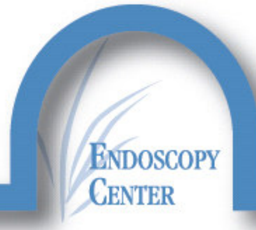
Atlantic General Hospital



10231 Old Ocean City Boulevard • Suite 205
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Colon and Rectal Cancer

Description

Colon or rectal cancer is an abnormal growth of cells in the colon or rectum. The growth of cells is called a malignant tumor. The colon and rectum are sections of the large intestine, also called the large bowel. The colon is the first part of the large bowel. It is nearly 5 feet long. The rectum is the last few inches of the large bowel. The rectum is at the end of the colon and just above the anus.

It is important to diagnose and treat colon or rectal cancer as soon as possible. If not treated, the cancer can spread through the bowel wall to lymph nodes and the bloodstream and to other parts of the body.

The large intestine is one of the 4 most common sites for cancer to occur. (The other 3 most common sites are the lungs, the breasts, and the prostate.)

Another name for this type of cancer is colorectal cancer.

Frequent Signs and Symptoms

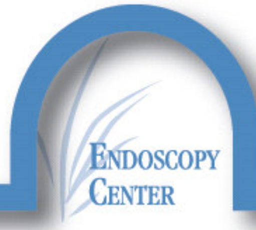
At first there are no symptoms. When symptoms do occur they may include:

- blood in bowel movements (stools)
- constipation
- diarrhea
- a change in the shape, color, and frequency of your bowel movements
- pain, discomfort, or an unusual sense of fullness in the abdomen
- tiredness
- unexpected weight loss.

Causes

Cancer cells are abnormal cells that grow in an uncontrolled way. They can spread (metastasize) beyond where they start. Most colorectal cancers start from a type of polyp called an adenomatous poly. Polyps are extra tissue that grow on the inside wall of the bowel.

Colorectal cancer is more common in countries where obesity is common, where the diet is high in fat and low in fiber, and where daily exercise is less common. It is not known how this combination of obesity, diet, and lack of exercise combine to increase the risk for colorectal cancer. Colon or rectal cancer usually occurs after age 50, but it can happen at any age.



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Risk increases if:

- You have a personal or family history of colon cancer, polyps, or inflammatory bowel disease.
- You have had uterine, ovarian, or breast cancer.
- You eat a high-fat and low-fiber diet.

Preventive Measures

To prevent or detect recurrence of the cancer, follow the guidelines your healthcare provider gives you. Also, you should:

- Keep all of your follow-up appointments with your provider.
- Have routine colonoscopies to check for polyps according to your provider's recommendations.
- Check yourself for symptoms or signs.
- Call your provider if changes occur.

If you do not have colorectal cancer but are age 50 or older and have an average risk of colorectal cancer, it is generally recommended that you get screened for cancer by:

- having your stool checked for blood (a test called FOBT or FIT) once a year
- having a sigmoidoscopy or colonoscopy at age 50
- having another sigmoidoscopy every 5 years or colonoscopy every 10 years.

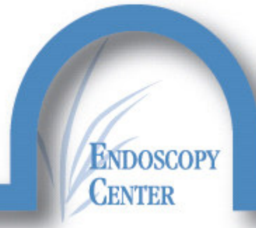
If you have a higher than normal risk for colorectal cancer, ask your healthcare provider when and how often you should be tested for colorectal cancer. You may need to start testing before you are 50.

For more information on cancer, contact national and local organizations such as:

American Cancer Society, Inc.
Phone: 800-ACS-2345 (800-227-2345)
Web site: www.cancer.org

AMC Cancer Research Center and Foundation
Phone: 800-525-3777
Web site: www.amc.org

Cancer Information Service
Phone: 800-4-CANCER (800-422-6237)
Web site: http://cis.nci.nih.gov



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Expected Outcomes

If it is detected early, colorectal cancer may be cured with surgery alone. In later stages, you may need additional treatment, such as chemotherapy and radiation therapy, to lower the risk of a return of the cancer. Your healthcare provider may ask you to see a medical oncologist after surgery to decide whether treatment with chemotherapy is needed.

Your chance of cure depends on how far the cancer has advanced. When a cancer is removed before it has spread into the wall of the colon, more than 90% of people survive 5 years or longer. The chance of survival decreases with advanced stages.

If you have a colostomy, your healthcare team will help you learn how to live with it. Most people lead healthy, active lives with colostomies. Your provider may suggest dietary changes that restrict gas-forming and odor-causing foods such as beans, eggs, fish, and carbonated drinks. In time, you will learn which foods you can cause problems for you.

Possible Complications

- If not removed early, some polyps can become malignant. If cancerous polyps are not treated, they are life threatening. It is important to follow your healthcare provider's recommendations for treatment.
- New polyps may form. Because of their potential for malignancy, you should have a colonoscopy in 1 to 5 years after your polyps are removed. Your provider will tell you when you need repeat exams.

Colon and Rectal Cancer – Diagnosis & Treatment

General Measures

Diagnosis:

- Your healthcare provider will review your symptoms and examine your abdomen and rectum. A sample of a bowel movement will be tested for blood.
- Procedures called sigmoidoscopy or colonoscopy let your healthcare provider look at the inside of the colon and rectum. For both procedures your provider inserts a slim, flexible, lighted tube through your anus and looks at the inside of your colon and rectum. Your provider may remove a small piece of tissue that looks abnormal to test for cancer (a test called a biopsy). Colorectal cancer is common enough that colonoscopy after the age of 50 is recommended as a routine screening procedure.
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- Another test you might have is a double-contrast barium enema. In this procedure fluid that contains barium is put into your colon. X-rays are then taken that show the inside of your colon. If the X-ray images show a polyp or cancer, you will need to have a colonoscopy to get a sample of tissue (biopsy) for lab tests.
- If cancer is found, you will have lab tests and X-rays to check for spread of the cancer to other parts of your body.

Treatment

- Your healthcare provider will determine the stage (amount of spread) of the cancer. The treatment choices are based on the stage of the cancer.
- The tumor and any organs or parts of organs that are affected by the tumor may be removed with surgery. The surgeon will remove the section of colon or rectum that contains the cancer and then put the ends of the intestine back together. This procedure is called resection and anastomosis.
- Another procedure, called a colostomy, is done when the cancer is so near the anus that there is not enough rectum left above the anus after surgery to allow the ends to be joined together. In this case, the surgeon makes an opening in the abdominal wall and attaches the healthy end of the shortened colon to the skin. After this procedure you will pass bowel movements through this opening and into a bag. You will be taught how to care for the colostomy. A colostomy can be temporary or permanent. You are much less likely to need a colostomy if the cancer is diagnosed in the earliest stages.
- Other possible treatments are:
    - chemotherapy, which uses anticancer drugs to kill cancer cells
    - immunotherapy, which can help your immune system fight cancer or help lessen side effects from other cancer treatments
    - radiation therapy, which uses X-rays or other high-energy rays to kill cancer cells and shrink rectal tumors.