

Crohn's and Colitis Foundation of Canada

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Colorectal cancer and

INFLAMMATORY

BOWEL

DISEASE

Colorectal cancer is the third most common form of cancer in Canada. It affects approximately one in every 16 Canadians during their lifetime. Since it is so prevalent, all Canadians should be aware of the risk factors and take precautions for prevention and early detection.

For people with inflammatory bowel disease (IBD), there is added concern. Having IBD increases the risk of developing colorectal cancer. The risk is small, but it increases with the length of time an individual has IBD. The probability of developing colorectal cancer after 10 years with IBD is estimated to be about 2 per cent, and may rise to as much as 20 per cent after 30 years.

Regular colorectal screening may help prevent cancer, or may detect it early. When detected early, most colorectal cancer can be successfully treated. This is why it is so important for people with IBD to discuss the risks and the need for regular colorectal cancer screening with their physicians.

This pamphlet is intended for information only. A doctor should always be consulted for advice and medical treatment.

What is Colorectal Cancer?

Cancer is a disease in which abnormal cells in some organs or tissues grow out of control. Normally, cells divide and produce new cells in an orderly, controlled fashion when they are needed for healthy body functions or to repair damaged tissues. In cancer, the cells reproduce uncontrollably even when the body does not need them.

This uncontrolled growth causes a mass of cells called a tumour, which can be benign (non-cancerous) or malignant (cancerous). Benign tumours stay at their original site. Malignant tumours invade adjacent tissue and spread to other parts of the body.

Cancer of the colon or rectum is called colorectal cancer. In colorectal cancer, the tumours usually form from the epithelial cells that line the large intestine.

The colon (also called the large intestine or lower bowel) and rectum are part of the body's digestive system. The colon receives waste from the small bowel and absorbs water from the feces to form stool. The stool moves from the colon to the rectum, where it is eliminated from the body through the anus.

Approximately 17,600 new cases of colorectal cancer were expected to be diagnosed in 2002. An estimated 6,600 Canadians were expected to die of the disease in the same year, making it the second most frequent cause of cancer deaths in this country.

While these numbers are high, it is important to remember that **colorectal cancer is considered one of the most preventable and treatable cancers if it is detected early.**

Symptoms of colorectal cancer include: rectal bleeding; blood in stool; change in bowel habits; alternating diarrhea and constipation; persistent abdominal bloating; feelings of fullness; and cramps.

In the early stages of colorectal cancer, there may be no noticeable or visible symptoms. It can be additionally difficult for IBD patients to identify symptoms because many are similar to those of IBD.

Colorectal cancer develops slowly, over a period of years. Before symptoms become noticeable to the patient, there are often early changes in the lining of the colon or the rectum. Generally, it starts with the development of benign polyps (growths of tissue). Over time, the polyps can become cancerous and the full-blown cancer may spread to other parts of the body. Removing a polyp early may prevent it from becoming cancerous.

Who is at risk for colorectal cancer in the general population?

Colorectal cancer can affect anyone, however certain factors increase the risks of developing the disease, and may indicate the need for regular screening. They include:

Age: Colorectal cancer is most common in adults over the age of 50.

Diet: The disease is more common in industrialized countries, suggesting that diet (specifically a diet high in fat and low in fibre, fresh fruits and vegetables) could contribute to its development.

History of Polyps: People who have a history of polyps are at higher risk.

Previous Colorectal Cancer: Having had colorectal cancer in the past increases a person's chances of developing another colorectal cancer.

Family History: If a person has colorectal cancer, his or her parents, children and siblings have an increased risk of developing the disease themselves.

Inflammatory bowel disease: Having IBD increases the risk of developing colorectal cancer.

For a complete list of risk factors, contact your physician.

The link between colorectal cancer and IBD

It was once thought that the increased risk of colorectal cancer in IBD occurred only in ulcerative colitis. However, recent studies indicate there is likely an increased risk among those affected by Crohn's disease as well. (The risk for colorectal cancer does not appear to increase if the Crohn's disease is isolated to the small bowel.)

The key risk factors that can contribute to colorectal cancer in people with IBD include: having IBD for 10 years or longer; having IBD involving the whole colon (pancolitis); having primary sclerosing cholangitis (an IBD-related complication affecting the liver); and having a family history of colorectal cancer.

The importance of early detection

When diagnosed early, most colorectal cancer cases can be successfully treated. It is, therefore, very important that the disease is detected as early as possible.

As discussed earlier, IBD patients may have difficulty identifying the symptoms of colorectal cancer because some are similar to those of inflammatory bowel disease. Patients should speak with their physicians about their risks for colorectal cancer, about strategies for reducing their risks, and about having regular screening for the disease.

For the general population, a number of diagnostic tools may be used to detect colorectal cancer including testing of the stool for blood which may not be visible to the human eye; barium enemas to take x-rays of the colon; and colonoscopy.

For patients with IBD, the main way to detect colorectal cancer is through regular colonoscopies every year or two. (The frequency of screening may depend on risk factors, including the length of time the individual has had IBD.) In this diagnostic procedure, a long, narrow, optical instrument is passed into the large bowel to provide a view of the colon. Biopsies, or tissue samples, may be taken during this procedure to be tested for pre-cancerous changes.

To discuss risk factors specific to your situation and to determine the preventative and screening measures that are appropriate for you, please contact your primary IBD physician.

The Crohn's and Colitis Foundation of Canada (CCFC) is a not-for-profit voluntary medical research foundation. Our mission: To find the cure for Crohn's disease and ulcerative colitis. To realize this, the CCFC is committed, first and foremost, to raising increasing funds for medical research. The CCFC also believes it is important to make all people with inflammatory bowel disease aware of the Foundation, and to educate these individuals, their families, health professionals and the public about these diseases.

**OUR MISSION: FIND THE CURE. YOU CAN HELP. CALL US.
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