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Prevention Series

Colorectal Cancer

How to reduce your risk



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Colorectal Cancer

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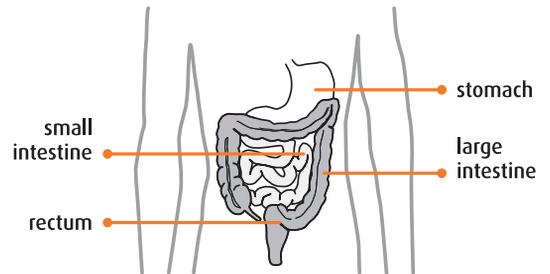
Colorectal cancer is the third most commonly diagnosed cancer for men and women in Canada. Most cases occur in people over the age of 50 but it's possible to develop colorectal cancer at an earlier age.

The introductory information in this brochure will help you understand more about this disease, what you can do to reduce your risk of developing it, and why even healthy adults should have regular screening tests once they turn 50.

Colorectal cancer usually grows slowly and in a predictable way. The earlier it is detected, the better – it is easier to treat and often curable when it is found early. A screening test can even detect changes in the colon that can be treated before they become cancer. Screening saves lives – a test could save yours.

The colon, the rectum and cancer

The colon and rectum make up the large intestine (large bowel) and are the last part of the digestive system. The food you eat ends up in the large intestine. Here, water and some nutrients are used by the body to keep it healthy and working. Waste is left behind and passes through the rest of the large intestine before leaving the body.



Most colorectal cancers start in the cells that line the inside of the colon or the rectum. These cancer cells begin to multiply out of control and form tumours. Sometimes some of the cancer cells may break away and start tumours in other parts of the body.

Many cases of colorectal cancer start out as *polyps*, which are small, non-cancerous growths on the inner wall of the colon or rectum. Polyps can be detected through screening tests, and removed before they develop into cancer.

Know the risks

There is no single cause of colorectal cancer, but some factors appear to increase the risk of developing it. The risk of colorectal cancer increases as we grow older. Having risk factors doesn't mean you *will* develop colorectal cancer. It means that your *chances* of developing it are higher.

You may be at higher risk if you:

- are over age 50
- have polyps in the colon or rectum
- have had colorectal cancer before
- have a family history of colorectal cancer in a first-degree relative (parent, sibling, child)
- have familial adenomatous polyposis (FAP) or hereditary nonpolyposis colon cancer (HNCC)
- have inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- are obese
- are physically inactive
- eat a diet high in red meat (beef, lamb, goat)
- eat processed meats (ham, salami, sausage, hot dogs)
- drink alcohol
- smoke
- are of Ashkenazi (Eastern European Jewish) descent

Some people develop colorectal cancer without having any of these risk factors.

Reduce your risk

You can't change some of the risk factors for colorectal cancer, such as your age and your family's medical history. But if you're worried about your risk, current research tells us that by having a healthy lifestyle you may be able to change other factors. It's not always easy to make healthy choices, and there's no guarantee that you won't develop colorectal cancer. But you will be doing what you can to reduce your risk.

Be physically active

Physical activity increases the rate at which the body's wastes pass through the colon. This reduces your exposure to cancer-causing substances within the wastes. The more active you are, the more you cut your risk of colorectal cancer. Try to be physically active for at least 30 minutes every day, and work your way up to 60 minutes a day.

Maintain a healthy body weight

Being obese raises your risk of colorectal cancer. Talk to your doctor about what is a healthy weight for you and ways to reach or maintain it.

Eat a variety of healthy foods

Evidence is growing that what you eat affects your risk of developing colorectal cancer. To try to reduce your risk, you can:

- Avoid eating processed meats (meat that is preserved by smoking, curing, salting or adding other chemical preservatives).

- Limit how much red meat you eat. Eat smaller portions of beef, pork and lamb (no bigger than the size of your palm), and choose alternatives to meat such as legumes (dried beans or peas) more often.
- Eat foods that are high in fibre. You can boost the fibre in your meals by eating breads, cereals, rice and pasta made from whole grains more often.
- Eat balanced meals that include a variety of vegetables and fruit.
- Use garlic when cooking. Garlic belongs to the *allium* family of vegetables, and there is evidence that it may reduce your risk of colorectal cancer.
- Drink milk. It's likely the calcium in milk that helps reduce your risk, but other elements in milk may play a role.

There is also some evidence that having enough vitamins and minerals such as calcium, vitamin D, selenium, and in some cases folate, also helps reduce your risk.

Limit how much alcohol you drink

Studies show that drinking even low amounts of alcohol increases your risk of colorectal cancer. The more you drink, the greater your risk.

Live smoke-free

Studies have shown that smoking can cause colorectal cancer. If you don't smoke, don't start. If you do smoke, get help to quit. Avoid second-hand smoke.

