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THE CANCER SOCIETY OF THE BAHAMAS



YOUR GUIDE TO COLORECTAL CANCER

Cancer Society of The Bahamas

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"WORKING TOGETHER ...
ADDING YEARS TO OUR LIVES"

**COLORECTAL CANCER IS PREVENTABLE, TREATABLE
AND BEATABLE ... GET SCREENED TODAY!**

Caring & Sharing

Your Guide to: Colorectal Cancer

Congratulations! This is another booklet that the Cancer Society of the Bahamas (CSOB) has developed **JUST FOR YOU!**

It contains information that will help you to join the growing numbers of well-informed, health-conscious men, women and young students, all over the Commonwealth of the Bahamas, who have educated themselves on a wide ranging number of critical health matters, including issues relating to Colorectal health decisions.

In this booklet, you will learn the differences between many of the commonly shared myths surrounding colorectal health issues, and the real facts.

You will learn how important it is for you to have an annual medical examination, and a colorectal examination, starting from age 45 years.



This booklet also discusses the many ways there are for your doctor to screen you for Colorectal Cancer. You will learn what the major risk factors are for this disease; and which of these factors you can, or cannot, readily control.

Most importantly, you will learn that Colorectal Cancer is preventable, treatable and beatable. The CSOB urges you to "keep checking" – early detection is THE best protection! Let us work together and add years to our lives, and life to our years.

MOST COLORECTAL CANCERS CAN BE PREVENTED.

Regular screening (surveillance) and improved lifestyle practices can prevent a significant number of Colorectal Cancers. All adult Bahamians should have a base-line Colorectal Cancer test - stool, barium enema, virtual colonoscopy or colonoscopy, at age 45 years, and then have the test repeated at regular intervals as prescribed by their doctor. For persons with a first degree relative who was diagnosed with Colorectal Cancer before age 60 years, this base-line test should be done at age 40 years, or 10 years earlier than the age the relative was when diagnosed. For example, if a parent or sibling was diagnosed with Colorectal Cancer at age 42 years, the base-line test for this person should be done at age 32 years, and repeated at intervals as prescribed by his/her doctor.

Dietary recommendations for lowering our risk of Colorectal Cancer include: cutting out "simple carbohydrates" such as white sugar, flour and rice; and increasing our daily intake of whole grains, such as brown rice, whole wheat breads and pasta. Increasing our daily consumption of fish, fruits and vegetables, especially leafy green vegetables, sweet potato, tomatoes and citrus fruits. Reducing our consumption of red meats and all processed foods. Limiting alcohol consumption to no more than two (2) for men, and one (1) for women each day (preferably red wine).

Other healthy lifestyle practices that will lower our risk for developing Colorectal Cancer are: **No smoking**. Exercising daily, for at least half-an-hour. Additionally, a low dose aspirin regimen has been proven to lower the risk of Colorectal Cancer, in persons at high risk for the disease.

PLEASE NOTE: Medicines should only be taken under your doctor's guidance. Early detection saves lives however, in the case of Colorectal Cancer; screening can also prevent the disease from developing. Colorectal Cancer is preventable, treatable and beatable.

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COLORECTAL CANCERS CAN BE PREVENTED

Colorectal Cancer, a disease of the lower gastro-intestinal tract, touches both males and females equally, in The Bahamas, at a significantly younger age, and more aggressively, than in many other countries. With the exception of Breast and Cervical Cancers in women, and Prostate Cancer in men, Colorectal Cancer is the most frequently occurring cancer in The Bahamas. It is the number two cancer in men, after Prostate Cancer; and it is the number three in women, after Breast Cancer (#1) and Cervical Cancer (#2). While Colorectal



Cancer may occur in people with very low or no apparent risk factors, there are certain factors, that place individuals at greater risk for developing the disease. These factors include: **AGE** and certain lifestyle practices, such as **DIET** – that is, a diet that is high in fat, alcohol and red meat, and low in fiber, may increase an individual's risk of developing Colorectal Cancer. Other risk factors are: **WEIGHT**, individuals who are obese or *overweight*, are at greater risk for the disease; **EXERCISE**, lack of regular physical exercise is a risk factor for this disease; and **SMOKING** has also been found to be a contributing risk factor.

