

COLORECTAL CANCER

Measuring about six feet in length, the final segment of our intestinal tract is susceptible to the third leading form of malignant disease, namely colorectal cancer. The subject of late night talk show and sitcom humor, colorectal cancer is a serious life-altering disease which many people are too embarrassed to discuss, or seek medical attention.

Surprisingly, ten percent of all cancers originate in the colon and the rectum. The American Cancer Society estimates that 1 in 17 Americans that is, over 130,000 - will be diagnosed this year. This rate is down from 1992, due to increased screening and benign polyp removal.

Colorectal cancer often presents itself through rectal bleeding and blood in the stool. Other symptoms can include: changes in bowel habits (diarrhea or constipation); general abdominal discomfort, such as bloating, cramps; frequent gas pains; feeling as if the bowel has not emptied; loss of weight, and abnormal fatigue. While these symptoms do not automatically guarantee that cancer is present, and can be attributed to other illnesses, they do present cause for further investigation.

Detection usually occurs during a routine fecal occult blood test, which checks for trace amounts of blood the stool. Anyone over 50 should have this simple test done annually.

If a problem is suspected, the next step would be to determine whether and where potential tumors might exist. This requires either a sigmoidoscopy, which uses a lighted device to examine the lower colon, or a colonoscopy, which enables viewing of the entire colon. Any polyps detected may be removed during this procedure.

Researchers believe that colon cancer arises from certain types of polyps, in particular adenomatous polyps. Thus, the early removal of benign polyps has helped to diminish the risks of colon cancer.

In addition to the presence of polyps, diets that are high in saturated fat, and low in fiber and calcium, as well as regimens lacking exercise, are also strong contributors. Sufficient amounts of exercise and fiber are needed to move food wastes through the colon more quickly and efficiently. This helps to protect the colon from being exposed to carcinogens and other dangerous substances.

Other risk factors can include: the use of tobacco (which has been associated with the development of adenomatous tumors); age 50+; high consumption of charbroiled foods (carcinogens arise during charring); constipation; a history of adenomatous polyps; inflammatory bowel diseases; exposure to asbestos; a European Ashkenazy Jew lineage; and a family history of polyps and colorectal cancer this is one type of cancer which does have a familial connection.

When caught early, colorectal cancer is a highly treatable disease. Treatment will usually involve some form of surgery. The surgeon will remove the afflicted part of the colon, and a small amount of surrounding healthy tissue. In addition, lymph nodes will be removed in order to determine whether the cancer has spread beyond the colon.

In most cases the colon will be reconnected. A temporary colostomy may be performed to allow the colon to heal. This involves the use of a bag to collect waste products, rather than allowing the waste to pass through the colon and rectum. This colostomy can be closed once healing has occurred.

For those whose colon cannot be reconnected, or have developed tumors in the rectum, a permanent colostomy may be required. This occurs in about 15% of cases.

Adjuvant therapies, that is those used in combination, can include chemotherapy, radiation therapy and biological therapy.

Living a healthy lifestyle can greatly reduce your risk of colorectal cancer. Be sure to eat plenty of fruits, vegetables and whole grains, reduce your fat intake, get plenty of exercise and don't smoke. In addition, at age 50 and thereafter, be sure to have a fecal occult blood test done annually, as well as a sigmoidoscopy/barium enema every 5 years, and a colonoscopy every 10 years.