Reduce Your Risk of Colorectal Cancer
What is colorectal cancer?
Colorectal cancer starts in the colon or rectum. The colon and rectum make up the large intestine, which is often called the large bowel. The food you eat ends up here, where water and some nutrients are used by the body to keep it healthy and working. Waste (known as feces or stool) is left behind and passes through the rest of the large intestine. It leaves the body through the anus when you have a bowel movement.

Many cases of colorectal cancer start out as polyps, which are small, non-cancerous growths on the inner wall of the colon or rectum.

Most colorectal cancers start in the cells that line the inside of the colon or the rectum. The cancer cells begin to multiply and form tumours. The cells can then break away and start tumours in other parts of the body.

This type of cancer usually grows slowly. The earlier it is found, the easier it is to treat – that’s why screening is so important. Screening tests for colorectal cancer can also find polyps, which can be removed before they develop into cancer.

Screening for colorectal cancer is easy and convenient. All you need to do is have a stool test once you turn 50 – and keep having one every two years.

A stool test might be something you’d rather avoid. But it could save your life – it’s that simple. Read on to find out more about the test.

This brochure will also tell you about everyday choices that can reduce your risk of developing colorectal cancer and changes to your body that could be a sign of cancer and should be reported to your doctor.

Don’t assume, just because you feel in perfect health, that you can’t have cancer. Don’t put off screening – it’s such a simple way to detect colorectal cancer early. ~ Tom
Who gets colorectal cancer?

Colorectal cancer is the third most commonly diagnosed cancer for men and women in Canada. Most people who develop colorectal cancer do not have a family history of the disease.

Some people think of it as a “man’s disease,” but it’s not. Many women develop it too.

Most cases are in people over the age of 50, but it’s possible to develop colorectal cancer at an earlier age.

A simple test could save your life

I’m very fit, and I have always enjoyed excellent health. My family doctor said screening was a good idea, and I’m so grateful for that. The first two times, the result was negative. But this time, it was positive. ~ Tom

The easiest way to find colorectal cancer early is to screen for it using a stool test. To be screened means to check for signs of colorectal cancer as part of your regular medical care before you notice that something might be wrong.

Canadian Cancer Society screening recommendations

If you are 50 or older, have a stool test every two years.

Do the test even if you feel fine and have a healthy lifestyle. The purpose of the test is to find cancer before you notice symptoms – when cancer is at its earliest stage and most easily treated.

Stool tests for colorectal cancer

Polyps or tumours in the colon have blood vessels that can release a small amount of blood onto the stool when it passes by. Stool tests check for this occult (hidden) blood that you can’t see with your eyes.

Two types of stool tests are used in Canada to screen for colorectal cancer:

- The guaiac-based fecal occult blood test (FOBT) uses a chemical reaction on a paper card to find traces of blood in the stool.
- The fecal immunochemical test (FIT) uses specific antibodies to find traces of blood in the stool.

For both types of test, you collect the stool samples at home and place them on a stool collection card or in a stool collection container. Depending on where you live, you then take or mail the samples to a medical laboratory. Colorectal cancer screening programs vary among the provinces and territories, so ask your doctor about how the program works where you live.

Certain foods and drugs can affect stool tests, so be sure to check the instructions that come with the test kit. Ask your doctor if you have any questions.

Follow the screening guidelines, and talk to your doctor about any other tests you might need. Believe me, it’s worth it. ~ Nancy
**If there is blood in the stool**
If a stool test shows traces of blood in your stool, you will need to have more tests to find out where the bleeding is coming from and why. Your doctor may suggest:

**Colonoscopy** – a thin, flexible tube with a light and camera at the end is used to look at the lining of the entire colon.

**Flexible sigmoidoscopy** – a soft, bendable tube with a light and camera at the end is used to look at the lining of the rectum and the lower part of the colon.

**Double-contrast barium enema** – an x-ray of the colon and rectum that uses a special dye (called barium). The dye helps show the lining of the colon more clearly.

If the tests show something abnormal, tissue samples for further testing (a biopsy) may be taken during a colonoscopy or sigmoidoscopy.

**Other reasons for having blood in the stool**
Having blood in your stool doesn’t always mean that you have polyps or cancer. Blood may come from the colon or from other parts of the digestive tract, such as the stomach or anus. The bleeding can be caused by:

* ulcers (sores on the lining of your digestive tract)
* hemorrhoids (enlarged or swollen veins of the anus and rectum)
* diverticulosis (tiny pouches that form at weak spots in the colon wall)
* ulcerative colitis or Crohn’s disease (inflammation of the colon, also often called inflammatory bowel disease)

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**Talk to your doctor about your risk**
There is no single cause of colorectal cancer, but risk factors increase your chances of developing it. It’s important to talk to your doctor about these risk factors.

**Why you need to talk to your doctor about risk**
If you have certain risk factors that put you at higher risk of developing colorectal cancer, your doctor may suggest that you have different tests, such as a colonoscopy, or that you be tested more often or before you turn 50.