We can do quite a lot to lower our chances of developing Colorectal Cancer: Regular screenings - especially if you have had colorectal cancer before, you are over 60, there is a family history of this type of cancer, or you have Crohn's disease.

Nutrition - make sure your diet has plenty of fiber, fruit, vegetables, and complex carbohydrates, eg. cassava, pumpkin, & sweet potatoes. Keep your consumption of red meat and processed meat down to a minimum, or cut them out altogether. Switch from saturated fats to good quality fats, such as avocado, olive oil, fish oils, and nuts. Some studies have found that although vegetarians have an overall lower risk of developing cancers, their risk of developing Colorectal Cancer is higher than meat eaters.

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

You can stop this cancer before it starts.

TRUE FALSE

Testing for colorectal cancer can save your life.

Screening tests can find precancerous polyps so they can be removed before they turn into cancer. Screening can also find colorectal cancer early, when treatment is most effective. Talk to your doctor and Screen for Life.



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Myth #8: "You don't have to get tested for Colorectal Cancer if nobody in your family had it"

Fact #8: Most people with Colorectal Cancer do not have a family member with the disease. Only 10-20 percent of persons with Colorectal Cancer actually have a family member with it. You can get Colorectal Cancer even if no one in your family has ever had it.

Myth #9: "I know about Colonoscopy, it's only a screening test"

Fact #9: Colonoscopy is much more than just a screening technique. Colonoscopy can find and remove polyps and small cancers, all during the same procedure. Should your colonoscopy reveal a polyp during, your doctor will remove it immediately. By removing the polyp at this stage, it prevents it from becoming cancerous. If the colonoscopy reveals cancerous lesions, further treatments may be necessary.

Myth #10: "I don't have any symptoms, so I must not have Colorectal Cancer"

Fact #10: One of the most common misconceptions, or myths, is that there will be symptoms if a person has Colorectal Cancer, when, in most cases, there are no symptoms at all. More than half of the persons diagnosed with Colorectal Cancer had no symptoms of the disease. Symptoms such as a change in stool, rectal bleeding, abdominal pain and unexplained weight loss can all be indicators of Colorectal Cancer. However, once these symptoms develop, it is usually a sign of more advance disease. Half the persons diagnosed after developing symptoms, will die from Colorectal Cancer.

Myth #11: "Colonoscopy is unpleasant and very difficult"

Fact #11: It is really not as bad as you may think. Most people agree that the prep is the worst part. During the actual procedure, you will be sedated to eliminate or prevent any discomfort. The procedure only takes between 15 – 30 minutes, and you will be able to resume your normal activities in a matter of hours.

Myth #4: "You don't have to get screened for Colorectal Cancer if you have regular bowel movements and feel fine"

Fact #4: Colorectal Cancer is a *silent killer*. There are usually no symptoms to let you know that there is something seriously wrong taking place in your body, so when you do begin to feel, or see, something unusual, the cancer may already be at an advanced stage. If Colorectal Cancer is detected early, it can generally be cured.

Myth #5: "Once you are diagnosed with Colorectal Cancer it is too late to do anything about it"

Fact #5: Colorectal Cancer is both a preventable and a highly treatable cancer, if/when detected at an early stage. People, who are diagnosed at an early stage, have over a 90 percent chance of a cure and surviving. In contrast, people with advanced stages of Colorectal Cancer have a much lower chance of a cure. Less than 10% will still be alive 5 years after diagnosis. Early screening saves lives.

Myth #6: "I don't have any polyps, so I must not have Colorectal Cancer"

Fact #6: Polyps are benign (harmless) growths that if left unchecked, have the potential to develop into cancer. Polyps can be easily removed during Colposcopy. Not all polyps are pre-cancerous.

Myth #7: "If I have Colon surgery, I'll need a colostomy"

Fact #7: A colostomy is when surgeons create an artificial, external means of collecting your stool. It is a procedure that is rarely performed anymore. Improved surgical techniques result in effective removal of cancerous tissue and save the rectum. In the past, cancers within four inches of the anus routinely required its removal for effective control. Today, 80 percent of the cancers are effectively removed while sparing the anus.



