



# Watching for colorectal cancer

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## Discussion about colons, rectums and

cancer are not all that common on the

cocktail party circuit, nor the lunchroom at work, nor on the back nine at your local golf course. There is a very funny tune by comedians Bouser & Blue called “Working where the sun don’t shine – The Colorectal Surgeon’s Song,” but that is the exception. (Yes, it is on YouTube if you want to look for it.) Funny song? Yes, but the underlying topic should be taken seriously, especially for someone aged 50 or more.

Colorectal cancer is the second leading cancer cause of death after lung cancer; it kills more people than either breast or prostate cancer, yet we tend to evade the topic. Squeamishness? Probably.

Colon cancer and cancer of the rectum usually begin as a small polyp, or growth. While most of these are benign, they can become cancerous over time, usually years. Once this occurs, symptoms may include a change in bowel habits or bleeding but usually, there are no symptoms. Indeed, waiting until you can see blood in the stool can make treatment more difficult.

Before blood in the stool becomes visible to the eye, it is present in microscopic quantities from bleeding by polyps. This “occult” blood can be found using simple tests. The fecal occult blood test, or FOBT, does just that. The test is simple and easy to administer and it provides an excellent early warning signal if polyps are going cancerous.

Should there be a positive test, your doctor may

follow up with a colonoscopy exam and may even remove (biopsy) one or more polyps for further testing. And if cancer should be found, the very good news is that it has been discovered very early and treatment will likely be less aggressive and more successful. How’s that for a good reason to be tested?

In general, the FOBT should be done annually or biannually for anyone aged 50 or more. Age is one of the risk factors for colorectal cancer. Other risk factors include personal history such as previous cancers or illnesses like Crohn’s or ulcerative colitis also increase the chance of developing colorectal cancer. Family history, diet (low fibre and high fat) and lifestyle (being sedentary, overweight, consuming alcohol and smoking all increase the risk) are other factors implicated in colorectal cancer. And people with diabetes have a significant increased risk for colon cancer.

If colorectal cancer is diagnosed, there are several treatment options. They may be done individually, or in combination. Surgery is a

very common treatment choice; radiation therapy is another, and chemotherapy is a third. Depending on the stage of the cancer, you may receive one or more of these treatments.

The health of your bowel and rectum is easy to ignore, especially as it can be unpleasant to discuss. Nonetheless, it is a topic you should be sharing with your family doctor.

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