syndrome.

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 45 or older and at average risk, 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 are at higher risk, need to start testing earlier, or should have more frequent or different 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/colon, or call 1-800-227-2345 and talk with one of our cancer information specialists.

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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