

Circle Of LifeSM: Cancer Education and Wellness for American Indian and Alaska Native Communities



American Cancer Society Circle Of LifeSM
Cancer Education and Wellness for American Indian and Alaska Native Communities

Wellness Along the Cancer Journey:
Cancer Types
Revised October 2015
Chapter 4: Colorectal Cancer Overview



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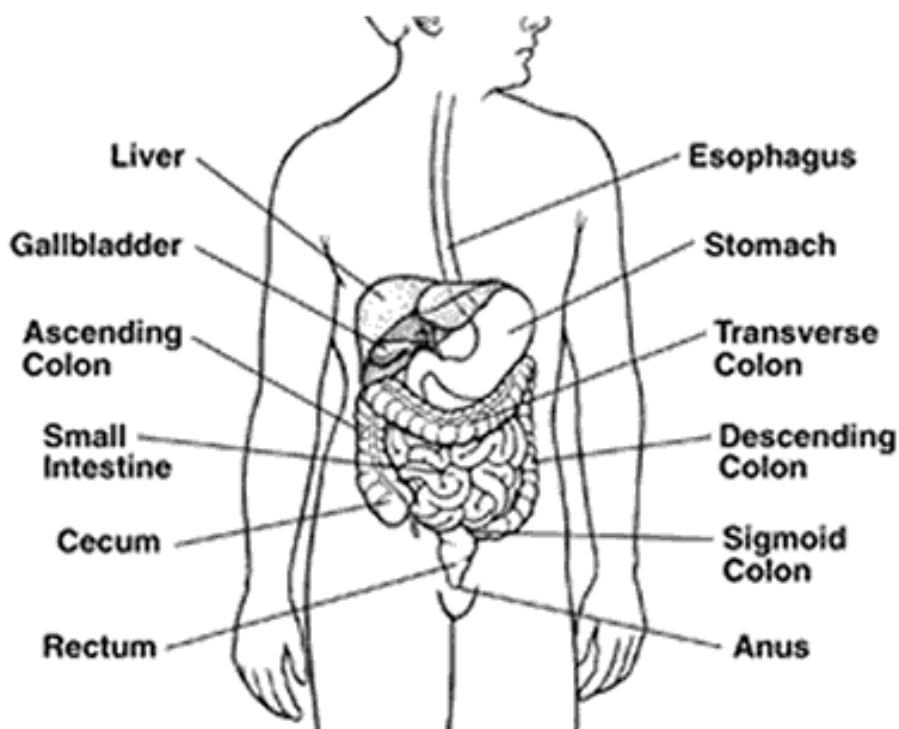
Colorectal Cancer Overview

Group Discussion		True	False	Not Sure
1.	Colorectal cancer rates tend to be higher in American Indian and Alaska Native men when compared to White men.			
2.	Diet does not affect the risk of developing colorectal cancer.			
3.	Colon cancers develop slowly over many years.			

Both American Indian and Alaska Native men and women get colon cancer. Colorectal cancer incidence rates for American Indian and Alaska Native peoples in the Northern Plains and Alaska -- both men and women -- were significantly higher than for white people (Wiggins 2008). Colon cancer is one of the few cancers that can be prevented by regular screening. There are Native people alive today who had colon cancer over 20 years ago. It is important to learn about colon cancer and the risk factors, to get regular cancer screening and to adopt healthy ways of eating and exercising.

Colorectal cancer is cancer that starts in either the colon or the rectum. Colon and rectal cancers have many features in common, thus they are discussed together in this section. The walls of the colon and rectum have many layers of tissue. Cancer starts in the inner layer and can grow through some or all of the other layers. The stage of a cancer depends on how deep the cancer spreads through these layers.

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The colon and rectum are part of the digestive system – the organs in the body that break down food into energy and waste matter. After food is chewed and swallowed, it travels to the stomach. The stomach starts to break down food and then moves it to the small intestine. The small intestine breaks it down further and absorbs most of the nutrients. The food that is not yet broken down travels to the colon where more water and nutrients are absorbed. The waste matter that is left over moves through the colon into the rectum. From there, it is passed out of the body in the form of “stool” through the anus.

