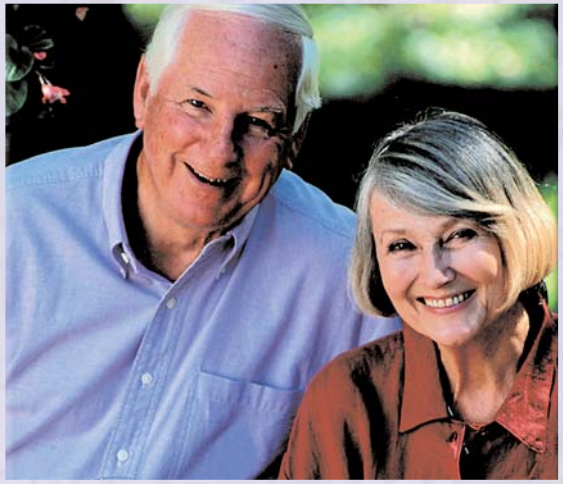
Understanding Colon and Rectal Cancer

Diagnosis

Your doctor may order one or more of the tests listed below to detect polyps, cancer or other abnormalities of the colon and rectum.

- A fecal occult blood test (FOBT) checks for hidden blood in the stool.
- A sigmoidoscopy is an examination with a lighted instrument called a sigmoidscope that is inserted through the rectum to exam the lower colon.
- A colonoscopy is an examination of the entire colon and rectum using a lighted instrument called a colonoscope.
- A polypectomy is the removal of a Polyp during a sigmoidoscopy or colonoscopy.
- A biopsy is the removal of tissue from the colon or rectum that is examined under a microscope.
- A double contrast barium enema (DCBE) involves a series of x-rays of the colon and rectum after the patient has received an enema with a solution containing barium.
- A doctor may also perform a digital rectal exam (DRE) by inserting a lubricated, gloved finger in the rectum to feel for abnormal areas.



Learning More

You can get more information about colon and rectal cancer at *www.SAHealth.com* or *www.cancer.org*. For information about local support groups and community resources, call the Methodist Healthcare HealthLine at (210) 575-0355 or toll-free at 1-800-333-7333.

Always talk to your doctor if you have specific questions and concerns about your health. Remember you should follow your doctor's advice and orders over anything else you may hear or read.

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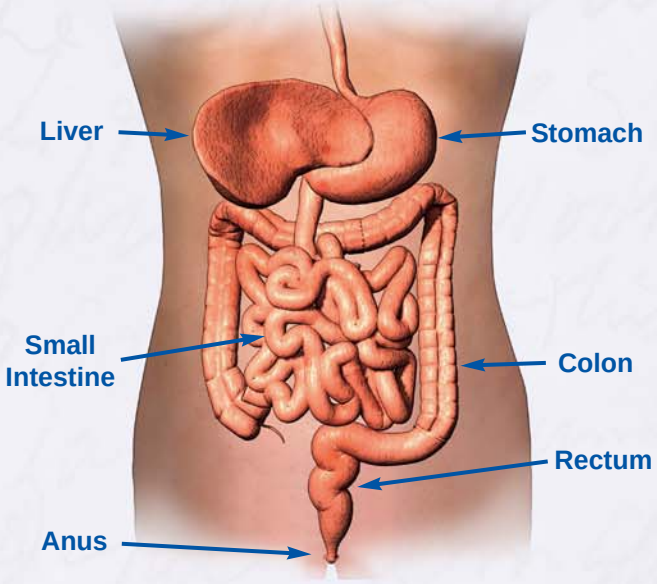
The colon and rectum are part of the body's digestive system. They form a long tube called the large intestine. The colon is the first six feet of the large intestine, and the rectum is the last eight to ten inches.

Cancers affecting either the colon or rectum may also be called colorectal cancer. Without treatment, colorectal cancer can spread to other parts of the body.

Risk Factors

The exact causes of colorectal cancer are not known. The following risk factors increase a person's chances of developing colorectal cancer:

- Age. Colorectal cancer is more common in people over 50.
- Diet. Researchers have found a link between colorectal cancer and a diet high in fat and calories and low in fiber.
- Polyps. While polyps are non-cancerous growths in the colon and rectum, the presence of certain types of polyps can increase a person's risk of developing colorectal cancer.
- Personal medical history. Women with a history of gynecological cancers have an increased chance of developing colorectal cancer.
- Family medical history. Close relatives (parents, siblings, and children) of a person who has had colorectal cancer are more likely to develop the disease themselves.
- Ulcerative colitis. A condition in which the lining of the colon becomes inflamed. Having ulcerative colitis increases a person's chances of having colorectal cancer.



Signs and Symptoms

- A change in bowel habits
- Diarrhea, constipation, or feeling that the bowel does not empty completely
- Blood in the stool
- Stools that are narrower than usual
- Abdominal discomfort such as gas pain, bloating, fullness, and/or cramps
- Weight loss with no known reason
- Constant tiredness
- Vomiting

Treatment

Size, location, and the extent of the tumor as well as the patient's overall health will determine the course of treatment recommended. One or more of the following procedures may be used to treat colorectal cancer:

The most common treatment for colorectal cancer is surgery to remove the tumor and affected areas of the colon. In some cases, the doctor may need to perform either a temporary or permanent colostomy. A colostomy creates an opening in the abdomen to allow solid waste to leave the body.

Chemotherapy is the use of anticancer drugs to destroy cancer cells. Most anticancer drugs are given by injection directly into the vein or by means of a catheter, a thin tube that is placed into a large vein and remains there as long as it is needed. Some anticancer drugs may be given in the form of a pill.

Radiation therapy is sometimes used before surgery to shrink a tumor so that it is easier to remove or after surgery to destroy any cancer cells that remain in the treated areas. Radiation therapy may come from a machine or from an implant placed directly into or near the tumor.

Biological therapy, or immonotherapy, uses the body's immune system to find and destroy cancer cells. Biological therapy may be given after surgery, either alone or in combination with chemotherapy or radiation therapy.

Clinical trials (research studies) evaluate new ways to treat cancer. In some studies, all patients receive the new treatment. In others, doctors compare different therapies by giving the promising new treatment to one group of patients and a standard treatment to another group.