



THE TRINIDAD & TOBAGO CANCER SOCIETY

Colorectal Cancer

Early Detection & Treatment Guidelines

What Is Colorectal Cancer?

Colorectal cancer refers to cancer that develops in the colon or rectum, the final sections of the digestive tract. It is one of the most common cancers globally and can often be prevented or detected early through regular screening.

What are the risk factors for colorectal cancer?

Colorectal cancer risk increases with age, particularly in individuals over 50, but cases in younger adults are rising.

Other risk factors include:

- Personal or family history of colorectal cancer or polyps.
- Inflammatory bowel disease (ulcerative colitis or Crohn's disease).
- Unhealthy diet, particularly one low in fiber and high in red or processed meats.
- Obesity and lack of physical activity.
- Smoking and excessive alcohol consumption.
- Diabetes or insulin resistance.



What are the symptoms of colorectal cancer?

Early colorectal cancer often has no symptoms, making screening essential. When symptoms occur, they may include:

- Blood in stool (bright red or dark).
- Changes in bowel habits (diarrhea, constipation, or narrowing of stools).
- Unexplained weight loss.
- Persistent abdominal pain, cramping, or bloating.
- Fatigue and weakness.
- Feeling that the bowel does not empty completely.

Colorectal cancer screening: When and how?

Screening detects cancer before symptoms develop, increasing the chances of successful treatment. Current guidelines recommend:

For Average-Risk Individuals

- Start screening at age 45 (previously 50, but updated based on recent evidence).
- Continue regular screening until age 75.
- After 75, screening decisions should be based on overall health.

For High-Risk Individuals

- Earlier and more frequent screening if you have:
 - A family history of colorectal cancer or polyps.
 - Genetic conditions (e.g., Lynch syndrome, familial adenomatous polyposis).
 - A history of inflammatory bowel disease.

Types of screening tests

- Colonoscopy (every 10 years) – Gold standard for detecting and removing precancerous polyps.
- Fecal Immunochemical Test (FIT) (annually) – Detects hidden blood in the stool.
- Stool DNA Test (every 1-3 years) – Checks for genetic changes linked to colorectal cancer.
- Flexible Sigmoidoscopy (every 5 years) – Examines the lower colon but does not detect cancers higher in the digestive tract.

How can colorectal cancer be prevented?

While some risk factors (like genetics) cannot be controlled, lifestyle changes can reduce the risk:

- Regular screening – Detects and removes polyps before they turn cancerous.
- Eat a fiber-rich diet – Increase fruits, vegetables, and whole grains.
- Limit red and processed meats – High consumption has been linked to colorectal cancer.
- Maintain a healthy weight – Obesity is a significant risk factor.
- Exercise regularly – At least 150 minutes of moderate activity per week.
- Limit alcohol intake – No more than one drink per day for women, two for men.
- Avoid smoking – Smoking is linked to increased colorectal cancer risk.

How is colorectal cancer treated?

Treatment depends on the stage and location of the cancer and may involve:

- Surgery – The primary treatment for localized colorectal cancer.
- Radiation Therapy – Often used for rectal cancer to shrink tumors before surgery.
- Chemotherapy – Used before or after surgery or with radiation therapy to kill remaining cancer cells or shrink advanced tumors.
- Targeted Therapy – Blocks specific molecules involved in cancer growth (e.g., EGFR inhibitors).
- Immunotherapy – May be an option for patients with specific genetic markers.

Early detection saves lives

Colorectal cancer is one of the most preventable cancers if detected early through regular screening. If you are 45 or older, talk to your doctor about which screening test is right for you.



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