



Rutland Regional Medical Center

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Colorectal Cancer

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March is Colorectal Cancer Awareness Month. Colorectal cancer (cancer of the colon or rectum) is the second most common cancer killer of both men and women in the United States. Every year, about 140,000 Americans are diagnosed with colorectal cancer and about 50,000 die from it.

Am I at Risk for Colorectal Cancer?

More than 90% of colorectal cancers occur in people who are 50 or older. That is why national guidelines recommend that you should be screened soon after turning 50. For African Americans, the recommendation for beginning screening is 45 years of age. If you have a family history of colon cancer, adenoma or inflammatory bowel disease, you are at higher risk of colorectal cancer. In fact, if you have even a single 1st degree relative (mother, father, son, daughter, brother or sister) who was diagnosed with colorectal cancer before the age of 60, your risk can be up to 4 times greater. You are also at higher risk if you are overweight, smoke or eat a high-fat diet. So, it is important for you to check with your primary care provider about when you should begin getting screened.

How can I lower my risk of Colorectal Cancer?

Eat more fruits, vegetables and whole grains and eat less red meat (beef, pork, lamb) and less processed meats (hot dogs, sausage, lunch meats). Also, men should limit their alcohol to not more than 2 drinks a day, and women to no more than 1 drink a day.

How can screening save lives?

Because during the screening, your doctor can find precancerous polyps and remove them before they turn into cancer. Polyps are small clumps of cells that form on the inner surface of the colon. Precancerous means that the polyp is not cancerous yet but has the ability to become cancerous.

Are there any symptoms with Colorectal Cancer?

Colorectal cancer and precancerous polyps don't always have symptoms, especially at first. So, you can have polyps and colorectal cancer and not know it. When symptoms do occur, they might include:

- Blood in your bowel movement (stool)
- Loss of weight and you don't know why
- Stomach aches, pains, or cramps that do not go away

Having these symptoms does not mean you have colorectal cancer because there are other conditions that can also cause these symptoms but, you should definitely talk to your doctor if you do have these symptoms.

How is Screening done?

Your doctor may order one or more of the following screening tests:

- *Colonoscopy* – this is considered the “Gold Standard”
The inside of the rectum and colon are examined using a long, thin, flexible and lighted tube called a colonoscope.
- *Flexible Sigmoidoscopy* – examines your rectum and lower part of the colon with a thin and flexible lighted tube call a sigmoidoscope.
- *Virtual Colonoscopy* – uses x-rays and computers to take 2 or 3–dimensional images of your colon and rectum.
- *Double–Contrast Barium Enema* – air and barium are pumped into your rectum. The barium solution will show polyps or tumors on x-rays. Barium is a liquid that highlights specific areas in the colon creating a clearer image.
- *Fecal Occult Blood Tests* – these tests can detect small amounts of blood in the stool that cannot be seen with the naked eye.

Many insurance plans and Medicare help pay for colorectal cancer screening. Check with your plan to find out about your coverage.

So, talk to your doctor to see if it is time for you to be tested and screened. Getting screened could save your life.

For more information about colorectal cancer, visit www.cancer.org or call Rutland Digestive Services, 802.786.1400.

This article was written in collaboration with Joseph A. Williams, MD, and Maureen Paradee, LPN, of Rutland Digestive Services.