

# AU InforMed

Volume 17 Number 2 (Issue 304)

Friday, March 8, 2019

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NATIONAL  
COLORECTAL  
cancer awareness  
MONTH

Image Source: <https://oaklawnhospital.org/blog/march-colorectal-cancer-awareness-month/>



## Key Inforbits

- Overview of Colorectal Cancer
- Screening
- Risk Factors
- Prevention
- Treatment Strategies

## Overview of Colorectal Cancer

Colorectal cancer is the third most common cancer in the US, and the second leading cause of cancer death. It affects men and women equally, but most often affects African Americans and those aged 50 years or older.<sup>1,2</sup>

Colorectal cancer is a cancer that starts in the colon or the rectum, which are the last two segments of your large intestine. These cancers can be named colon or rectal cancer, depending on where they start, but are often grouped together because they share many features.

Most often these cancers start as abnormal growths on the inner linings of the colon or rectum called polyps that may later become cancerous if not removed.

**TRUE or FALSE?**

- Colorectal cancer is the 2nd leading cancer killer. **TRUE** FALSE
- Both men and women get colorectal cancer. **TRUE** FALSE
- Colorectal cancer often starts with no symptoms. **TRUE** FALSE
- Screening helps prevent colorectal cancer. **TRUE** FALSE

**Screen for Life**  
National Colorectal Cancer Research Alliance

1-800-CDC-INFO (1-800-232-4636)  
[www.cdc.gov/screenforlife](http://www.cdc.gov/screenforlife)

## Screening

You should see your doctor if you have any of the following symptoms:

- Blood in the stool (bowel movement)
- Stomach pain that doesn't go away
- Losing weight and don't know why
- Chronic fatigue

Screening is important because colorectal cancer doesn't always cause symptoms, especially at first. Finding cancer early, when it's small and hasn't spread, allows for more treatment options.

Preventing colorectal cancer starts with screening. What's your reason to get screened?



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

An estimated 1 in 3 adults between 50 and 75 years old (23 million) are not getting screened as recommended.<sup>3</sup> The American Cancer Society recommends that people at an **average risk** (no specific risk factors such as family history) of colorectal cancer should start regular screenings **at age 45**.<sup>4</sup> Screening could be done by a stool-based test or by a visual exam of the colon. People at a **high risk** (has specific risk factors) should get screened **before age 45** and more often than those at an average risk. See the following page for risk factors.

People who are in good health and have a life expectancy >10 years should **continue screening** through the age of 75. Patients from the ages of 76 to 85 should be screened based on personal preference, overall health, and life expectancy. No screening is recommended in people over 85.

**YOUR EXCUSE TO AVOID COLONOSCOPY...**

**"I HAVE NO RISK FACTORS."**

**THE SINGLE BIGGEST MODIFIABLE RISK FACTOR FOR COLORECTAL CANCER IS FAILURE TO BE SCREENED.**

PHYSICIANS from the AMERICAN COLLEGE OF GASTROENTEROLOGY  
**RECOMMEND COLONOSCOPY**  
as the **PREFERRED COLORECTAL CANCER PREVENTION TEST**

GI.ORG/COLONCANCER

Image Source: <http://gi.org/acg-institute/colorectal-cancer-awareness/2015crc/acg-colorectal-cancer-awareness-infographics/>



American  
Institute for  
Cancer  
Research

## REDUCE YOUR RISK OF COLORECTAL CANCER

### AICR'S LATEST REPORT

*Diet, Nutrition, Physical Activity and Colorectal Cancer*



99 STUDIES FROM  
AROUND THE WORLD



29 MILLION ADULTS



247,000 CASES OF  
COLORECTAL CANCER

### THE RISK FACTORS

#### INCREASES RISK



RED AND PROCESSED MEAT



ALCOHOL



EXCESS BODY FAT

#### DECREASES RISK



PHYSICAL ACTIVITY



WHOLE GRAINS



FOODS CONTAINING FIBER

### THE BOTTOM LINE

In the U.S. colorectal cancer is the third most common cancer.



AICR estimates that **47%** of U.S. colorectal cancer cases could be avoided this year by eating well, moving more and staying lean.