Colon and rectal cancers may have different symptoms, but both cancers have some common traits. Colorectal cancers start and grow slowly over many years. Most begin as a growth – or polyp – that starts in the lining and grows down through the layers of tissue. It can also grow up toward the center of the colon or rectum. A polyp may or may not be cancer. Polyps can be found and removed before they become cancer.

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Risk Factors

A risk factor is anything that affects a person’s chance of getting a disease such as cancer. Different cancers have different risk factors. But risk factors don't tell us everything. Many people with one or more risk factors never get cancer, while others with cancer may have had no known risk factors.

Risk Factors Someone Cannot Change	Risk Factors Someone May be able to Change
<ul style="list-style-type: none"> • Being older than 50. 90% of people with colorectal cancer are older than 50. • Having had polyps or colorectal cancer before. • Having inflammatory bowel disease, which includes ulcerative colitis and Crohn’s disease. • Having close relatives (parents, brothers, sisters, or children) who have had colorectal cancer increases risk. The risk is even higher if the family member got the cancer before age 60. • Having a family member that has been diagnosed with familial adenomatous polyposis (FAP), hereditary non-polyposis colorectal cancer (HNPCC), or other genetic syndromes that can cause cancer. • 	<ul style="list-style-type: none"> • A diet that is high in red meats (beef, pork, or lamb) and processed meat such as hotdogs, sausage, bacon, ham, bologna, and lunch meat can increase a person’s colorectal cancer risk. Cooking meats at very high heat (frying, broiling, or grilling) can create chemicals that might increase cancer risk. • Low intake of vegetables, fruits, and whole grains. • Being overweight. • Being physically inactive. • Being a long-time smoker. • Being a heavy user of alcohol. • Having type 2 diabetes.

Early Detection

Adults of average risk for colorectal cancer should begin screening at age 50. People with risk factors should talk with their doctors about whether they should start screening at a younger age. There are different kinds of tests that you can

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choose from. Some tests can find both cancer and pre-cancers, while others can mainly detect cancer. How often the screening is done depends on the type of test used.

Screening tests to find polyps and cancer

There are screening tests that can find polyps before they become colorectal cancer:

A **flexible sigmoidoscopy** (flex-sig) is done using a thin, flexible, lighted tube called a scope, about as thick as a finger. It can find polyps inside the rectum and the lower part of the colon. The test itself usually takes about 10 to 20 minutes.

A **colonoscopy** is done with a longer scope, so that the entire colon can be seen. If a polyp is found, the health care provider can remove the polyp through the scope. If a polyp is removed, it is sent for testing to see if it is benign or cancer.

A **virtual colonoscopy** does not involve a scope. It is done by using a CT scanner to take pictures of the colon from outside the body. If an abnormal area is found, then a colonoscopy will need to be done to check and remove it.

Another test, called a **double contrast barium enema (DCBE)** can be used to find pre-cancer and cancer polyps. The DCBE is done by partly filling the colon with a chalky liquid. An x-ray helps find any areas that do not look normal. If an abnormal area is found, then a colonoscopy will need to be done.

Screening tests that can find cancer

The following tests mainly find cancer, but can find some polyps:

The **fecal occult blood test (FOBT)** is a test that collects samples of stool that are sent to a lab for testing. The FOBT can find small amounts of hidden blood in the stool. Some people prefer the FOBT because they can take the kit home and send the samples straight to the lab. This test is not as good at finding pre-cancers as the tests discussed above. And, if blood is found in the FOBT, then a colonoscopy must be done to get a tissue sample for further testing.

The **fecal immunochemical test (FIT)** is like the FOBT in that it looks for blood in the stool. It requires stool samples be put on a special card and sent for testing.

