



The Trinidad and Tobago Cancer Society

Colorectal Cancer

Early Detection & Treatment Guidelines



www.cancertt.com

What Is Colorectal Cancer?

Colorectal cancer also called Colon cancer/rectal cancer refers to cancer that develops in the colon or the rectum. The detected risk of colon cancer increases with age and is more common in people over 50 years of age.

Other factors giving rise to colon cancer are:

- Polyps – growths inside the colon and rectum that may become cancerous
- A diet that is high in fat and low in fiber
- A family history or personal history of colorectal cancer
- Ulcerative colitis or Crohn's disease

What Is The Colon And The Rectum?

The colon and the rectum are the last parts of the digestive system, otherwise known as the gastrointestinal tract. The colon (also called the large bowel or large intestine) is a muscular tube about 5 feet long. The colon is made up of four sections:

- The ascending colon starts at the end of the small intestine attached to the colon and goes up the right side of the abdomen.
- The transverse colon crosses from the right to the left side of the body.
- The descending colon goes down the left side of the abdomen.
- The sigmoid colon joins the rectum, which ends at the anus.

What Are The Signs And Symptoms Of Colorectal Cancer?

Symptoms of colorectal cancer sometimes do not appear until the disease has progressed. Therefore regular screening via colonoscopies is vitally important.

However, if the symptoms are present they may include:

- Blood in the stool, dark stool, and rectal bleeding.
- A change in bowel habits such as diarrhea, constipation or narrowing of the stool that lasts for more than a few days.
- Cramping of abdominal (stomach area) pain.
- Chronic fatigue and weakness.
- A feeling that you need to have a bowel movement that is not relieved by doing so.

Most of these symptoms can also be caused by conditions other than colorectal cancer such as infections, haemorrhoids or inflammatory bowel disease. Still, if one exhibits any of these problems, it is important to see a doctor right away so the precise cause can be found and such treatment as is necessary administered.

How is Colorectal Cancer Diagnosed?

Colon cancer is usually diagnosed using the following test: **A barium enema, or lower gastrointestinal (GI) examination**, is an X-ray examination of the large intestine (colon and rectum). The test is used to help diagnose diseases and other problems that affect the large intestine.

The colonoscopy: a procedure whereby a doctor inserts a long, flexible viewing tube into the rectum for the purpose of inspecting the inside of the entire colon.

- If cancerous growths are found during colonoscopy, small tissue samples (biopsies) can be obtained and examined under the microscope to confirm the diagnosis.
- If colon cancer is confirmed by a biopsy, staging examinations are performed to determine whether the cancer has already spread to other organs. Since colorectal cancer tends to spread to the lungs and the liver, staging tests usually include chest x-rays, ultrasonography, or CAT scan of the lungs, liver and abdomen.

Sometimes the doctor may obtain a blood test for CEA (carcinoembryonic antigen). CEA is a substance produced by some cancer cells. It is sometimes found in high levels in patients with colorectal cancer, especially when the disease has spread.

Reasonable Options To Colonoscopy

a. Annual FIT Test

The Fecal Immunochemical Test (FIT) is a screening test for colon cancer. It tests for hidden blood in the stool, which can be an early sign of cancer. FIT only detects human blood from the lower intestines.

b. Annual FIT Test plus Flexible Sigmoidoscopy

Flexible Sigmoidoscopy is a procedure that allows your doctor to examine the rectum and the lower (sigmoid) colon. The flexible sigmoidoscope is a flexible tube 60 cm long and about the thickness of your little finger.

How Can Colorectal Cancer Be Prevented?

Colorectal cancer can be prevented by:

- Colorectal cancer screening test: (colonoscopy), which is one of the most powerful weapons in preventing colorectal cancer. It is estimated that at least 50% – 60% of colorectal cancer deaths could be prevented if all men and women 50 years or older were screened routinely.
- Increase physical activity.
- Eating a diet that is high in fiber (fruits and vegetables).
- Limiting alcohol consumption.
- Avoiding tobacco (smoking).

Even in the case where colorectal cancer has already developed, early detection still significantly improves the chance, surgically removing the cancer before the disease spreads to other organs.

How Is Colorectal Cancer Treated?

The main types of treatment for colon cancer and rectal cancer are:

- **Surgery** – the most common treatment for colorectal cancer.
- **Radiation therapy** – has been limited to treating cancer of the rectum. There is a decrease local recurrence of rectal cancer in patients receiving radiation either prior to or after surgery. Without radiation, the risk of rectal cancer recurrence is close to 50%. With radiation, the risk is lowered to approximately 7%.
- **Chemotherapy** – may delay tumor recurrence and improve chances of survival.

The Trinidad and Tobago Cancer Society recommends that you always consult your healthcare provider.

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