



David Brown, MD

March is designated National Colorectal Cancer Awareness Month—and with good reason. This cancer kills 50,000 Americans annually and accounts for approximately nine percent of all cancer deaths in the US. Every year, there are about 150,000 new cases of colorectal cancer.

Of that number, 108,000 to 110,000 cases originate in the colon with the remainder originating in the rectum.

Colorectal cancer is almost always treatable if caught early enough. Unfortunately, in its earliest stage, this stealthy cancer often produces no symptoms. Hence, screening—even when nothing seems amiss—remains the best line of defense.

As colorectal cancer progresses to more advanced stages, however, symptoms may begin to appear. See your doctor for an examination promptly if you experience any of the following symptoms:

- *Blood in the stool
- *Unusually narrow stools
- *Unexplained diarrhea, constipation, or other changes in bowel habits
- *Pain and tenderness in the lower abdomen
- *Unexplained anemia
- *Unexplained weight loss

Who is at risk?

According to local oncologist Dr. David Brown of Toledo Clinic Cancer Centers, age is a major risk factor for colorectal cancer. It's rare before age 40, and 90 percent of cases occur after age 50. The lifetime incidence in people at average risk is five percent.

"The risk is higher in those with an inherent condition that predisposes them to colon cancer," Dr. Brown explains. "For example, your risk increases if you have a family member who has had polyps in the colon, especially multiple polyps, or if you have a first-degree relative—a parent, sibling, or child—who has had colorectal cancer. The risk increases even further if you have two first-degree relatives who have had colorectal cancer or if one of your first-degree relatives was under age 50 to 55 when he or she had the cancer."

Dr. Brown also notes that having a history of inflammatory bowel disease, or ulcerative, colitis, increases colorectal cancer risk, as does being diabetic—likely due to the high level of insulin, which is a growth factor for colonic mucosal cells.

Lifestyle factors that influence colorectal cancer

Perhaps not surprisingly, certain lifestyle choices we make can increase the risk of getting colorectal cancer.

Excessive alcohol consumption can also be a factor. "This risk factor is seen in people who exceed 45 grams of alcohol per day, not in people who have an occasional drink. A 12-ounce beer has 13 grams of alcohol, so we're talking about the equivalent of four to six beers every day," says Dr. Brown.

Smokers might have another good reason to kick the habit, as well. One observational study suggested an increased risk of colorectal cancer among cigarette smokers versus those who have never smoked.

How can I prevent colorectal cancer?

With a silent killer like colorectal cancer, an ounce of prevention is priceless. One important preventative factor is diet. As Dr. Brown observes, "Studies show an association between a diet that is high in fruits and vegetables and a reduced risk of colorectal cancer. The debate has been, what is it about diet that reduces risk? Is it the positive effect of fiber? Antioxidant vitamins? Folic acid? Minerals such as selenium? Phytochemicals? Or, is it due to some combined effect? We really don't know what it is specifically."

It's interesting to note that two studies, the Nurses Health Study and the Health Professionals Follow-up Study, did not find an association between fiber intake and colorectal cancer risk. However, the Nurses Health Study did find that increasing calcium intake to more than a gram a day significantly reduces the risk of colorectal cancer. Some literature suggests that omega 3 fatty acids are associated with a reduced risk of colorectal cancer, as well. In addition to dietary measures, getting regular physical activity can protect against colorectal cancer. In fact, in one observational study comparing the most active people with the least active, the active group saw an approximately 25-percent reduction in their risk—whether they were participating in occupational or leisure-time activity.

Screening for colorectal cancer

It's very important to determine whether you are at average or higher risk for developing colorectal cancer. If you've had a polyp, inflammatory bowel disease, or a family history of polyps or colorectal cancer, make sure your doctor is aware of it.

People at average risk should undergo colorectal cancer screening beginning at age 50. Those at risk for early onset of the disease should start screening before that age. Also, because African Americans are at greater risk, the American College of Gastroenterology recommends that they undergo an initial screening at age 45.

Available screening options include colonoscopy (the most sensitive test), which should be repeated every ten years; flexible sigmoid exam every five years; fecal occult blood test every three years; double contrast barium enema every five years; or a new test called virtual colonoscopy, or Computed Tomographic Colonography (CTC), every five years. This last test is not yet done

widely but is likely to become more prominent in the future. "Also, keep in mind that how often you should be screened depends on a wide variety of underlying factors and what your doctor finds during screenings," says Dr. Brown.

Treating colorectal cancer

Currently, surgery is the only curative treatment for localize colon cancer. "It's also potentially curative for selected patients with a small amount of metastasis either in the liver or lung. Even patients who aren't candidates for curative resection can benefit from the relief of symptoms caused by obstruction of the colon or bleeding from the primary tumor," Dr. Brown adds.

When a patient has undergone colon cancer surgery, the doctor will evaluate whether the cancer is likely to recur, for example, if the tumor was large, perforated the bowel, obstructed the bowel, or spread to the regional lymph nodes. In these cases, the patient is a candidate for chemotherapy after surgery. The goal of chemotherapy is to eradicate micrometastases—small cancer cells that leave the primary tumor and spread elsewhere in the body—in order to increase the cure rate.

Why choose Toledo Clinic Cancer Centers?

More and more patients diagnosed with cancer are choosing the comprehensive outpatient cancer services available at the Toledo Clinic Cancer Centers. The multidisciplinary center, which consists of eight board-certified hematologist-oncologists and five nurse practitioners, offers a full range of imaging services, including X-ray, CAT scan, MRI, PET scan, and ultrasound; chemotherapy services; IV services; laboratory services; an outpatient surgery center; and multiple sites of service (including the main location at 4235 Secor Road and satellite centers in Maumee, Bowling Green, Oregon, Adrian, and Monroe) for patient convenience.

For more information about cancer, the Toledo Clinic Cancer Centers, or the latest cancer clinical trials, please call 419-479-5605.

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