

What you should know about colorectal cancer

By Stephen M. Rauh, MD and Claudia Hriesik, MD of Rochester Colon and Rectal Surgeons

Colorectal cancer (CRC) is the third most common type of cancer, accounting for 11% of cancers diagnosed in women and men in the US. Approximately 140 000 new cases of CRC are diagnosed each year; circa 100 000 in the colon, the remainder in the rectum. CRC remains the second leading cause of cancer mortality, causing circa 60 000 deaths annually. This is a high figure, emphasizing the need for proper screening. After all, CRC is preventable, treatable and beatable if diagnosed at an early stage.

Should you be screened? If you are 50 years old or older, the answer is yes. Then continue cancer screening at regular intervals and at your colorectal surgeon's recommendations.

There are people who have a higher cancer risk than the average population. You may be one of them if you or a close relative had colorectal polyps or CRC, breast or uterine cancer. Other high risk patients are people who have an inflammatory bowel condition, like Crohn's disease and ulcerative colitis.

CRC can be caused by a genetic defect that leads to a familial predisposition to get co-

Cancer treatment-how does this work? If colorectal cancer is not confined to a polyp, proper cancer treatment involves surgery to eliminate the cancer and to achieve a cure. At times chemotherapy and radiation therapy may be required. If a cancer is diagnosed at an early stage the cure rate can be as high as 90%. However, if a cancer is diagnosed at an advanced stage the cure rate drops to 50% or even less.

With minimally invasive surgery, including laparoscopy and robotic surgery, the recovery time after cancer surgery has become shorter than with open surgery. Thanks to laparoscopy and robotics many surgical procedures have become more precise given the improved visualization and the possibility to work in narrow spaces, like the lower pelvis. Also scars have become smaller and healing is faster and less painful. Using modern surgical techniques and instruments less than 5% of all CRC patients require a permanent colostomy, which is a surgically created opening that allows the excretion of stool into a bag like appliance.

CRC is a preventable cancer. The first and most important step towards preventing CRC is getting screened. Finally, any new changes of bowel habits, bleeding or pain should be discussed with a colorectal surgeon.

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You can take action and reduce your own risks: More than 90% of CRC cases are diagnosed in people age 50 or older. It is estimated that as many as 60% of colorectal deaths could be prevented if all men and women aged 50 years or older were screened routinely.

CRC develops from precancerous polyps (abnormal growths) in the colon or rectum. Screening tests can find precancerous polyps, so that they can be removed before they develop into a cancer. Screening tests can find CRC at an early stage when treatment works best.

Some studies demonstrated that maintaining a healthy diet that is low in animal fat and high in fiber may decrease the risk for CRC. Furthermore, research has shown that certain supplements, Selenium or Vitamin D, and certain medications, Aspirin, may have a role in preventing colorectal cancer. While all the measures may reduce the risk, the most effective way to reduce your own risk is by having regular colorectal cancer screening beginning at age 50.

lon cancer. Patients with a genetic defect that is linked to CRC should be screened earlier, often times beginning when they are in their late teens.

Common symptoms associated with CRC are rectal bleeding and changes of bowel habits, such as diarrhea or constipation. Weight loss or pain are usually late symptoms.

What screening tests are available? Available exams include digital rectal examination, stool occult blood testing, colonoscopy and flexible sigmoidoscopy. A colonoscopy should be carried out every 10 years. Occult blood stool testing should be carried out every year. Flexible sigmoidoscopy should be performed every 5 years.

In addition "virtual colonoscopy" and Barium enemas can be used for screening purposes. Both are x-ray tests. However, a non x-ray colonoscopy exam with the ability to take biopsies and remove pre cancerous polyps before they can turn into cancer has remained the gold standard screening tool.



Dr. Stephen M. Rauh grew up in Cincinnati, Ohio where he attended college and medical school. He completed his surgical residency at the University of Rochester, and trained in colon and rectal surgery at the Lahey Clinic Medical Center in Boston.



Dr. Claudia Hriesik was born and raised in Germany where she attended medical school. She completed her Surgical Residency at the Drexel University of Medicine in Philadelphia. She graduated from two fellowships at the University of Pittsburgh and the Cleveland Clinic.