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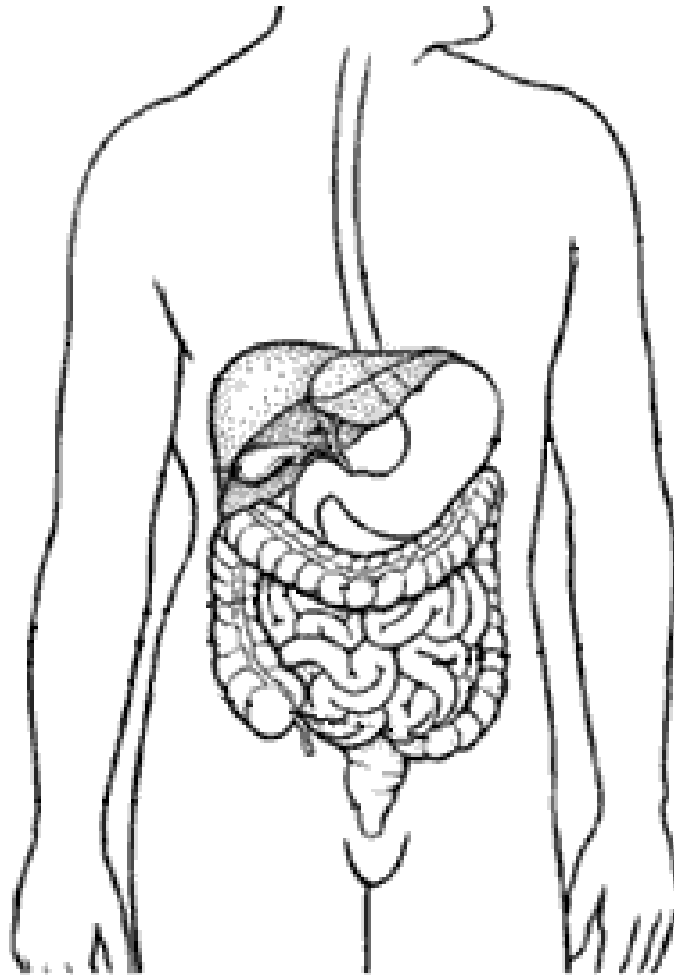
The FIT doesn't often find pre-cancers. And, a colonoscopy must be done if any blood is found.

The **stool DNA** test is a newer test that looks for abnormal pieces of genetic material from cancer or polyp cells. Cancer cells often contain DNA mutations (changes) in certain genes. Cells from cancers or polyps with these gene changes are often shed in the stool, where tests might be able to find them.

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Activity

On the picture below, find the small intestine, colon, and the rectum. Then list one to two risk factors someone may be able to change that may help reduce their risk of colorectal cancer.



Risk Factors Someone May be Able to Change:

1. _____
2. _____

See Appendix C to further test your knowledge about colorectal cancer.

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Story of Hope



"It's been three years now. I felt good about it. And I make sure my Native people would be brave enough to . . . and not hold on to their own pains and think they can just stay home with something that they think they can get well with. That's not it. They have to go see their doctor right away, and that will help.

This last time I told the doctor, "Can I miss this one year this time?" They said, "You have to go through another test." So to stay alive I have to go take this yearly exam. And I love living. Yeh! Everybody loves living." -- Abigail Nashoolpuk, Inupiak Colon Cancer Survivor

(Clark, R., (Producer) & Nashoolpuk, A. (Artist), (2007). *Survivor Video Vignettes: Message to Others*. [Web]. Retrieved from <http://natamcancer.org/vignettes/abigail.html>)

Key Messages

- Men and women age 50 and older should get regular colorectal cancer screening.
- People with risk factors should talk with their doctors to find out if they should start colorectal cancer screening at a younger age.
- Colorectal cancer can be prevented by using certain types of screening tests. For instance, a colonoscopy can be done every 10 years to find cancers and pre-cancers
- Other methods can also be used to find colorectal cancer early. How often the test must be done is based on which type of screening test is used. Many of the simpler tests are done each year.
- Early detection of colon cancer means that treatment is more likely to succeed. There are Native people alive today who had a colon cancer diagnosis over 20 years ago
- Smoking, heavy alcohol use, low intake of fruits and vegetables, and being overweight all increase a person's risk for colorectal cancer.