

Colorectal Cancer “Wiki” Alert

“Wiki” is the Hawaiian language word for “fast.” The intent of these “Wiki” Alerts are to provide brief informational resources about chronic disease issues that impact Asian Americans, Native Hawaiians & Pacific Islanders.

March is National Colorectal Cancer Awareness Month

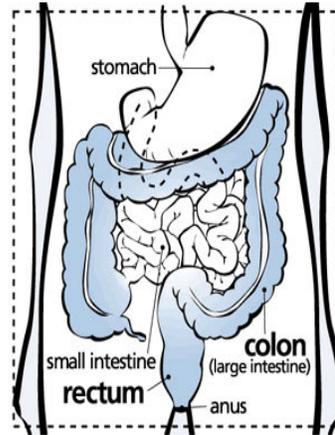
Colorectal cancer screening saves lives. If you are 50 or older, you need to get tested for colorectal cancer.



“If everyone aged 50 years old or older were screened regularly, up to 60% of deaths from this cancer could be avoided.”

(Centers for Disease Control & Prevention)

Colorectal Cancer Facts



The colon and rectum help the body digest food. The colon is also called the large intestine. The last 8-10 inches of the colon is the rectum.

Colorectal cancer is the second leading cause of cancer-related deaths in the U.S.

Colorectal cancer is an abnormal growth of cells in the colon or rectum. It usually begins in the form of a polyp, which is a small growth in the colon that over time can turn into cancerous tumors, or colorectal cancer. Not all polyps will become cancer, but it is important to remove them since we are unable to tell which ones will remain harmless and which will become cancerous.

Colorectal cancer is preventable and treatable when detected early and with proper screening. Colorectal screening tests can find polyps in the colon or rectum. Once found they can be removed before they turn into cancer. Screening tests can also find colorectal cancer early, when treatment works best. **When colorectal cancer is found early and treated, the 5-year relative survival rate is 90%. Because screening rates are low, less than 40% of colorectal cancers are found early.**

Studies have shown that colorectal cancer risk is modifiable, and that differences in population rates may be explained by lifestyle or environmental factors, such as diet and exercise. Migrants to the U.S. have higher rates than do those who remain in their native country. **Studies have shown that first and second generation American offspring from these migrant groups develop these cancers at rates reaching or exceeding those of the U.S. white population.** (Miller et al, 1996)

Incidence and Mortality Rates

- US-born Japanese men experienced incidence rates of colorectal cancer twice as high as foreign-born Japanese men and about 60% higher than those of US-born white men. Incidence among US-born Japanese women was about 40% higher than that among Japanese women born in Japan or US-born white women. (Flood et al, 2000)
- Colorectal cancer was one of the top four cancers among Asian Indian, Chinese, Filipino, Native Hawaiian, Japanese, Kampuchean, Korean, Laotian, Samoan, and Vietnamese women. (Miller et al, 2008)
- Colorectal cancer was among the top three cancers in Asian Indian, Chinese, Filipino, Native Hawaiian, Japanese, and Korean men. (Miller et al, 2008)
- Minorities are up to 60% more likely to have colorectal cancer diagnosed at an advanced stage – and up to 30% more likely to die from the disease – than whites. (Chien, 2005)
- The risk of death due to colorectal cancer was 20%-30% higher among blacks, American Indians, Hawaiians, and Mexicans. (Chien, 2005)
- Within the category of Asian/Pacific Islander, the risk of being diagnosed with colorectal cancer at the most advanced stage (stage IV) and/or death was higher for Filipinos and Hawaiians. (Chien, 2005)

Risks of Colorectal Cancer

No one knows the exact causes of colorectal cancer, but research has shown that certain factors increase the risk.

- **History:** Persons with a personal or family history of colorectal cancer, polyps, and/or chronic inflammatory bowel disease.
- **Age:** Anyone at any age can get colorectal cancer, but the risk increases with age. Over 90% of colorectal cancers are found among those over the age of 50.
- **Physical inactivity:** Studies report that increasing your physical activity either in intensity, duration, or frequency to reduces your risk of developing colorectal cancer by 30-40%. (Slattery, 2004)
- **Overweight and obesity:** Colorectal cancer occurs more frequently in people who are obese than in those of a healthy weight.
- **Diet:** Diets with a high amount of fat, such as red and processed meat, and low in fiber have been linked to an increased risk of colorectal cancer.
- **Diabetes:** Studies have found an association between diabetes and increased risk for colorectal cancer in both men and women.
- **Smoking:** Cigarette smoking increases the risk of developing polyps and colorectal cancer.

Take These Steps to Reduce Your Risk

While screening is the most important way to prevent colorectal cancer, there are lifestyle changes that can reduce your risk for polyps and colorectal cancer.

- Maintain a healthy weight.
- If you do drink alcohol beverages, limit your consumption.
- If you smoke, quit.
- Get regular physical activity.
- Eat healthy foods in your diet:

◇ Eat a low-fat diet and limit your consumption of processed foods and meat, such as white bread, chips, cookies, Spam, and pork.

◇ Avoid salt-cured, pickled and smoked foods, such as ham, bacon, corned beef, and pickled cucumbers and cabbage.

◇ Eat a high fiber diet, such as whole wheat bread, black beans, raspberries and peas.

◇ Eat 5 or more servings of a variety of fruits and vegetables a day.

◇ Increase intake of foods with high levels of Vitamins A, C and D. Milk, carrots, kale, mangos, and papayas are good sources of Vitamin A. Besides orange juice, you will find Vitamin C in kiwi, red and green bell peppers, and tomatoes. Vitamin D can be found in egg yolks and milk.

• Consider taking calcium supplements and a daily multivitamin with folic acid.



Symptoms

Screening is vital since early stages of colorectal cancer often have no symptoms. If you experience any of these warning signs, you should see your doctor.

- Change in bowel habits
- Blood in the stool and/or bleeding from the rectum
- Stools that are narrower than usual

- Chronic fatigue
- General abdominal discomfort such as cramps and gas pains
- Unexplained weight loss

For more information, check out Centers for Disease Control and Prevention's Screen for Life: National Colorectal Cancer Action Campaign website www.cdc.gov/cancer/screenforlife.

Screening for Colorectal Cancer

Regular colorectal screening is the best way to find polyps or cancerous growths in the colon or rectal. **Even if you feel healthy, you should get screened for colorectal cancer if you are 50 or over.** People at high risk for colorectal cancer may need earlier or more frequent tests than others. Talk to your doctor about which test is right for you.

- ***Fecal Occult Blood Test (FOBT)** – A take home test kit that looks for blood in the stool which can indicate the presence of growths in the colon or rectum.
- ***Sigmoidoscopy** – Procedure which uses a lighted tube to examine the interior walls of the *lower* portion of the colon and rectum.
- ***Double Contrast Barium Enema** – After a special enema is

given, x-rays examine the colon and rectum for growths.

- ***CT colongraphy or virtual colonoscopy**– Air is pumped into your colon and then a CT x-ray is done.
 - ***Fecal immunochemical test (FIT)** - Using a take home test kit, it looks for blood in your bowel movement.
 - ***Stool DNA test**–This new home test kit checks the stool for cancer cells.
 - **Colonoscopy** – Procedure which uses a lighted tube to examine the interior walls of the *entire* colon and rectum for growths.
- *If any of these tests are found abnormal or a polyp or growth is found, you will need to have a colonoscopy.