It is important to eat well and stay as active as you can. You need the right amount of calories to maintain a healthy weight. You also need enough protein, vitamins, and minerals. Eating well may help you feel better and have more energy.



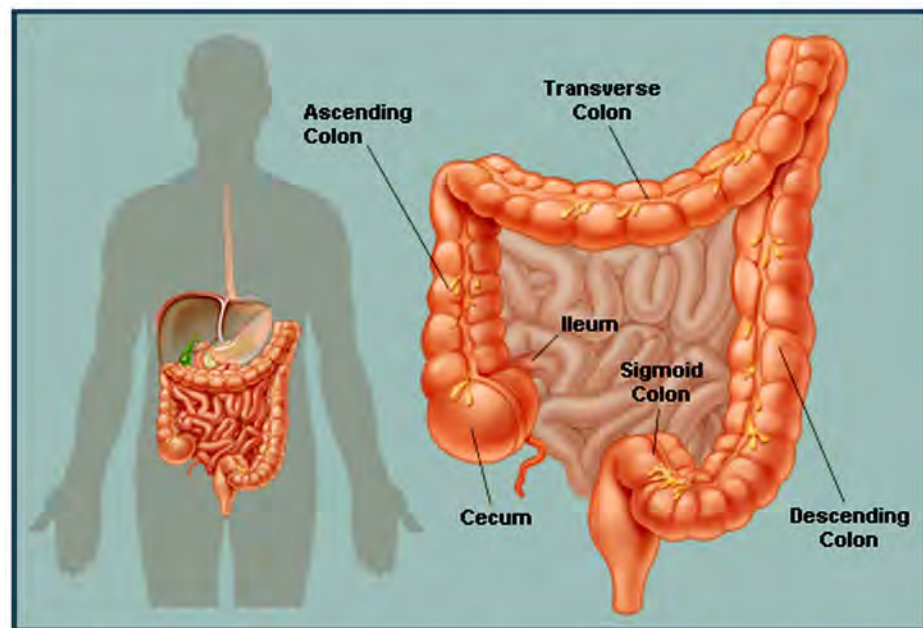
During and after treatment for Colorectal Cancer, eating well can be hard. Sometimes, you may not feel like eating. You may be uncomfortable or tired. Walking, yoga, swimming, and other activities can keep you strong and increase your energy. Whatever physical activity you choose, be sure to talk to your doctor before you start.

Rehabilitation is an important part of cancer care. Your health care team will make every effort to help you return to normal activities as soon as possible. They will talk to you about lifestyle issues, including emotional, physical, and sexual concerns. They can also provide information about available resources and support groups, e.g. the CSOB.

Follow-up care after treatment for Colorectal Cancer is important. Even when the cancer seems to have been completely removed or destroyed, the disease sometimes returns because undetected cancer cells remained somewhere in your body after treatment. Your doctor will be monitoring your recovery and checking for recurrence of the cancer. Checkups help to ensure that any changes in your health are noted and treated if needed.

Colorectal Cancer is detected more frequently in Black people, than in the other population groups. For this reason, screening is recommended for this group at an earlier age.

Colorectal Cancer, sometimes called *Bowel Cancer*, is the growth of uncontrolled cancer cells in the colon (large intestine) or rectum. This abnormal growth often begins as POLYPS – benign growths on the interior surface of the colon. These polyps develop when cells do not grow and repair the lining of the colon in a normal way. Detecting and removing polyps early, prevents them from becoming cancerous. However, even after they become cancerous, if detected early, and treated effectively, persons diagnosed with Colorectal Cancer, can live normal, active and productive lives.



Most Colorectal Cancers develop as a result of lifestyle practices and increasing age, only a small number of cases are associated with underlying genetic disorders. As stated, Colorectal Cancer usually starts in the lining of the bowel, and if left undetected and untreated, can grow into the muscle layers underneath, and then through the bowel wall to surrounding tissues.

