



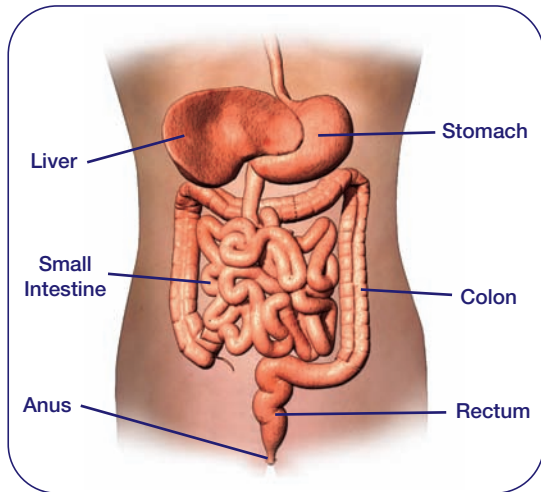
## Screening Schedule

Those at average risk of colorectal cancer should follow one of these screening schedules.

### Beginning at age 50:

1. Annual fecal occult blood test plus flexible sigmoidoscopy every three to five years (or)
2. Double contrast barium enema x-ray every three to five years (or)
3. Colonoscopy every ten years
4. Digital rectal exam annually and at the time of the tests listed above

Current studies show that colonoscopy is the most effective method for detecting and possibly preventing colorectal cancer. Ask your doctor about setting up a screening schedule based on your risk profile. Learn more at [www.swmedicalcenter.org/colorectalcancer](http://www.swmedicalcenter.org/colorectalcancer)



## The Southwest Difference

The diagnosis of cancer can be overwhelming. You and your loved ones may be facing many questions, medical treatment options and lifestyle changes.

At Southwest's Regional Cancer Center, we believe that superb cancer care goes beyond the latest technology and innovative treatments. We are here to help you and your loved ones keep the best quality of your life throughout your journey with cancer.

### Cancer Support Group

360.514.2174

[www.swmedicalcenter.org/cancersupport](http://www.swmedicalcenter.org/cancersupport)



**SOUTHWEST**  
Regional Cancer Center  
*Cancer care for the whole person*

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## Understanding Colon & Rectal Cancer



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*Cancer care for the whole person*



## Colon and Rectal Cancer

The colon is also known as the large intestine or bowel. The colon is the last part of the digestive tract. The last eight-ten inches of the colon is called the rectum. Colorectal cancer describes cancer that occurs in the colon and rectum.

Cancer occurs when cells grow uncontrollably. Without treatment, colorectal cancer will spread to other parts of the body.

## Risk Factors and Prevention

Several factors may increase your risk of getting colorectal cancer, such as:

- A close relative with a history of colorectal cancer
- A family or personal history of adenomatous polyps (abnormal, but non-cancerous, growths in the colon and rectum)
- Smoking
- A personal history of inflammatory bowel disease (Crohn's or ulcerative colitis)
- Age
- Obesity or inactivity

There are conflicting studies that discuss the role of diet in colorectal cancer. Discuss your diet's role in preventing colorectal cancer with your physician.

- A diet high in animal fat (lots of red meat, fried foods, high-fat dairy foods) may increase the risk of colon cancer.
- A diet high in fiber (lots of fruits, vegetables, whole grains) may reduce risk.
- Evidence is mounting that vitamin D produces beneficial effects, including cancer prevention.

"Of all the places I have been to (for cancer treatment), Southwest is the best."

— colon cancer patient

## Signs and Symptoms

Colorectal cancer may show no symptoms in its early stages. Since symptoms of colorectal cancer can be similar to those for other digestive health problems, it is important to have your doctor diagnose the source of symptoms such as:

- Bloody or black stools
- Ongoing diarrhea or constipation
- Changes in bowel habits
- Abdominal pain
- Weight loss
- Constant tiredness
- Rectal bleeding

## Diagnosis

A diagnosis is made after extensive testing is done. Typically a gastroenterologist, or a doctor who specializes in digestive health, will become involved in your care.

Your doctor may start the process with a fecal occult blood test (FOBT). This test looks for blood in the stool. A digital rectal exam (DRE) may also be performed, where a gloved finger is inserted in the rectum to feel for problems.

The doctor may order a lower GI series (barium enema), a type of X-ray. A blood test may be ordered to check for anemia (low red blood cell count).

Cancer may be found through a sigmoidoscopy or colonoscopy. These procedures involve inserting a lubricated flexible tube, or scope, through the rectum to view the colon.

- A sigmoidoscopy looks at the bottom 1/3 to 1/2 of the colon. You are typically awake for this procedure.
- A colonoscopy looks at the entire length of the colon. Most patients are given light sedation for a colonoscopy. Southwest offers standard and virtual colonoscopies.

Your doctor will ask you to take a solution to help empty your bowels before the diagnostic procedure. Follow the preparation schedule carefully. This will give your doctor the clearest view of the bowel so that small lesions or polyps are easier to find.

If a sigmoidoscopy finds polyps in the lower colon, you may be scheduled for a colonoscopy to check the entire colon.

If the doctor finds one or more polyps during the exam, the doctor will remove them at that time. They will be tested to see if they are benign (non-cancerous) or malignant (cancerous).

If pre-cancerous polyps are found, you are at risk for later having additional polyp growths. Annual follow-up exams are needed to monitor your health.

## Remember

Early detection is important for the prevention and successful treatment of colorectal cancer.

## Treatment

If cancer is diagnosed, treatment depends on how much the cancer has grown. Sometimes after cancerous polyps are removed during the diagnostic exam, no other treatment is needed.

If the cancer has spread, surgery may be required to remove some of your colon and surrounding lymph nodes. In some cases the doctor will need to perform either a temporary or permanent colostomy. A colostomy creates an opening in the abdomen to allow solid waste to leave the body.

In other cases, you may need chemotherapy (treatment with special drugs) and/or radiation therapy (treatment with high energy x-rays). These treatments may be done after surgery or in some cases before surgery..