## Risk Factors

→ Risk increases with age. More than 90% of cases occur in people who are 50 years old or older<sup>5,6</sup>

→ A family history (parent, sibling, or child) of colorectal cancer

→ A personal history of inflammatory bowel disease such as ulcerative colitis or Crohn's disease

→ A personal history of getting radiation to the abdomen (belly) or pelvic area to treat a prior cancer

→ Type II diabetes

There is strong evidence that many **lifestyle-related factors** have also been linked to colorectal cancer risk.

- Being overweight or obese
- Physical inactivity
- Smoking
- Heavy alcohol use
- Diet high in red meats
- Diet high in processed meats

The lifetime risk of developing colorectal cancer is approximately 1 in 22 (4.49%) for men and 1 in 24 (4.15%) for women.<sup>7</sup>

Source: AICR/WCRF. Diet, nutrition, physical activity and colorectal cancer. 2017.

The evidence is from the Continuous Update Project (CUP), which systematically updates and reviews the research conducted worldwide in cancer risk related to diet, physical activity and body weight. All the evidence gathered is assessed by a panel of independent scientists who make recommendations for cancer prevention.

American Institute for  
Cancer Research

www.aicr.org

CUP Continuous  
Update  
Project



Image Source: <http://www.aicr.org/learn-more-about-cancer/infographics/colorectal-cancer-prevention.html>

## Prevention

### *Diet*

Reduce or eliminate red meat (beef, lamb, and pork) and processed meat (bacon, ham, hot dogs, and some deli meats such as turkey and bologna).<sup>8,9,10</sup> Eating more than 18 ounces of red meat per week, or regularly eating any amount of processed meat, increases the risk of colorectal cancer.<sup>11</sup>

Strong evidence exists that consuming wholegrains, foods containing dietary fiber, dairy products, and calcium supplements decrease the risk of colorectal cancer.<sup>8</sup>

Some evidence suggests fish, multivitamin supplements, vitamin D, and food containing vitamin C may also decrease risk, but evidence is limited.<sup>8</sup>

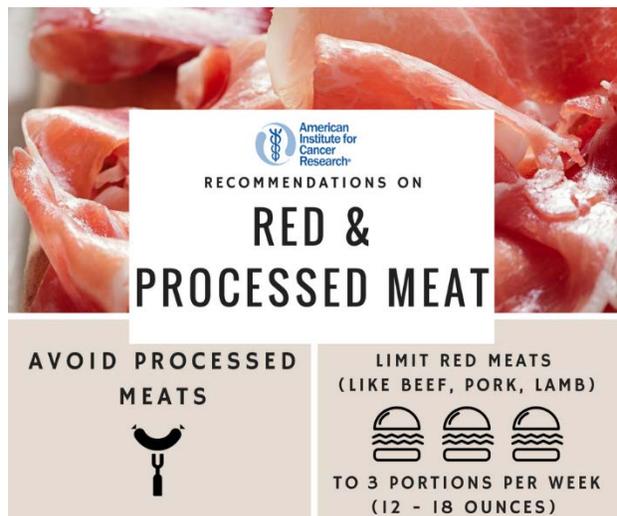


Image Source: <http://www.aicr.org/learn-more-about-cancer/infographics/recommendation-on-red-and-processed-meat.html>

### *Physical activity*

Daily moderate physical activity decreases risk. Individuals with a higher activity level throughout life have up to a 50% lower risk than those that are inactive.<sup>9</sup> Get at least 150 minutes of moderate, or 75 minutes of vigorous, physical activity a week.<sup>12</sup>

### *Stop smoking*

Cigarette smoking can increase the risk of colorectal cancer by about 18%.<sup>9</sup> Smoking two packs a day (40 cigarettes) increases that risk to about 40% and doubles the risk of colorectal cancer death.<sup>8</sup>

### *Limit alcohol*

Consuming 2 or more alcoholic drinks per day increases risk by 23%.<sup>9</sup>

What percentage of U.S. adults are up-to-date with colorectal cancer screening?  
A. 86% B. 65% C. 45% D. 25%

Have you been tested?  
Start getting screened at 50.  
Screen for Life!



