

## Colon Cancer

**What Is Colon Cancer?** Colon cancer begins with abnormal cells in the colon or rectum. These cells turn into small growths called *polyps*, and over many years they can become cancerous. It often takes a year or two for a cancer that develops in the colon to spread to other body areas. This year or two is the time that you have to get a cure.

When colon cancer is found by screening tests, it is usually still inside the bowel only, and is 90% cured. However, if the cancer is found after symptoms such as bleeding, or if a change in bowel habits causes you to see the doctor, 60% of the time it has spread outside of the bowel (compared to 10% of the time when screening tests find cancer). When this spread occurs, over 90% of the patients die from the disease.

**What Are The Screening Methods?** Even though screening tests do not detect all cancers, and some cancers spread before they can be found, colon cancer screening is proven to reduce deaths from this disease. Studies demonstrate about a 1/3 reduction in deaths from colon cancer in people who are regularly screened.

There are several screening methods used to screen for colon cancer. They are:

### Fecal Occult Blood Testing

Fecal Occult Blood Testing (FOBT) looks for blood in the bowel movement (or stool), which can be a sign of colon cancer. This test is recommended every year.

The test involves taking a little bit of stool and staining a card with it, for three different bowel movements. Your doctor then tests the dry stool for blood. If you have a positive result (about 1 in 30 are positive), the doctor will arrange for a colonoscopy to see if cancer is present. FOBT has some disadvantages:

- Only one positive test in 50 is due to cancer, although colon polyps (the pre-cancer problem) are found in some others. These “false positive” tests can lead to anxiety caused by hearing you have a positive test result and need a colonoscopy.
- Only about half of cancers in the bowel are found by FOBT. The other half of the cancers do not bleed and therefore do not show up through this test. The test involves taking a little bit of stool and staining a card with it, for three different bowel movements. Your doctor then tests the dry stool for blood. If you have a positive result (about 1 in 30 are positive), the doctor will arrange for a colonoscopy to see if cancer is present.

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### **What Are The Screening Methods? (Continued)**

#### **Flexible Sigmoidoscopy**

Flexible Sigmoidoscopy is performed by a specially trained doctor in his or her office. Using a short, flexible, lighted tube into your rectum and colon, the doctor checks for polyps in the lower third of the colon. If the doctor finds polyps, he or she will recommend a colonoscopy. To prepare for the test, you must clean your bowels. This is typically done by using enemas. This test may cause you to have mild discomfort, but generally after the procedure your daily activities can be resumed. A drawback to this procedure is the chance of a having tear in the colon. The chance of a tear is about 1 time out of 1000. If this happens, serious medical treatment is needed.

Despite this drawback, the flexible sigmoidoscopy is a reliable screening method. Because more cancers are common in the lower part of the colon, this screening method finds half of the colon cancers and two-thirds of the polyps. Generally, a sigmoidoscopy procedure is recommended every 3 to 5 years.

#### **Colonoscopy**

The colonoscopy uses a longer tube to look at the lining of the **entire** colon and is performed by a specialist.

The colonoscopy generally finds all cancers and polyps present in the colon at the time of the exam. Repeating this test every 10 years is generally recommended, to find new cancers that develop.

To prepare for the test you must clean your bowel even more thoroughly than for the flexible sigmoidoscopy. This cleaning requires you to drink a lot of medicine, which is a type of laxative, to clean out your bowel. Most patients report discomfort from the cramps and diarrhea that come with the cleaning process.

The test itself requires sedation, so you are usually unable to perform your routine activities for the day. The most serious complication of a colonoscopy is bowel perforation, which occurs about two (2) times out of a 1000 colonoscopies.

### **What Is The Treatment?**

Colon cancer responds best to treatment when it is diagnosed and treated early, especially before it has spread beyond the colon. If colon cancer is found, it is treated with major surgery.

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**What Is The Treatment?**  
(Continued)

Some doctors recommend short-term chemotherapy in addition to surgery. Usually, the patient must stay a week in the hospital and then have a 6-week recovery period at home. Death from the surgery occurs in less than 1 in 100 people who have colon surgery before the cancer has spread.

It would not make sense to screen for cancer if surgery is not an option because of your age, health, or personal preferences.

**How Do I Decide?**

To make a decision, first think about the advantages and disadvantages of screening for colon cancer.

- If you have an early stage of colon cancer now, how bad would it be if you did not find it until it was too late to cure?
- Are you willing to have the necessary surgery?
- How many years of life would you lose if you do not find and treat the cancer?
- How important is it to you to reduce your chances of dying of colon cancer specifically?

Screening Choice Summary			
Questions to Ask	Fecal Occult	Sigmoidoscopy	Colonoscopy
How often does it find a cancer if I have one?	Half the time	Half the time	All the time
How often do I need the screening?	Yearly	Every 5 years	Every 10 years
How much discomfort will I have?	None	Little	More
How much inconvenience is there?	Minor	Little	Moderate
Are there often false positives?	Yes	No	No
What are the risks?	False positives	1 in 1000 chance of colon perforation	2 in 1000 chance of colon perforation

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## Resources Organizations

### Canadian Cancer Society

Web site: [www.cancer.ca](http://www.cancer.ca)

### Frontenac-Lennox & Addington Unit

2795 Princess St.

Woodbine Plaza

Kingston, Ontario K7P 2X1

Phone: (613) 384-2361

Toll-free: 1 866 877-0309

Fax: (613) 384-9783

E-mail: [frontenac@ontario.cancer.ca](mailto:frontenac@ontario.cancer.ca)

### Hastings-Prince Edward County Unit

18 Moira St. West

Belleville, Ontario K8P 1S2

Phone: (613) 962-0686

Toll free: 1 800 385-5457

Fax: (613) 962-8523

E-mail: [hastings@ontario.cancer.ca](mailto:hastings@ontario.cancer.ca)

### Lanark, Leeds & Grenville Unit

201-105 Dufferin Street

Perth, Ontario K7H 3A5

Phone: (613) 267-1058

Toll-free: 1 800 367-2913

Fax: (613) 267-4517

E-mail: [lanarklg@ontario.cancer.ca](mailto:lanarklg@ontario.cancer.ca)

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## **Other** **Web Links** **Resources**

### **Familial Gastrointestinal Cancer Registry**

Web site: <http://www.mtsinai.on.ca/familialgicancer/About/default.htm>

This website provides information about hereditary risk and general risk assessment. The Familial Gastrointestinal Cancer Registry (Mt. Sinai hospital in Toronto) is used for research on inherited forms of colorectal cancer.

### **Colorectal Cancer Association of Canada**

Web site: [www.ccac-accc.ca](http://www.ccac-accc.ca)

An easy to navigate website that offers support to people with colorectal cancer, their families and caregivers.

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