

Colorectal Cancer Symptoms and Screening Discussed

March 11, 2008

March is Colorectal Cancer Awareness Month. Dr. Linda Rabeneck, chief, Odette Cancer Centre, Sunnybrook, discusses colorectal cancer symptoms, the colonoscopy procedure, screening before symptoms, the FOBT test, familial risk, and the need for open discussion to help overcome our cultural discomfort in talking about the second leading cause of cancer death in Canada.

Symptoms

Colorectal cancer is cancer of the rectum or colon. Symptoms of possible disease include bleeding from the rectum (blood on or in the stool), new changes in bowel habit, new changes in the shape or appearance of bowel

movements, crampy abdominal discomfort that is new, and an unexplained low blood count or anemia. Adults experiencing symptoms, especially those 50 years of age or older, should consult their family physician.

Colonoscopy

With rectal bleeding for instance, a colonoscopy is advised. A colonoscopy is the careful examination of the lining of the rectum and colon, with a flexible tube with a light on the end. The actual same-day procedure only takes about 25 minutes. An individual planning to get a colonoscopy is given appropriate instructions on how to clear the bowels out the day before, and is given a mild sedative during the procedure.

Screening Before Symptoms

Men and women 50 years of age or older with no symptoms should be screened for colorectal cancer – similar idea to women getting mammograms for screening for breast cancer. The FOBT or fecal occult blood test can be done at home. The FOBT comes in a compact kit. Small scrapings from two parts of the stool on three separate days are collected and the kit is then sent to a laboratory. The laboratory tests the samples for microscopic blood which if found, indicates the individual will need to go for a colonoscopy to ensure there is no cancer causing the microscopic bleeding.

Familial Risk

Men and women at any age, with one or more close relatives – parent, brother, sister, child – with a history of colorectal cancer, are at increased risk and are advised to go directly for a colonoscopy.

Open Discussion is Key

There remains a cultural discomfort to talk about the rectum, the colon, bowel movements, that we need to get past says Dr. Rabeneck. "People can talk more openly about breast cancer and about prostate cancer but when it comes to colorectal cancer people still hesitate to talk about it and the need to go for screening."

Because of this silence, where screening for breast cancer is about 60 to 70 per cent of women, screening for colorectal cancer is less than 20 per cent each for men and women.

DID YOU KNOW?

- In January 2007, the Ontario Ministry of Health and Long-Term Care announced the first jurisdiction-wide screening program for colorectal cancer program in North America. The provinces of Manitoba and Alberta have also announced intentions to implement similar province-wide colorectal cancer screening programs.
- The Ontario program called ColonCancerCheck aims to increase screening rates and to detect colorectal cancer at an earlier stage when treatment is most effective, to reduce the number of deaths from the disease. Women and men 50 years of age or older who are at average risk (no symptoms or family history) are advised to complete an FOBT kit available from their family physicians. Kits are also available from pharmacies and through Telehealth, for those who do not have a family physician. <http://www.coloncancercheck.ca>
- If colorectal cancer is detected early, the disease is 90 per cent curable.
- In 2007, an estimated 20,800 Canadians were diagnosed with colorectal cancer and about 8,700 died from it. ● In Ontario in 2007, 7,800 men and women were diagnosed with colorectal cancer. An estimated 3,250 died from the disease, which equals an average of 270 individuals per month.