

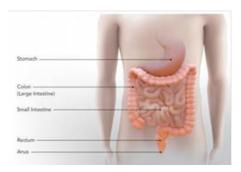
CBC MONTHLY HEALTH SPOTLIGHT: COLON CANCER AWARENESS

March 2019

WHAT IS COLON (COLORECTAL) CANCER?

Colon Cancer starts in the colon or the rectum:

- In general, cancer begins when cells in the body grow out of control. Cells in any part of the body can become cancerous and spread.
- The colon absorbs water and salt from food matter after it goes through the small intestine
- The waste that's left after going through the colon goes into the rectum, which is the final 6 inches of the digestive system. It's stored there until it passes out of the body through the anus



ABOUT POLYPS

Most colon cancers start as a growth on the inner lining of the colon or rectum. These growths are called polyps

• Some types of polyps can change into cancer over time (usually many years), but not all polyps become cancer.

The chance of a polyp changing into cancer depends on the type of polyp it is:

Adenomatous polyps (adenomas)

• Sometimes change into cancer

• Are a precancerous condition, and make up about 96% of colon cancers

Hyperplastic polyps and

inflammatory polyps

• Occur more frequently than adenomas, but do not develop into cancer

STAGES OF COLON CANCER

The development colon cancer depends on how deeply it has grown into the walls and if it has spread outside the colon or rectum.

- 1. If cancer forms into a polyp, it can grow into the wall of the colon or rectum.
- Colon cancer starts in the innermost layer and can grow outward.
- Adenomas start in cells that make mucus to lubricate the inside of the colon and rectum.
- Cancer cells in the wall can grow into the blood or lymph vessels (channels that carry waste and fluid).

WHAT ARE RISK FACTORS FOR COLON CANCER?

FACTORS THAT CAN BE CONTROLLED

- 1. Overweight or obesity
- 2. Physically inactivity
- 3. Diet high in red and processed meats
- 4. Smoking
- 5. Heavy alcohol use

FACTORS THAT CANNOT BE CONTROLLED

- 1. Over the age of 50
- 2. History of inflammatory bowel disease,
- including ulcerative colitis and Crohn's disease.
- 4. Family history of colon cancer or adenomatous polyps
- 5. Lynch syndrome
- 6. Familial adenomatous polyposis
- 7. Racial and ethnic background:
- African Americans have the highest colon cancer incidence and mortality rates of all racial groups in the U.S.
- Jewish people of Eastern European descent (Ashkenazi) have one of the highest colon cancers risks of any ethnic group globally

CAN I AVOID COLON CANCER?

To reduce the chance of developing colon cancer:

- If you are 45 or older, ask your doctor for a screening
- Stay at a healthy weight
- Increase your physical activity
- Limit consumption of red and processed meats and eat more fruits and vegetables
- Avoid excess alcohol intake



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TYPES OF SCREENING

- 1. Fecal (Stool) Blood Test uses the chemical guaiac to detect blood in stool
- You collect small amount of stool and take it to your doctor or lab
- How often: once a year
- 2. Fecal Immunochemical Test (FIT) uses antibodies to detect blood in the stool
- You receive a test kit from your healthcare provider. This test is done the same way as the Fecal Blood Test above
- How often: once a year
- 3. FIT-DNA Test (or Stool DNA test) Combines the FIT with a test to detect altered DNA in stool
- You collect an entire bowel movement and send it to a lab to be checked for cancer cells
- How often: once every one or three years
- 4. Flexible Sigmoidoscopy (Flex Sig):
- The doctor puts a short, thin, flexible, lighted tube into your rectum, and checks for polyps or cancer inside the rectum and lower third of the colon
- How often: Every five years, or every 10 years with a FIT every year

5. Colonoscopy:

- The doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon
- During the test, the doctor can find and remove most polyps and some cancers
- How often: Every 10 years

- CT Colonography: uses X-rays and computers to produce images of the entire colon
- How often: Every five years

WHAT ARE SYMPTOMS OF COLON CANCER?

- A change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts for more than a few days
- A feeling that you need to have a bowel movement that's not relieved by having one
- Rectal bleeding with bright red blood
- Blood in the stool, which may make the stool look dark
- Cramping or abdominal (belly) pain
- Weakness and fatigue
- Unintended weight loss

Note: Many of these symptoms can be caused by conditions other than colon cancer. Speak to your doctor to be sure

SUPPORT PROGRAMS

Gilda's Club NYC

(212) 647-9700

American Cancer Society (800) 227-2345

BOLD : Bronx Oncology Living Daily Program (718) 430-2380

<u>Grupo De Apoyo Para Mujeres</u> <u>Diagnosticadas Con Cáncer</u> 800-813-HOPE (4673)

Young Adults with Cancer (212) 712-8029

CancerCare <u>SAGE: Gay Male Cancer Survivors</u> <u>Support Group</u> (212) 712-6141

CancerCare

General Patient Support Group 800-813-HOPE (4673)