## Treatment Strategies

Colorectal cancer is highly treatable if discovered early. Even if it spreads into nearby lymph nodes, surgical treatment and chemotherapy are highly effective.<sup>13,14</sup>

Treatment options are usually based on the stage (extent) of cancer, but other factors such as patient health may also play a role.

- ❖ **Stage 0** - since the cancer has not grown beyond the inner lining of the colon or rectum, surgery to take out the cancer is the only necessary treatment.
- ❖ **Stage 1** - the cancer is still within the colon/rectum, but has grown deeper into the layers of the wall. Surgery is usually the only necessary treatment option.
- ❖ **Stage 2** - many cancers at this stage have spread to nearby tissues, but not to the lymph nodes. Most people with rectal cancer will be treated with surgery, chemotherapy, and radiation therapy. With colon cancer, surgery may be all that is needed, but chemotherapy after surgery is sometimes recommended if the cancer has a higher risk of coming back.
  - For chemotherapy, the **FOLFOX** (5-FU, leucovorin, and oxaliplatin) or **CapeOx** (capecitabine and oxaliplatin) regimens are used most often.
  - Chemotherapy given with radiation is usually 5-FU or capecitabine
- ❖ **Stage 3** - cancer at this stage has spread to nearby lymph nodes, but not to other parts of the body. People with rectal cancer will be treated with surgery, chemotherapy, and radiation therapy. Surgery plus chemotherapy is usually the gold standard for colon cancer.
  - **FOLFOX** or **CapeOx** are used most often
- ❖ **Stage 4** - cancer at this stage has spread to distant organs and tissues, most often the liver. Surgery is usually unlikely to cure the cancer at this stage, but may increase life expectancy if it has only spread to a few small areas. Chemotherapy, with or without surgery, is the gold standard of treatment for both colon and rectal cancer, plus radiation therapy in people with rectal cancer. Targeted therapies are also an option.
  - **FOLFOX**, **CapeOx**, and many more.
  - Targeted therapies may include a drug that targets VEGF, (bevacizumab [Avastin], ziv-aflibercept [Zaltrap], or ramucirumab [Cyramza]), or a drug that targets EGFR (cetuximab [Erbix] or panitumumab [Vectibix]).

For advanced colon cancers, or in patients too sick to have surgery, radiation therapy is an option to help prevent or relieve symptoms such as pain, but is unlikely to cure the cancer.

Treatment options may vary based on different factors. It is important to discuss all treatment options, including side effects and goals, with your doctor to make the best decision for you.

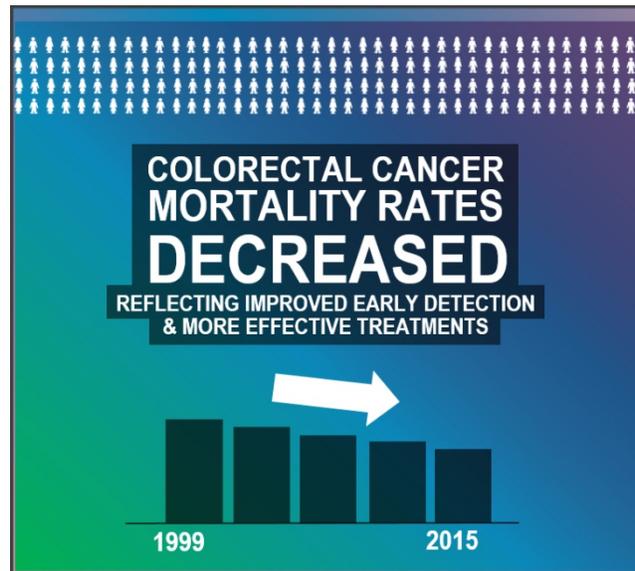


Image Source: National Cancer Institute [seer.cancer.gov](http://seer.cancer.gov)

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<https://www.cancer.org/cancer/colon-rectal-cancer/treating.html>
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### The Last Dose

**“I look at my cancer journey as a gift: it made me slow down and realize the important things in life and taught me to not sweat the small stuff.”**

~Olivia Newton-John [Recording Artist and Actor, 1948 -]

**Health Professional with a Question? Drugs – Therapeutics – Pharmacy Practice?**

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