



What Is Colorectal Cancer?



Colorectal cancer is uncontrolled growth of abnormal cells starting in the large intestine in the digestive or gastrointestinal system.

It is the third most common cancer diagnosed in both men and women in the U.S.

COLORECTAL CANCER TYPES

Colorectal cancers are classified by what types of cells divide form the tumors, and where in the colon or rectum they begin.

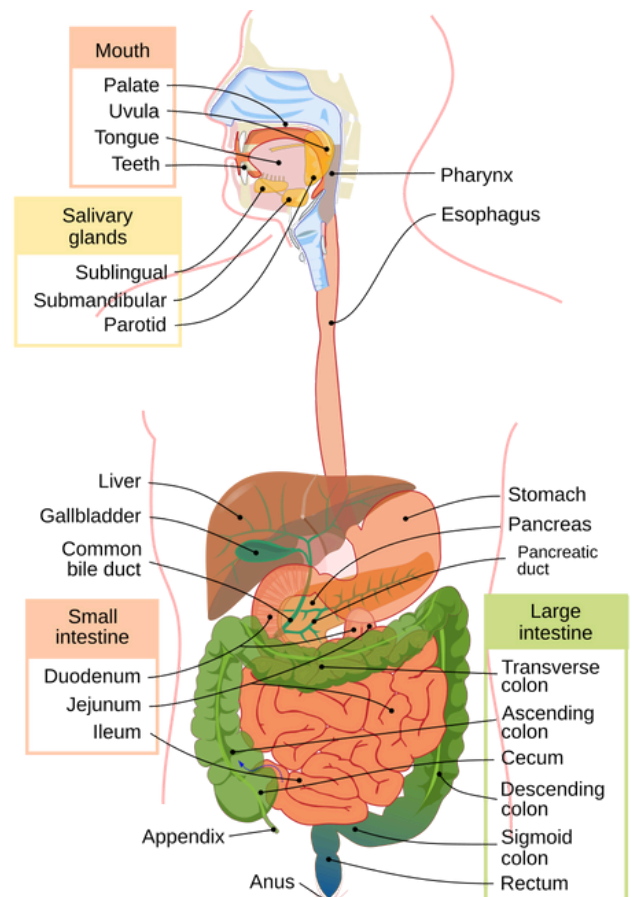
- **Adenocarcinoma** - the most common type of colorectal cancer, these tumors start in the mucus-secreting cells that line the inside of the colon and rectum.
- **Gastrointestinal carcinoid tumors** - these slow-growing tumors develop from neuroendocrine cells in the lining of the gastrointestinal tract.
- **Gastrointestinal stromal tumors (GISTs)** - these are rare tumors that arise from specialized cells in the wall of the gastrointestinal tract.
- **Primary colorectal lymphomas** - these are very rare cancers of the immune system cells (lymphocytes) that can start in the colon or rectum.

SYMPTOMS

Symptoms of colorectal cancer include:

- Bleeding from the rectum or blood in stool
- Changes in bowel movements (like diarrhea or constipation) that lasts more than a few days
- A feeling that you need to go to the bathroom even when bowels are empty
- Persistent abdominal pain, bloating, or cramping
- Unexplained weight loss

NOTE: Early-stage colorectal cancer may show no symptoms at all, so make **regular screening a priority.**





Detection and Prevention



Colorectal cancer detected early stage can often be treated with less invasive procedures and treatments.

SCREENING AND EARLY DETECTION

Regular screenings can increase the chances of detecting cancer early when it is most treatable. According to the American Cancer Society, when colorectal cancer is localized (found before it has spread), the five-year survival rate is 90%.

The most common screening to detect and prevent colorectal cancer is a **colonoscopy**. A colonoscopy is an outpatient procedure - done under sedation or anesthesia - where a flexible tube with a camera is guided through the large intestine to look for abnormal growths (colon polyps). If any polyps are found, they are removed during the procedure for analysis.

Discuss the appropriate screening schedule with your healthcare provider based on your individual history and risk factors.

RISK FACTORS

Risk factors for colorectal cancer include:

- Are age 50 or older
- Are overweight or obese
- Smoke or drink alcohol in excess
- Are not physically active
- Have a personal history of inflammatory bowel disease (such as ulcerative colitis or Crohn's disease)
- Have a personal or family history of colorectal cancer
- Have a hereditary colorectal cancer syndrome (such as familial adenomatous polyposis [FAP] or Lynch syndrome).

REDUCE YOUR RISK

Ways to reduce your risk for colorectal cancer include:

- Maintain a healthy weight
- Exercise for at least 30 minutes, at least 5 days a week.
- Don't smoke and limit alcohol intake - recommendations are no more than one drink a day for women, and two drinks a day for men.
- Eat a diet rich in fruits, vegetables, beans, and whole grains, and limit red and processed meats.



Stages and Treatments

‘Cancer staging’ is used to describe the extent and progression of the disease in the body through which doctors can best decide a course of treatment.

The staging system most often used for colorectal cancer is the American Joint Committee on Cancer (AJCC) TNM system.

Stage 0 / Noninvasive

- Also known as carcinoma in situ or intramucosal carcinoma (Tis), the cancer is at its earliest stage and has not grown beyond the inner layer (muscularis mucosa) of the colon or rectum.

Stage 1 / Early Stage - Invasive

- The cancer has grown through the muscularis mucosa into the submucosa (T1), and it may also have grown into the muscularis propria (T2) but has not spread into the lymph nodes.

Stage 2 / Invasive - Localized

- The cancer has grown into the outermost layers of the colon or rectum but has not invaded nearby tissues, organs or lymph nodes.

Stage 3 / Invasive - Regional Spread

- The cancer has grown into the outermost layers of the colon or rectum (T3) or through the wall of the colon or rectum and has spread to several lymph nodes.

Stage 4 / Metastatic - Distant Spread

- Advanced colorectal cancer that has spread (metastasized) to other organ(s) of the body.

Depending on your stage, different treatments may be used.

Treatments

- Surgery - the most common treatment for colorectal cancer is surgery, ranging from a partial colectomy (removal of part of the colon, also called a colon resection) to a proctocolectomy (removal of the large intestine and the rectum).
- Chemotherapy - uses medicines to shrink or kill the cancer cells. The drugs can be pills you take or given in your veins, or sometimes both.
- Radiation therapy - uses high-energy rays (similar to X-rays) to kill the cancer cells.