Talk to your doctor about your risk

You don't have to have a family history of colorectal cancer to be at risk – simply getting older puts you at increased risk. All men and women should talk to their doctor about their risk of colorectal cancer. Your doctor can help you understand what other risk factors you have, and tell you more about tests to detect this cancer early.

A very small number of people are at high risk of developing colorectal cancer, usually because of their genetic make-up or because of a very strong family history of the disease. If you're one of these people, you may have the option to have screening tests earlier or more often than average. Your doctor may also suggest other preventive procedures.

Questions to ask your doctor

- What's my risk of colorectal cancer?
- What can I do to reduce my risk?
- What tests should I have and when?
- Are there any risks in having the test?
- How is the test done?
- Do I need to do anything to prepare for the test?
- What happens if my results aren't normal?
- How often should I be tested?

Follow colorectal cancer screening guidelines

If you are 50 or older, you should have a stool test (*fecal occult blood test* (FOBT) or *fecal immunochemical test* (FIT)) at least every two years.

Have one of these tests even if you feel fine – it is a *screening* test, which means it checks for signs of disease even before you've noticed anything that might be a problem. A stool test helps detect colorectal cancer in its early stages, when it is treatable and often curable. It also helps doctors find and treat polyps in the colon before they become cancerous.

If you are at higher than average risk for colon cancer (perhaps because you've had polyps or a family history of the disease), you may be tested more often or at an earlier age. Talk to your doctor about a personal plan of testing.

It's important to know that no screening test is 100% accurate. There is also usually at least some risk involved in having any medical test. But overall, screening saves lives.

Find out more about screening in your area

Colorectal screening programs vary among the provinces and territories. Ask your doctor about the screening tests or programs in your area.

Preparing for a stool test

In an FOBT or FIT, two to three separate stool samples are collected at home and sent to a laboratory to check for blood that can be seen only with a microscope. Polyps or tumours in the colon have blood vessels on their surface that can release a small amount of blood into the stool when the stool passes by.

Certain foods or drugs can affect the test. Your test package should include instructions, but be sure to ask your doctor if you have any questions.

If there's blood in the stool

If the test shows traces of blood in the stool, you'll need to have more tests to find out what the problem might be. Your doctor may suggest:

Colonoscopy

During a colonoscopy, your doctor uses a thin, flexible tube with a light and camera at the end to look at the lining of the entire colon.

Double-contrast barium enema

A double-contrast barium enema is an x-ray of the colon and rectum that uses a special dye (called *barium*). The dye helps the doctor see the lining of the colon more clearly.

Flexible sigmoidoscopy

For a flexible sigmoidoscopy, the doctor looks at the lining of the rectum and lower part of the colon using a soft, bendable tube with a light and camera at the end.

If your doctor sees something abnormal, tissue samples (a *biopsy*) may be taken during a colonoscopy or a sigmoidoscopy.

Reasons for having blood in the stool

Having blood in the stool doesn't always mean that you have cancer. Blood in your stool may come from the colon or from other parts of the digestive tract, such as the stomach or anus. Follow-up testing will help find out if the bleeding is caused by cancer, or by something much less serious (for example, hemorrhoids, ulcers or polyps).

Report symptoms to your doctor

Even if you're having screening tests regularly, you shouldn't ignore any changes to your body. The following symptoms may be caused by colorectal cancer or by other less serious health problems. See your doctor if you have:

- general discomfort in the abdomen (bloating, fullness, cramps)
- a change in bowel habits, such as diarrhea or constipation, for no apparent reason
- blood in the stool (either bright red or very dark)
- stools that are narrower than usual
- an urgent need to have a bowel movement
- a feeling that the bowel hasn't completely emptied
- nausea or vomiting
- fatigue (feeling very tired)
- unexplained weight loss

If you have any of these symptoms, you may need to have some tests (such as a sigmoidoscopy or a colonoscopy) to help find out what is causing them.

Find out more

With research, we are always learning more about who is at risk for colorectal cancer and how to reduce this risk. Contact us for the most up-to-date information about reducing your risk of colorectal cancer or detecting it early:

- Call an information specialist toll-free at **1 888 939-3333** Monday to Friday 9 a.m. to 6 p.m.
- E-mail us at info@cis.cancer.ca.
- Visit our website at www.cancer.ca.



Notes

We'd like to hear from you

E-mail us at publicationsfeedback@cancer.ca if you have comments or suggestions to help us make this booklet more useful for you and other readers.

What we do

The Canadian Cancer Society fights cancer by:

- doing everything we can to prevent cancer
- funding research to outsmart cancer
- empowering, informing and supporting Canadians living with cancer
- advocating for public policies to improve the health of Canadians
- rallying Canadians to get involved in the fight against cancer

Contact us for up-to-date information about cancer, our services or to make a donation.



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Colorectal Cancer: How to reduce your risk. Canadian Cancer Society 2008.