The key with Colorectal Cancer, as with **ALL** cancers, is early detection, combined with early and effective treatment.

MYTHS & FACTS

Myth #1: Colonoscopy is the only way to screen for Colorectal Cancer

Fact #1: There are a number of other screening options for Colorectal Cancer. These include: Flexible sigmoidoscopy, faecal occult blood test and double-contrast barium enema. Colonoscopy however, is the *best* method. It detects more cancers, examines the entire colon, and can be used for screening, diagnosis and removing polyps – during the same visit.

Myth #2: Colorectal Cancer is a (white) man's disease

Fact #2: Colorectal Cancer affects men and women equally, and it affects people of all races. It is an *equal opportunity* disease that does not discriminate between gender or race, all are equally at risk. AGE, not gender is the single most important risk factor for Colorectal Cancer.

Myth #3: "You might as well not get tested for Colorectal Cancer 'cause its deadly anyways"

Fact #3: When Colorectal Cancer is detected early, there is a 95 percent survival rate. That is why screening is so very important. Once Colorectal Cancer has spread to the liver, it is usually deadly, with only a nine percent (9%) survival rate – but even in these cases, treatments are improving. A method has now been developed to shrink this tumour, allowing in some instances, for it to be surgically removed. This has resulted in improved survival rates, even in some of the most advanced cases.



If Colorectal Cancer is detected the method of treatment selected by your doctor, in consultation with you, will depend on the stage of your disease. If your cancer was detected early, surgery is often curative. However, when it is detected at later stages, and metastases are present, cure is less likely, and treatment is often directed at keeping the cancer in remission.

Treating Advanced Colorectal Cancer: Even after Colorectal Cancer has spread to one or more lymph nodes (Stage III), it can still sometimes be cured. The treatment prescribed by your Doctor would usually involve a combination of surgery and chemotherapy. Occasionally radiation is necessary. Should your cancer return after your initial treatment, or spread to other organs, it may become more difficult to cure. However, additional chemotherapy may still relieve symptoms and help to prolong life. In the past, many patients experienced varying degrees of discomfort during chemotherapy. Fortunately, there have been considerable improvements in this area; newer drugs have fewer side effects. In addition, other medications may be used to control the nausea that may sometimes accompany chemotherapy.

Radiofrequency Ablation (RFA): RFA uses the power of microwave technology to help to destroy Colorectal Cancer after it has spread to the liver, or other parts of the body – Metastatic Colorectal Cancer. During RFA, surgeons and/or radiologists, use ultrasound guidance to place a thin, needle-like device into the centre of the tumour. The tip of the device then emits the radiofrequency waves (i.e., electrical energy), directing the heated energy at the tumour to destroy the cancer cells. RFA can be applied during a surgical procedure, or through the skin.

Palliative Care: In persons with incurable Colorectal Cancer, palliative care is generally the best option for improving their quality of life. If an obstruction (blockage) is present, surgery may be recommended to bypass the tumour. Another option may be placement of a metal stent (tube) to relieve the blockage while treatment is administered. If all treatment options are unsuccessful, the attending doctor may recommend discontinuing all treatment except pain control and comforting care.

WHAT ARE THE SIGNS AND SYMPTOMS OF COLORECTAL CANCER?

There are no early warning signs for Colorectal Cancer, because of this, regular screening for adults is very important. Early detection usually results in cancer that is more curable. As the disease progresses, affected individuals may notice blood in their stool, and may experience abdominal pain, a change in bowel habits, e.g., constipation or diarrhoea, unexplained weight loss, or fatigue and anaemia. Unfortunately, by the time these symptoms appear, the tumours tend to be larger and more difficult to treat.

Other Conditions That Can Increase Your Risk of Developing Colorectal Cancer

Most persons diagnosed with Colorectal Cancer, have little or no genetic risk for the disease. While there are a number of factors, some of which can and cannot be controlled that place us at greater risk for this disease; there are certain underlying conditions that can increase our risk. These include:

Inflammatory Bowel Disease: Individuals with this disease – *Ulcerative Colitis* and *Crohn's Disease*, are at greater risk of Colorectal Cancer. Their risk is also greater, the longer they have the disease and the worse the severity of the inflammation.

