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Colorectal Cancer – Preventable, Curable And Beatable

By News Canada

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by: News Canada

(NC)–March is National Colorectal Cancer Awareness Month, and to ensure Canadians have the necessary information to make informed decisions and choices about their colon health, frequently asked questions are answered below.

Colorectal cancer is the third most common cancer for both men and women in this country, and in 2002 more than 17,000 individuals were diagnosed with the disease. Don't wait. If you think you are at risk for colorectal cancer, talk to your health care professional now. Early detection and treatment could save your life or the life of a loved one.

1. What is colorectal cancer?

Colorectal cancer begins in the cells of the colon or the rectum. Both the colon and the rectum are muscular tubes lined with glandular cells. The majority of colorectal cancers start in the glandular cells. The colon (known as the large bowel or intestine) joins the small intestine to the rectum. Cancer of the small intestine is very rare, so when you hear someone talk about bowel cancer, they usually mean colorectal cancer.

2. What causes colorectal cancer?

There is no single cause of colorectal cancer, but some factors appear to increase the risk of developing it, including: Age (men and women) – particularly after 50 Polyps – small growths on the inner wall of the colon and rectum Family history of colorectal cancer, benign colorectal polyps, inflammatory bowel disease (ulcerative colitis or Crohn's disease), or breast, ovarian or endometrial cancer Diet Obesity Lack of exercise Diabetes Heavy alcohol consumption Smoking

3. What are the symptoms of colorectal cancer?

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Colorectal cancer is often referred to as the "silent killer" as there are usually no warning signs or symptoms, especially in its early stages.

Having the following symptoms does not mean that you actually have colorectal cancer, and in fact they could be caused by other problems. You need to talk to your doctor to be sure. Blood in or on the stool (either bright red or very dark in colour) A persistent change in normal bowel habits such as diarrhea, constipation or both for no apparent reason Frequent or constant cramps, if they last for more than a few days Stools that are narrower than usual General stomach discomfort (bloating, fullness and/or cramps) Frequent gas pains Strong or continuing need to move your bowels, but with little stool Feeling that the bowel does not empty completely Weight loss for no apparent reason Nausea and vomiting Constant tiredness

4. How is colorectal cancer diagnosed?

After completing a physical examination (including a rectal exam) and discussing your overall health with you, your doctor may suspect colorectal cancer. A fecal occult blood test (FOBT) may also be taken to determine if there is blood in your stool. In addition, the FOBT test will show your doctor if there is bleeding in your colon. Bleeding may come from polyps.

Other tests to confirm colorectal cancer include a colonoscopy, a type of telescope that is used to examine the inside of the colon, a sigmoidoscopy, a test used to view the inside lining of the rectum and a part of the colon, or a barium enema which uses an x-ray to look at the colon.

5. When should you get screened for colorectal cancer?

The Canadian Cancer Society recommends that men and women 50 and older have a fecal occult blood test at least every two years. Individuals who fall into one of the high risk groups are those with a personal or family medical history of colorectal cancer, benign polyps, inflammatory bowel disease or breast, ovarian or endometrial cancer. These individuals should talk to their doctor about earlier screening.

6. Why is screening for colorectal cancer important?

Screening tests for colorectal cancer can save lives. It is treatable and often curable when detected early. In addition, testing will help to identify the grade of your cancer cells and what treatment action is required.

7. What treatment options are available for colorectal cancer?

Treatment for colorectal cancer depends mostly on the size, location, and extent of the tumor, as well as a person's overall health. Surgery to remove the tumor and radiation is the most common treatment in the earlier stages of the disease. Chemotherapy treatments such as Camptosar® are used in the later stages when the cancer has spread to other areas of the body.

Other chemotherapy treatments approved in Canada to fight cancers of the colon and rectum that have

spread to other areas of the body include Xeloda® and 5-fluorouracil (5-FU).

8. Where can I get more information on colorectal cancer?

For more information about this disease, visit the Canadian Cancer Society web site at www.cancer.ca or call toll free at 1-888-939-3333. Other resources include the Colorectal Cancer Association of Canada web site at www.ccac-acc.ca or The National Colorectal Cancer Campaign at

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Fact Or Fiction – The Truth About Colorectal Cancer

By News Canada

Colorectal Cancer is a disease that only affects older men.

FICTION: It can affect anyone, men or women equally. Men and women 50 years or older are at greater risk for the disease.

Colorectal Cancer is usually curable.

FACT: It is usually curable when detected early. More than 90 percent of patients with localized cancer confirmed to the colon or rectum are alive five years after initial diagnosis.

Getting tested is necessary for individuals who have symptoms.

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FACT: Men and women age 50 or older should get screened regularly for colorectal cancer. Unfortunately, symptoms for this disease are often silent and therefore it is important to get screened regularly even if you have no symptoms. About 75 percent of all new cases of colorectal cancer occur in individuals with no known risk factors for the disease.

I cannot do anything about being diagnosed with colorectal cancer.

FICTION: Colorectal cancer is highly preventable. Some preventative measures include eating a diet rich in fruits and vegetables and low in fat, regular exercise, moderate alcohol consumption, and no smoking. In addition, it is extremely important to get screened for colorectal cancer after the age of 50. Screening can help to identify colorectal cancer in its early stages or before it even begins.

There really are no treatment options for colorectal cancer.

FICTION: Treatment will depend on the type, grade and stage of the cancer. Management of the disease may include surgery and radiation in the earlier stages of the disease, and chemotherapy options such as Camptosar®, Xeloda® or 5-fluorouracil (5-FU) are generally used in the later stages of the disease when the cancer has spread to other areas of the body.

No two individuals respond the same to therapy, but there is evidence to demonstrate that one or all of these treatment options can effectively aid people living with colorectal cancer.

I can have a good quality of life if diagnosed with colorectal cancer.

FACT: Many people diagnosed with colorectal cancer can have a good quality of life. There are effective treatment options, support groups, and supportive care to help cancer patients cope with the side effects of treatment, as well as the emotional and everyday concerns of living with this disease.

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