Colorectal Cancer

In the United States, Colon cancer is the second leading cause of cancer-related death in both men and women. Colorectal cancer forms from pre-malignant polyps. In the majority of cases it takes five to ten years for a polyp to become a cancer.

Anyone can get colorectal cancer but the majority of cases occur in patients older than 40 years of age. Other risk factors for colorectal cancer include a family history of colon cancer, a personal history of colon polyps, a personal history of inflammatory bowel disease, and a personal history or family history of breast, ovarian or endometrial cancer.

Colorectal cancer can be asymptomatic and when symptoms occur they can manifest as bleeding or a change in bowel habit (constipation or diarrhea). Polyps are asymptomatic which is why screening for colorectal cancer is so important.

The treatment of colorectal cancer in the majority of cases is surgery for complete cure. Some patients require pretreatment with chemotherapy or radiation therapy and some patients require chemotherapy after surgical intervention.

Colorectal cancer is preventable with screening. There are a variety of screening mechanisms, which include fecal occult blood testing, flexible sigmoidoscopy, barium enema, and virtual colonoscopy. Although the above screening test are appropriate in some individuals, the gold standard of screening for colorectal cancer is via a colonoscopy. The rectum, colon, and distal small bowel are all examined during a colonoscopy and it is both diagnostic and therapeutic. If an initial colonoscopy reveals no polyps and the patient has no family history of colon cancer or a personal history of inflammatory bowel disease it is acceptable to wait 10 years for the next colonoscopy.

The above information does not replace instructions given to you by your healthcare provider. If you would like to be screened for colorectal cancer or if you have been diagnosed with colorectal cancer and need surgical intervention, please call our office for an appointment.