Genetic Syndromes: A number of genetic syndromes, inherited from either parent, also increase our risk of Colorectal Cancer. The most common is **Hereditary Nonpolyposis Colorectal Cancer** (HNPCC or Lynch Syndrome) which is present in three percent (3%) of persons with Colorectal Cancer. There are other syndromes such as **Gardner Syndrome** and **Familial Adenomatous Polyposis** (FAP), which, when present, will often progress to colon cancer.

Risk Factors for Colorectal Cancer

WHAT ARE THE MAIN RISK FACTORS FOR COLORECTAL CANCER?

Your risk for Colorectal Cancer depends greatly on your genetics (family traits) and individual lifestyle.

Risk Factors That You Cannot Control Include:

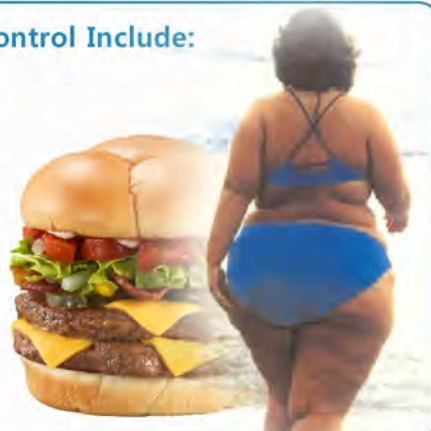
- Your age, Colorectal Cancer most commonly affects persons who are over 50 years
- Previous colonoscopy, where multiple or large polyps were detected
- Inflammatory Bowel Disease
- Family history of Colorectal Cancer
- Strong family history of ovarian or breast cancer



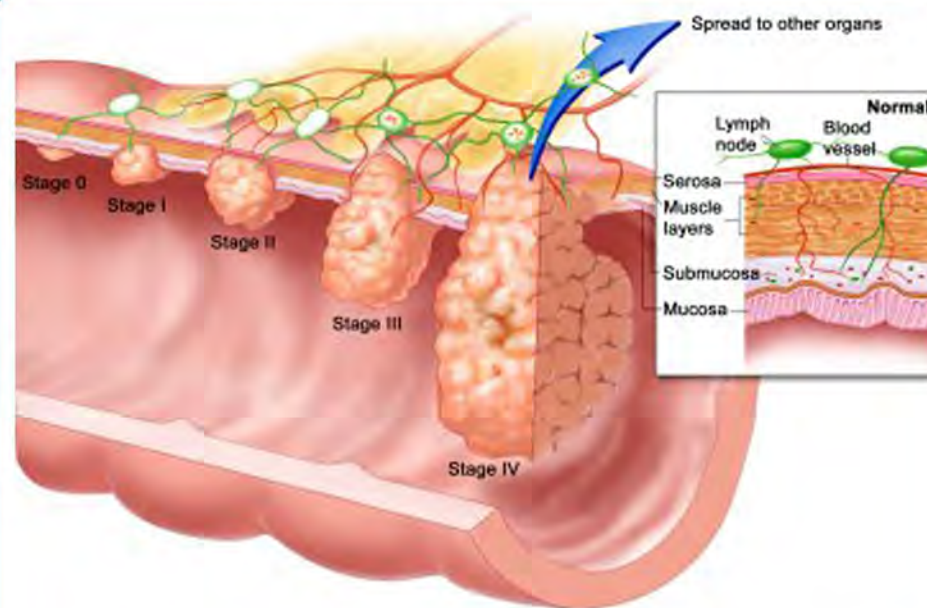
Some factors that increase your risk of Colorectal Cancer are well within your control.