**What you can’t change**
You can’t change some risk factors. For example, your risk of colorectal cancer increases if you’re over 50. And there is evidence that you’re at higher risk if:

* You or a close relative (such as a parent, sibling or child) has had colorectal cancer.
* You have a personal or family history of polyps in the colon or rectum.
* You are of Ashkenazi Jewish ancestry.
* You have:
  * familial adenomatous polyposis or hereditary non-polyposis colorectal cancer
  * inflammatory bowel disease
  * type 2 diabetes
* You have had radiation treatment.

While you can’t change these risk factors, you can take some control by talking to your doctor about them.
Reduce Your Risk of Colorectal Cancer

If you do have a family history of the disease, regularly discuss that with your physician. You will need to begin screening at a younger age and think about screening for your children. You need to be proactive. ~ Jack

Questions to ask your doctor
What’s my risk of colorectal cancer?
What tests should I have and when?
How often should I be tested?
Are there any risks in having the test?
How is the test done?
Do I need to do anything to prepare for the test?
What happens if my results aren’t normal?

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Everyday choices reduce your risk
When found early, colorectal cancer is easier to treat. But the choices you make every day can help reduce your risk of developing this disease.

Maintain a healthy body weight
Being overweight or obese increases your risk of developing colorectal cancer. A healthy weight is different for everyone, so talk to your doctor about what is healthy for you. Being physically active and eating a healthy diet can help you get to and stay at a healthy body weight.

Be physically active
The evidence is clear that being physically active helps prevent colorectal cancer. The more physically active you are, the more you will cut your risk. Find physical activities that you enjoy, and do them often. Reduce the amount of time that you spend sitting, both at a desk and on the couch.

Eat a healthy diet
There is strong evidence that eating a healthy diet can prevent colorectal cancer. When you think about it, this doesn’t seem that surprising, does it? It is especially important to:

- Limit the amount of red and processed meats (such as salami, sausage and wieners) you eat.
- Avoid eating meat and fish cooked at high temperatures.
- Eat foods that are high in fibre, such as vegetables and fruit, whole grains, and beans, peas and lentils.

What you can change
Many of the risk factors for colorectal cancer are in your control. Research shows that you’re at higher risk if you:

- are overweight or obese
- are not physically active
- have a diet that is high in red meat or processed meats or low in fibre
- eat meat or fish cooked at very high temperatures (such as fried or barbecued)
- drink alcohol
- smoke tobacco

Some people develop colorectal cancer without having any of these risk factors.
**Limit the amount of alcohol that you drink**

Studies show that having more than two alcoholic drinks per day increases the risk of developing colorectal cancer. The more you drink, the greater your risk. So if you choose to drink alcohol, limit your risk by having less than one drink per day.

**Be a non-smoker and avoid second-hand smoke**

There is a strong link between smoking and colorectal cancer. If you smoke, get help to quit. If you don’t smoke, don’t start! And avoid places where you must inhale smoke from others who are smoking.

**Having symptoms? See your doctor**

No matter what age you are, what physical condition you are in, and what your family history is, it’s important to be attentive to your body. If it suddenly begins to change, getting medical attention is always the right thing to do. It saved my life. – Jack

Even if you have a stool test every two years, don’t ignore any changes in your body. See your doctor if you notice any of these symptoms:

- general discomfort in the abdomen (bloating, fullness, cramps)
- a change in bowel habits, such as diarrhea or constipation, for no apparent reason
- blood in the stool (either bright red or very dark)
- stools that are narrower than usual
- an urgent need to have a bowel movement
- a feeling that the bowel hasn’t completely emptied
- nausea or vomiting
- fatigue (feeling very tired)
- unexplained weight loss

These symptoms may be caused by colorectal cancer or by other less serious health problems. Your doctor may suggest tests, such as a colonoscopy or sigmoidoscopy, to find out what is causing them. Medical problems that are found early are usually easier to solve than those that are not.
Find out more

To learn more about screening tests for colorectal cancer and how to reduce your risk, contact us:

• Call an information specialist toll-free at 1-888-939-3333 (TTY: 1-866-786-3934) Monday to Friday, 9 a.m. to 6 p.m. If you need help in another language, interpreters are available.

• Email us at info@cis.cancer.ca.

• Visit our website at cancer.ca.

• Contact your local Canadian Cancer Society office.
We’d like to hear from you
Email us at publicationsfeedback@cancer.ca if you have comments or suggestions to help us make this brochure more useful for you and other readers.
What we do

The Canadian Cancer Society fights cancer by:

- doing everything we can to prevent cancer
- funding research to outsmart cancer
- empowering, informing and supporting Canadians living with cancer
- advocating for public policies to improve the health of Canadians
- rallying Canadians to get involved in the fight against cancer

Contact us for up-to-date information about cancer, our services or to make a donation.