**March is Colorectal Cancer Awareness Month**

Colorectal cancer is now the second leading cause of cancer deaths in the US. Of note though, new cases and deaths from colorectal cancer are decreasing each year in people aged 55 and older; but, in people less than 55 the number of new cases has increased.

*Risk factors for colorectal cancer:*

Age >50, African American, inherited risk or family history (having a parent, sibling, or child with colorectal cancer doubles your risk), personal history of colon cancer or polyps, inflammatory intestinal conditions (ulcerative colitis or Crohn’s disease), alcohol intake of 3 or more alcoholic beverages per day, cigarette smoking, and obesity.

*Protective factors that decrease risk for colorectal cancer:*

Physical activity (exercise most days at least 30 minutes), aspirin (only recommended for those at increased risk since aspirin can cause GI bleeding and ulcers), removal of polyps, use of combination hormone replacement therapy in post-menopausal women (estrogen + progestin, estrogen alone had no effect; however, HRT also increases risk of breast cancer, heart disease, blood clots).

It is unclear how diet affects risk. Some studies have shown a high fat, low fiber diet leads to increased risk. There are also studies suggesting a diet high in red meat and processed meat may increase risk. Some studies even suggest a link between one soda per day (sweetened with high fructose corn syrup) and recurrence or worsening of this cancer. More research is needed; however, a diet including a variety of fruits, vegetables, and whole grains is recommended.

Screening is recommended for everyone 50-75 years old with average risk. People at increased risk may need to begin at 45. The good news is more people are getting screened. Over a million more people were screened in 2016 as compared to 2014 data. The bad news is there are still many people that have never been screened (25% aged 50-75), and 85% of people in this group are insured.

Colorectal cancer is curable if caught early enough so why not get screened? I suspect many are put off by the prep required for a colonoscopy which we all know is worse than the procedure. There are various options for colonoscopy preps and there are other screening options so it is important to have a discussion with your health care provider to develop a screening plan for you.

*Screening Options:*

Colonoscopy – generally recommended as preferred method since it can help prevent cancer by removing abnormal growths (polyps) during procedure before they become cancer. A scope is used to look inside the rectum and colon. Sedation is required and has risks, more so for people with heart or lung problems. There is also the risk of a tear to the lining of the colon and bleeding (occurs more often if polyps removed).

Sigmoidoscopy – a scope is used to look inside the rectum and only the lower colon (sigmoid). Polyps can be removed which may cause bleeding, but no sedation is required for this procedure.

DNA stool test – stool sample is tested for genetic changes that might be a sign of cancer. (Cologuard® is an example you may have heard of.) Results may be abnormal even though no cancer is present which leads to more testing, including a colonoscopy.

Fecal occult blood test – stool sample is tested for microscopic traces of blood. Several conditions may cause blood to appear in the stool so a positive result will require additional testing, including a colonoscopy.

Unfortunately, there are often no symptoms in the early stages of colorectal cancer which makes screening even more important. If you experience any of the following symptoms you should see your health care provider ASAP: change in bowel habits that lasts more than 4 weeks (diarrhea, constipation, change in consistency of stool), rectal bleeding or blood in stool, persistent abdominal discomfort, feeling that bowel doesn’t empty completely, unexplained weight loss with weakness and fatigue.

We care about you! Please, check your status to make sure your screening is up to date!

Vicky Shelton, D.Ph.

CSUMC Parish Health Team - 2019