Risk Factors That You Can Control Include:

- Diet that is high in red or processed meats, or meats cooked at high temperatures
- Being overweight (excess fat around the waist)
- Exercising too little
- Smoking and/or drinking alcohol



Stages of Colorectal Cancer



Stage 0 – Cancer is restricted to the innermost lining of the colon or rectum

Stage I – Cancer has not spread beyond the inner wall of the colon or rectum

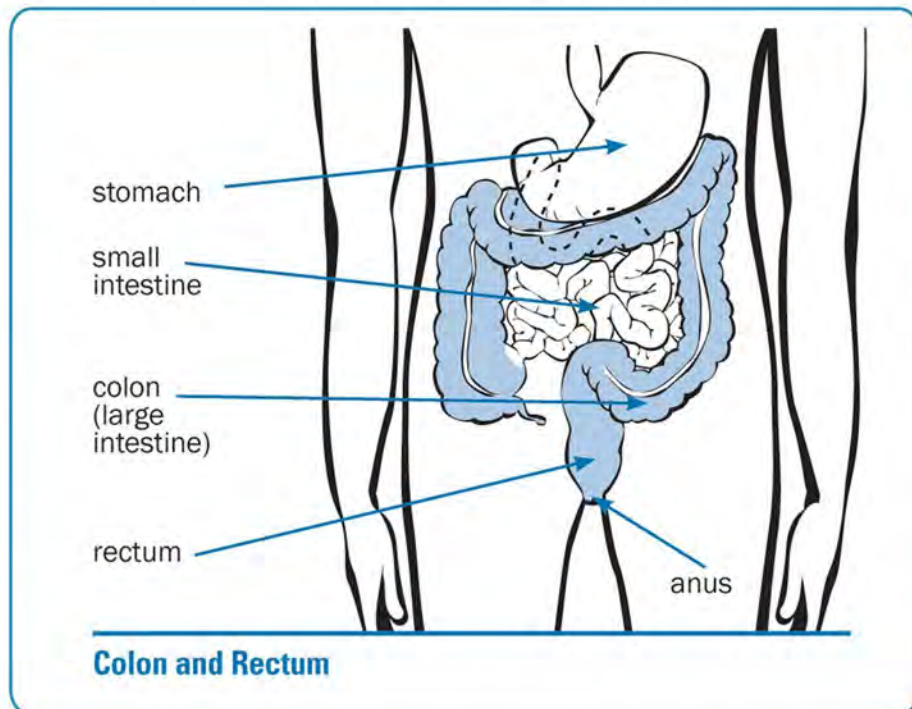
Stage II – Cancer has spread into the muscle layer of the colon or rectum

Stage III – Cancer has spread to one or more lymph nodes in the area

Stage IV – Cancer has spread to other parts of the body, e.g., liver, lung, bones, etc.

MAKING THE DIAGNOSIS

Diagnosing Colorectal Cancer is generally made as a result of a careful examination of the lower intestinal tract – the colon and rectum, and/or a stool test, and is confirmed by means of a tumour biopsy.



After a diagnosis of cancer has been made, your doctor will then “stage” the cancer. This is a process of determining how far the cancer has spread. The tumour size may not correlate with the stage of cancer. Staging will also help your Doctor to decide the best treatment to prescribe for your cancer.

IMPORTANCE OF SCREENING FOR COLORECTAL CANCER

Due to the fact that Colorectal Cancer literally “sneaks up on you”, screenings are even more critically important to early detection. In the Bahamas, where most of the population is Black, it is recommended that the first screening be done at age 45 years, as opposed to the more generally recommended 50 years in other population groups.

At age 45 years, most individuals, males and females, should have some form of colon cancer screening. This may include a stool test to detect hidden blood; a barium enema; a special type of CT scan called a Virtual Colonoscopy or a Flexible colonoscopy. The Flexible Colonoscopy is the “Gold Standard” because it allows the doctor to actually “see” as well as the removal of polyps or other suspicious lesions. In this procedure, a tiny camera on the end of a thin tube is used to examine the entire colon and rectum. A colonoscopy not only finds the tumours early, they actually help to prevent the development of the disease through the removal of any detected polyps.



