



Crohn's and Colitis  
Foundation of Canada

Fondation canadienne des  
maladies inflammatoires  
de l'intestin

## LET'S TALK ABOUT CANCER:



*Colorectal Cancer and  
Inflammatory Bowel Disease*

## A BIT OF BACKGROUND

According to the Colorectal Cancer Association of Canada, colorectal cancer is the second-leading cause of cancer death in this country. In 2009, it is expected that 22,000 people will be diagnosed with this disease and 9,100 people will die from it.

These numbers seem bleak, but they don't tell the full story. Colorectal cancer (CRC) is a highly treatable form of cancer. In fact, ***if detected early, there is a 90% chance that it can be cured.*** This kind of information is a warning bell for everyone, but it is particularly important for people with inflammatory bowel disease (IBD).

Let's take a closer look at the facts about CRC and what you can do about it.



# WHAT IS COLORECTAL CANCER?

You probably know that cancer is an abnormal growth (tumour) of cells which reproduces uncontrollably, invading other tissues and organs.

In colorectal cancer, the tumours develop from the cells lining the large bowel (or colon) and rectum. The tumours usually develop over a period of years, generally starting out as non-cancerous (benign) growths called polyps. As time passes and if undetected, some polyps undergo a change and become cancerous. Once the polyps have become tumours, they continue to grow and may even spread to other parts of the body (metastasize), invading other organs such as the liver or lungs.

If polyps are detected early and removed, colorectal cancer may be prevented.

## WHAT ARE THE SYMPTOMS?

This is the tricky part. In the early stages of colorectal cancer, there are not usually any symptoms. Later on, there could be symptoms such as:

- Blood in the stool
- Change in the frequency of bowel movements
- Stools that are narrower than usual
- Alternating bouts of diarrhea and constipation
- Feelings of abdominal bloating, fullness or cramps
- Vomiting, fatigue, weight loss
- Constant fatigue

Sound familiar? For people with IBD, these symptoms are often the same as the symptoms experienced during a flare-up of their Crohn's disease (CD) or ulcerative colitis (UC). The physical symptoms of CRC are so similar to those of IBD, that people may be unaware that something else is developing in their gut.

# WHO GETS COLORECTAL CANCER?

CRC can affect anyone in the general population, not just those with IBD. As we age, the risk of developing CRC increases; in fact, the disease is most common in people over the age of 50.

Aside from aging, there are other factors that contribute to an increased risk of developing CRC. They include:

- Personal history of having colorectal adenomas (a specific type of polyp in the colon or rectum that is considered to be particularly likely to develop into cancer)
- Personal history of any other kind of cancer
- Family history of colorectal cancer (parents, siblings, children)
- Genetic syndromes such as Familial Adenomatous Polyposis (FAP) and Hereditary Non-Polyposis Colon Cancer (HNPCC) and Peutz-Jeghers Syndrome
- Ethnic backgrounds that are African American and Ashkenazi Jew, and finally,
- ***A diagnosis of inflammatory bowel disease***

## IBD AND COLORECTAL CANCER

Inflammatory bowel disease is a definite risk factor in the development of CRC. To be more specific, IBD increases the risk of developing CRC, depending upon the:

- Duration of time you have had IBD: If you have had IBD for more than 10 years, your risk of developing CRC is higher than that of the general population
- Extent of inflammation: Whether you have CD or UC, extensive inflammation in the gut appears to pose a higher risk of developing CRC.
- Age at which you were diagnosed: People who are diagnosed with IBD under the age of 20

years, experience a higher rate of CRC than that of the general population

- Diagnosis of Primary Sclerosing Cholangitis (PSC): If you have IBD and develop PSC or bile duct inflammation, you have a higher risk of developing CRC as well
- Presence of polyps or dysplasia (abnormal changes to cells that line the colon)

But let's be clear – a diagnosis of IBD does not mean that CRC is necessarily going to happen to you. IBD is a **risk factor**, not a guarantee.

