What is Colorectal Cancer?

The majority of colorectal cancers arise from a non-malignant growth in the large intestine known as an adenoma. In the early stages these resemble a polyp. However, in some cases adenomas have the potential to increase in size and undergo a series of changes within the cells. This can result in the cells becoming abnormal in function, structure, and shape. This is commonly referred to as a malignancy or a cancer.

Symptoms – what to look out for

- Persistent change in intestinal function over a period of several weeks with unexplained constipation or diarrhea and/or very dark stools
- Rectal bleeding with no soreness, pain, swelling, or itching
- Unexplained severe pain and/or lump in the abdomen
- Extreme fatigue without an obvious cause

Key statistics

- Colorectal cancer is the second most common cancer in Europe and second most common cause of cancer DEATHS in Europe (412,900 people are diagnosed every year) [Annals of Oncology 18:581–592, 2007]
- The disease affects men and women equally
- The risk for colon cancer rises with age with more than 90% of cases occurring in people over the age of 50
- There are 175 million citizens in Europe between the age of 50 and 69 (World CIA Factbook)
- There are wide differences across Europe in CRC survival, due mainly to differences in stage at diagnosis (50% Modena, Eindhoven c.f. 39% Thames UK, 25% Cracow) (GUT 2000)

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It is most important to remember that most symptoms do not turn out to be colorectal cancer. However, if you are experiencing any of the above symptoms you should go to see your doctor.
Risks

The exact cause of colorectal cancer is as yet unknown however there are certain factors that can put people at risk:

- **Family History** – Colorectal cancer can occur in a number of people who have significant family history of the disease. Around 5% of colorectal cancers are thought to be caused by an inherited predisposition.

- **Age** – Colorectal cancer affects both men and women equally. It is mainly a disease of the over 50’s but it can occur in younger people as well.

- **Previous Conditions** – Patients who have had previous polyps removed or who have had cancer in the large intestine may be at an increased risk of colorectal cancer.

- **Inflammatory Intestinal Disease** – People with a long history of Crohn’s disease or Ulcerative Colitis may be at an increased risk of colorectal cancer.

- **Obesity** – Clinical evidence has proven that obesity is directly linked to colorectal cancer.

- **Diet and Lifestyle** – A diet low in fibre and high in fat and a sedentary lifestyle can increase the risk of colorectal cancer.

Screening

There are various ways to test for whether there are early indications of colorectal cancer developing, these may include:

- A simple test done at home to determine whether there are traces of blood present in the stools (faeces) known as a Faecal Occult Blood Test.

- An examination of the intestine by a thin flexible tube with a light on the end known as a colonoscope – this examination is known as a colonoscopy or a sigmoidoscopy.

- A CT (computerised tomography) scan – a high quality X-Ray.

- MRI scan (Magnetic Resonance Imaging) – an examination of the intestine by strong magnetic and radio waves. This test is only carried out when there is a possible or confirmed rectal cancer.

**Prevention**

- **Family risk** – Be aware of your family history. If there is a history of colorectal cancer in your family discuss it with your family doctor.

- **Eat a balanced diet** – Include at least five portions of fresh fruit and vegetables a day and drink plenty of fluids particularly water.

- **Fitness / Weight** – Take regular moderate exercise to help you stay fit and healthy and avoid being overweight.

- Most importantly get to know the pattern of your own intestinal function so that you know what is normal for you.

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