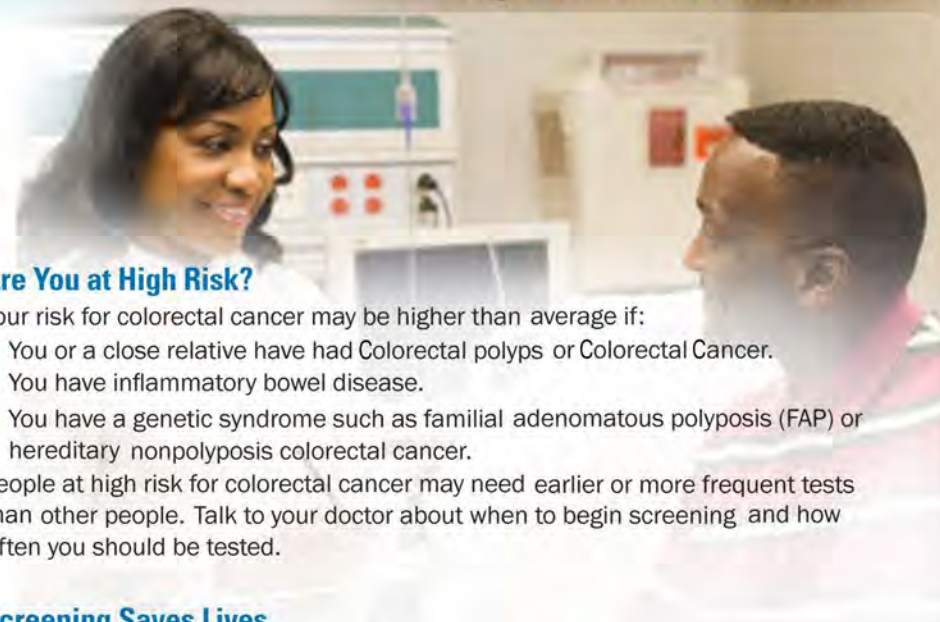
Virtual Colonoscopy – This is used as an alternative to colonoscopy. In this procedure, CT scan images are used to construct a 3-D model of your colon; it reveals polyps or other abnormalities without having to actually insert a camera inside your body. The main disadvantage of the virtual colonoscopy is that if polyps are detected, you will need a “real” colonoscopy to remove and evaluate them.



MAKING THE DIAGNOSIS USING VIRTUAL COLONOSCOPY

Barium Enema: Your Doctor is able to see the inside of your colon and rectum, to detect polyps, tumours and/or changes in your intestinal tissue, by means of x-rays. A chalky liquid, known as *barium*, is used as the contrast agent, which coats the mucus lining and makes it visible. However, like the virtual colonoscopy, any abnormalities that appear on the x-rays will need to be followed-up with a “regular” colonoscopy.

Stool Test: An examination of the stool in the laboratory is sometimes done. This is a relatively inexpensive and non-invasive method of testing for blood in the stool – which is not always apparent to the naked eye. If a stool test is positive, it should be followed by a colonoscopy.



Are You at High Risk?

Your risk for colorectal cancer may be higher than average if:

- You or a close relative have had Colorectal polyps or Colorectal Cancer.
- You have inflammatory bowel disease.
- You have a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary nonpolyposis colorectal cancer.

People at high risk for colorectal cancer may need earlier or more frequent tests than other people. Talk to your doctor about when to begin screening and how often you should be tested.

Screening Saves Lives

If you're 50 or older, getting a colorectal cancer screening test could save your life. Here's how:

- Colorectal cancer usually starts from polyps in the colon or rectum. A polyp is a growth that shouldn't be there.
- Over time, some polyps can turn into cancer.
- Screening tests can find polyps, so they can be removed *before* they turn into cancer.
- Screening tests also can find Colorectal Cancer early. When it is found early, the chance of being cured is good.



Colon Polyp

Colorectal Cancer Can Start With No Symptoms

Precancerous polyps and early-stage Colorectal Cancer don't always cause symptoms, especially at first. This means that someone could have polyps or Colorectal Cancer and not know it. That is why having a screening test is so important.

Other Screening Tests in Use or Being Studied

Although these tests are not recommended by the USPSTF, they are used in some settings and other groups may recommend them. Many insurance plans don't cover these tests, and if anything unusual is found during the test, you likely will need a follow-up colonoscopy.