## EARLY DETECTION AND CURE

As we stated earlier, colorectal cancer is highly treatable and if detected early, has a 90% chance of being cured. This is great news for anyone who is at higher risk for CRC.

The key however, is early detection. For people with IBD, what does this mean?

Warning signs of CRC such as blood in the stools, changes in bowel habits, abdominal bloating and cramps and so on, are commonplace symptoms for



those with IBD. As a result, they offer no warning for CD and UC sufferers, as they would for the general population.

Therefore it is generally recommended that people with IBD have a colonoscopy with biopsy, either annually or bi-annually. A colonoscopy with biopsy means your physician will examine your large bowel for the presence of polyps with the use of a camera attached to a long, flexible tube. With the use of special instruments, he or she will also take multiple tissue samples from the lining of your gut.

Afterwards a pathologist will examine these samples to determine if there have been microscopic changes to the cells. If pre-cancerous changes (dysplasia) are detected, there is a 10% to 20% possibility that cancer is either present already, or will develop in the next few years. For that reason, if dysplasia is detected and confirmed in the biopsy samples of people with IBD, a recommendation for removal of the large bowel may be made.

Screening tests such as fecal occult blood tests, barium enemas and sigmoidoscopy are not considered adequate for people with IBD. Talk with your doctor about what is best for you.

## TREATMENT OF COLORECTAL CANCER

Traditionally, CRC has been treated with surgery, radiation therapy and chemotherapy. Depending upon a number of factors such as the location of the tumour(s), what stage the cancer has reached, and whether or not the tumours have metastasized will determine what approach is taken, either in isolation or in combination with the other treatments.

## LIFESTYLE CHOICES AND RISK REDUCTION

The risk of developing CRC can be moderated to some degree. Lifestyle choices have been found to play a role and as such, can be altered to decrease

the risk of cancer. According to the Colorectal Cancer Association of Canada, you can decrease your risk by:

- Eating a healthy diet that does not contain a lot of fat, red and processed meats. If they are not trigger foods for you (see our booklet “Food for Thought – Nutrition and IBD”) try to eat foods that are high in fibre, as well as fruits and vegetables. Be careful though – you are your own best judge of what foods bother your gut and a food journal will help you identify what you can eat
- Exercising regularly. Research shows that regular physical activity stimulates your bowel and encourages the passage of stool through the colon, which is necessary for a healthy bowel
- Maintaining a healthy weight. Obesity does contribute to higher risk of developing CRC
- Quit smoking. It is well known that smoking contributes to lung cancer. You may not have known that smokers also have a higher incidence of colon cancer, possibly due to the swallowing of cancer-causing substances
- Drinking alcohol in moderation. For men, that means no more than two drinks per day; for women, it means keeping the limit to one drink per day



# NEED MORE INFORMATION?

A diagnosis of inflammatory bowel disease can be overwhelming at first. If you are like many people, the impact of being diagnosed with Crohn's disease or ulcerative colitis brings a mixture of relief (at last "they" know what it is!) and anxiety (what now?).

The Crohn's and Colitis Foundation of Canada (CCFC) understands this and we are here to assist you. Please go to our website, [www.ccfc.ca](http://www.ccfc.ca), where you will find patient information booklets, information about IBD, copies of our publication **the Journal** and the locations of CCFC chapters close to you.

CCFC is a non-profit medical research foundation. Our mission is to "Find the Cure". Please join us as we pursue the answers that will put an end to Crohn's disease and ulcerative colitis, and relieve the suffering of over 200,000 Canadians with IBD.

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*Thanks to the Colorectal Cancer Association of Canada for their input into this booklet. Go to [www.colorectal-cancer.ca](http://www.colorectal-cancer.ca) for more information on colorectal cancer.*

**For more information on Foundation activities, visit our website ([www.ccfc.ca](http://www.ccfc.ca)) and join our team today!**

**[www.ccfc.ca/contact](http://www.ccfc.ca/contact)  
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