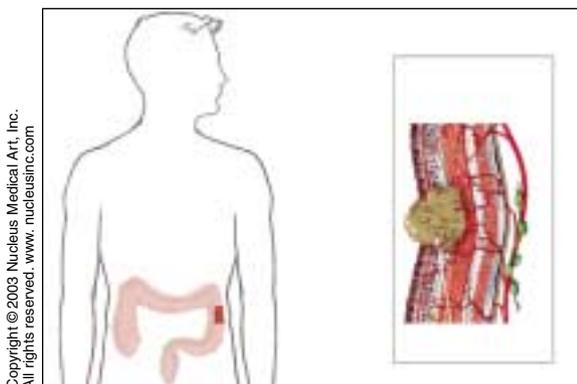


## Colorectal Cancer

## Background information

## Colorectal Cancer



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Colorectal (colon) cancer is one of the more common cancers in the United States, affecting about two of every 1000 people. The risk of acquiring colorectal cancer increases in both men and women over age 50. The exact cause of this disease is uncertain, but it is known to be associated with the following:

- Increased age (over 50 years)
- Low-fiber diets that are high in fat and calories
- The presence of polyps (benign growths in the colon)

- A family history of colon cancer
- The presence of longstanding ulcerative colitis

Colorectal cancer symptoms vary, but are known to include the following:

- Diarrhea
- Constipation
- Blood in the stool
- Abdominal pain
- Vomiting
- Unexplained weight loss

Proper diagnosis, staging and treatment are critical phases in countering colorectal cancer. Through microscopic examination of a biopsy specimen (colon tissue sample), the surgical pathologist determines whether an abnormality exists and, if so, whether it is benign or malignant. The surgical pathologist's diagnosis is the key to determining the need for further treatment. Should the pathologist determine the existence of colon cancer, its type and extent (stage) will then be evaluated in order to determine the most appropriate treatment option.

## Treatment options for colorectal cancer

(Only a physician can determine the best therapy to treat your condition.)

**Surgery** The surgical removal of the cancer is the most common form of treatment. Normally, the surgeon will remove the cancer along with a portion of healthy colon and rectum. The surgeon will also remove the draining lymph nodes. These specimens are then examined under a microscope by a surgical pathologist who will determine type and extent (stage) of the cancer and whether the cancerous tissue has been fully excised.

**Chemotherapy** is the use of drugs to destroy cancer cells. This type of therapy is systemic because the drugs are sent directly through the bloodstream or are taken orally and travel throughout the entire body. Chemotherapy medication intervals will vary, depending upon the drug used and whether it is administered by injection, pill or intravenously (via a thin tube placed into a vein). Chemotherapy may be used to control a tumor, relieve symptoms or destroy cancer cells that remain in the body after surgery.

**Radiation therapy** is the use of high-energy rays to kill cancer cells and shrink tumors. Similar to surgery, radiation therapy is focused directly on the affected area. Radiation therapy is often used with patients whose cancer is located within the rectum. Physicians may also use radiation to shrink a tumor prior to surgery or to destroy remaining cancer cells after surgery. Radiation may come from an external source or may be implanted into or adjacent to a tumor via the use of a radioisotope.

## Measures you can take to prevent colorectal cancer

- Monitor your bowel habits; consult your physician if you experience any of the following:
  - Changes in routine bowel movements
  - Abdominal cramps
  - Unexplained weight loss
  - Blood in your stool
- Maintain a high-fiber diet that is low in fat and calories; consult your physician for proper diet and nutrition information.
- Undergo periodic (routine) colonoscopies to detect and remove polyps, which are precursors to colorectal cancer.

## Important questions to ask your doctor

- What is the stage of my colorectal cancer?
- What is the best treatment option?
- What are the risks and side effects of this treatment option?
- Will I need a colostomy and, if so, will it be permanent?
- What can I do to take care of myself during and after treatment?
- How long will the treatment last, and what will be my follow-up?
- To whom may I turn for nutritional and dietary information?

## Sources of additional information

**American College of Gastroenterology** 703/820-7400 • [www.acg.gi.org](http://www.acg.gi.org)  
Patient education brochures, current clinical updates and late-breaking news

**American Gastroenterological Association** 301/654-2055  
[www.gastro.org/public/digestinfo/html](http://www.gastro.org/public/digestinfo/html)  
Access to expert panels, support groups and detailed diagnostic and treatment information

**National Institutes of Health** [www.nih.gov](http://www.nih.gov)  
Patient education information, late-breaking clinical trial news and clinical updates

**Pharmaceutical Information Network** [www.pharminfo.com/disease/gastro/html](http://www.pharminfo.com/disease/gastro/html)  
Access to articles, research news and discussion groups on many gastrointestinal disorders



**Associated Pathology Medical Group, Inc.**

[www.apmglab.com](http://www.apmglab.com) or 800-848-2764