

Detection of Colorectal Cancer

A GUIDE FOR PATIENTS

Colorectal cancer (CRC) is the second most common cause of cancer-related death in North America. Both men and women develop CRC and the risk increases with age, particularly after 50 years of age. The average person has about a 1 in 18 lifetime risk of developing CRC. If colorectal cancer is found and treated at an early stage (before symptoms) the cure rate is 80% or better. Early detection and intervention can save lives.

What is the risk?

Most of the population is considered to be at average risk. You may be at average risk if you:

- do not have any symptoms of CRC,
- do not have a family history of colon cancer, and
- have not had polyps or colon cancer yourself.

You may have an increased risk of CRC if you have symptoms, family history, polyps or if you are 50 years-of-age or older. If so, you should discuss your situation with your doctor.

What are the symptoms?

CRC is often a “silent” disease with no symptoms. When symptoms occur, they may include blood in the stool or pain in the abdomen. If these symptoms occur, contact your doctor as soon as possible.

What are polyps?

Polyps are small outgrowths of tissue on the inner lining of the colon. Although not all polyps become cancerous, almost all CRC develops from pre-existing polyps. Most polyps grow slowly and may take ten years or more to develop into a cancer. Adenomatous polyps increase the risk of colorectal cancer, especially if they are large and if there are many of them. Inflammatory and hyperplastic polyps do not increase the risk of colorectal cancer.

What tests are used to check for polyps and colorectal cancer?

There are a number of tests that can be used to check for polyps or CRC. Tests vary in their simplicity and accuracy. All tests, except fecal occult blood tests, require the bowel to be specially cleansed.

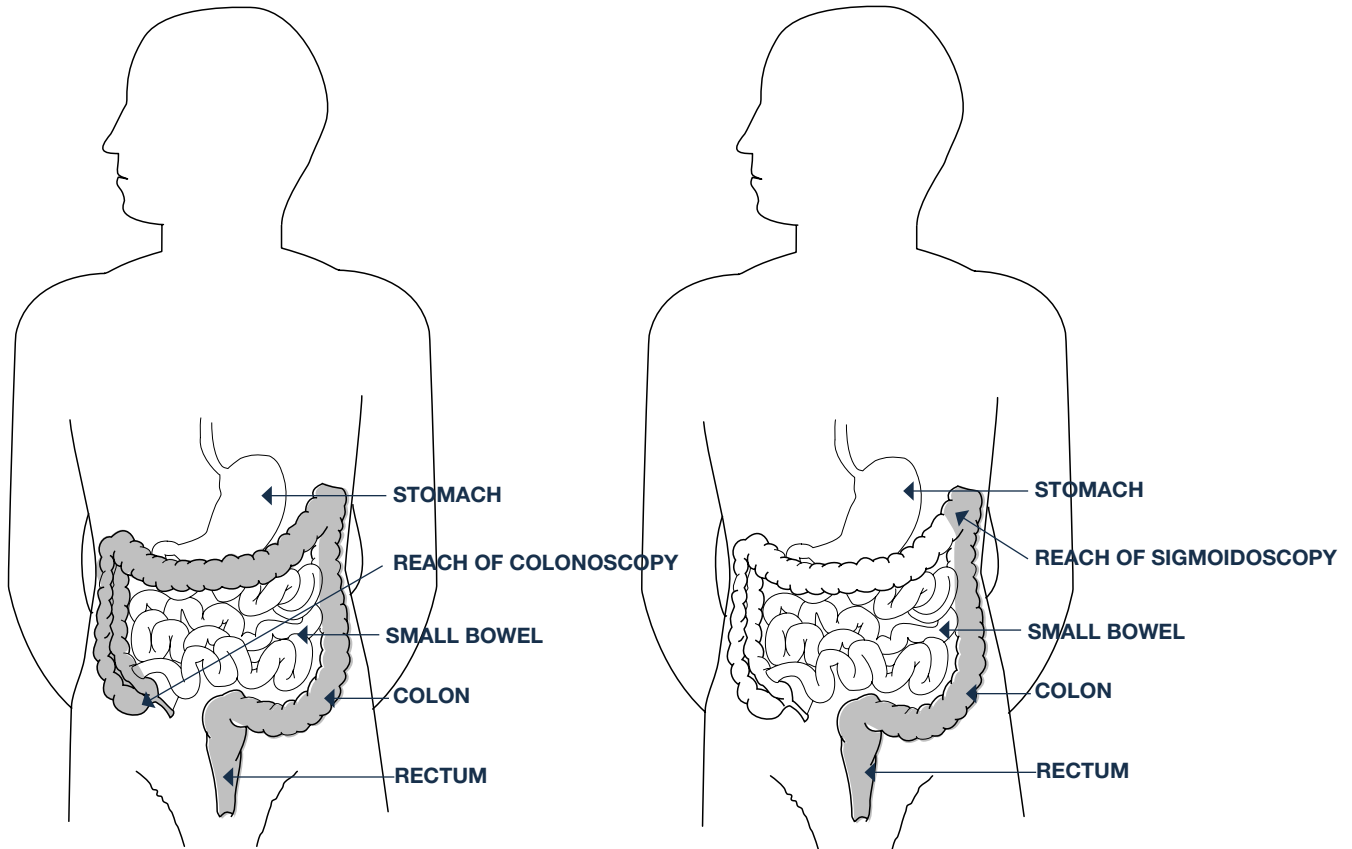
Fecal Occult Blood Test: Polyps and CRC can bleed intermittently, so three small stool samples are tested for blood that may be hidden in the stool.

Barium Enema X-Ray Examination: Polyps and CRC change the appearance of the bowel. This test can detect polyps or CRC but does not allow for biopsy or removal.

Sigmoidoscopy: A flexible lighted instrument is inserted through the anus to examine the rectum and the lower portion of the colon. Polyps or CRC can be biopsied or may be removed, but abnormalities in the upper portion of the colon cannot be seen or treated.

Colonoscopy: A flexible lighted instrument is inserted through the anus to examine the entire colon. Polyps or CRC can be biopsied or may be removed. Most patients require sedation for this procedure. Colonoscopy is considered the most comprehensive and accurate investigation.

“Virtual Colonoscopy” (CT Colonography): A tube is inserted through the anus and air is used to inflate the colon. Specialized x-rays are taken to show irregularities in the bowel. Polyps and CRC cannot be biopsied or removed, but accuracy is thought to be superior to barium enema. Availability is currently limited.



Which test should I have?

Depending on your circumstances, you may not require any testing at all. You should consider what each test offers, the risk involved and whether or not you have experienced symptoms of CRC. These tests vary with respect to their advantages, disadvantages, limitations, and availability. You should discuss your options with your doctor.

What can I do to reduce my risk of colon cancer?

Although solid proof is lacking, there may be some lifestyle and dietary changes that could reduce your risk of CRC.

When should I get tested for colorectal cancer?

Most people should begin testing at age 50. If you are at higher risk (see above) discuss this with your doctor.

For specific details on the detection of colorectal cancer, please refer to the guideline:
Detection of Colorectal Neoplasms in Asymptomatic Patients
web site: <http://www.healthservices.gov.bc.ca/msp/protoguides/index.html>