



Crohn's and
Colitis Canada
Crohn et
Colite Canada

LET'S TALK ABOUT CANCER

COLORECTAL CANCER AND CROHN'S
DISEASE & ULCERATIVE COLITIS



crohnsandcolitis.ca

BACKGROUND

Colorectal cancer is the second-leading cause of cancer death in this country. In 2013, it is expected that 24,000 people will be diagnosed with this disease and 9,200 people will die from it.

These numbers seem bleak, but they don't tell the full story. Colorectal cancer (CRC) is a highly treatable form of cancer. In fact, if detected early, there is a 90% chance that it can be cured. This kind of information is a warning bell for everyone, but it is particularly important for people with Crohn's disease and ulcerative colitis.

Let's take a closer look at the facts about CRC and what you can do about it.



WHAT IS COLORECTAL CANCER?

You probably know that cancer is an abnormal growth (tumour) of cells which reproduces uncontrollably, invading other tissues and organs.

In colorectal cancer, the tumours develop from the cells lining the large bowel (colon) and rectum. The tumours usually develop over a period of years, generally starting out as non-cancerous (benign) growths called polyps. As time passes and if undetected, some polyps undergo a change and become cancerous. Once the polyps have become tumours, they continue to grow and may even spread to other parts of the body (metastasize), invading other organs such as the liver or lungs.

If polyps are detected early and removed, colorectal cancer may be prevented.

WHAT ARE THE SYMPTOMS?

This is the tricky part. In the early stages of colorectal cancer, there are not usually any symptoms. Later on, there could be symptoms such as:

- Blood in the stool
- Change in the frequency of bowel movements
- Stools that are narrower than usual
- Alternating bouts of diarrhea and constipation
- Feelings of abdominal bloating, fullness or cramps
- Vomiting, fatigue, weight loss
- Constant fatigue

Sound familiar? For people with inflammatory bowel disease (IBD), these symptoms are often the same as the symptoms experienced during a flare-up of their Crohn's disease or ulcerative colitis. The physical symptoms of CRC are so similar to those of Crohn's disease and ulcerative colitis that people may be unaware that something else is developing in their gut.

WHO GETS COLORECTAL CANCER?

CRC can affect anyone in the general population, not just those with Crohn's disease and ulcerative colitis. As we age, the risk of developing CRC increases; in fact, the disease is most common in people over the age of 50.

Aside from aging, there are other factors that contribute to an increased risk of developing CRC. They include:

- Personal history of having colorectal adenomas (a specific type of polyp in the colon or rectum that is considered to be particularly likely to develop into cancer)
- Personal history of any other kind of cancer
- Family history of colorectal cancer (parents, siblings, children)
- Inherited syndromes such as Familial Adenomatous Polyposis (FAP) and Hereditary Non-Polyposis Colon Cancer (HNPCC) and Peutz-Jeghers Syndrome
- Ethnic backgrounds that are African American and Ashkenazi Jew
- Lifestyle-related risk factors (diet, physical inactivity, smoking, obesity, excessive alcohol consumption)
- A diagnosis of inflammatory bowel disease

COLORECTAL CANCER

Crohn's disease and ulcerative colitis are definite risk factors in the development of CRC. To be more specific, Crohn's disease and ulcerative colitis increase the risk of developing CRC, depending upon the:

- Duration of time you have had Crohn's or colitis: If you have had Crohn's or colitis for more than 10 years, your risk of developing CRC is higher than that of the general population
- Extent of inflammation: Whether you have Crohn's

or colitis, extensive inflammation in the gut appears to pose a higher risk of developing CRC

- Age at which you were diagnosed: People who are diagnosed with Crohn's and colitis under the age of 20 years experience a higher rate of CRC than that of the general population
- Diagnosis of Primary Sclerosing Cholangitis (PSC): If you have Crohn's or colitis and develop PSC or bile duct inflammation, you have a higher risk of developing CRC as well
- Presence of polyps or dysplasia (abnormal changes to cells that line the colon)

But let's be clear – a diagnosis of Crohn's or colitis does not mean that CRC is necessarily going to happen to you. Crohn's disease and ulcerative colitis are risk factors, not a guarantee.

EARLY DETECTION AND CURE

As we stated earlier, colorectal cancer is highly treatable and if detected early, has a 90% chance of being cured. This is great news for anyone who is at higher risk for CRC.

The key, however, is early detection. For people with Crohn's disease and ulcerative colitis, what does this mean?



Warning signs of CRC such as blood in the stools, changes in bowel habits, abdominal bloating and cramps and so on, are commonplace symptoms for those with Crohn's disease and ulcerative colitis. As a result, they offer no warning for Crohn's and colitis sufferers, as they would for the general population.

Therefore it is generally recommended that people with Crohn's disease and ulcerative colitis have a colonoscopy with biopsy, either annually or bi-annually. A colonoscopy with biopsy means your physician will examine your large bowel for the presence of polyps with the use of a camera attached to a long, flexible tube. With the use of special instruments, he or she will also take multiple tissue samples from the lining of your gut.

Afterwards a pathologist will examine these samples to determine if there have been microscopic changes to the cells. If pre-cancerous changes (dysplasia) are detected, there is a 10% to 20% possibility that cancer is either present already, or will develop in the next few years. For that reason, if dysplasia is detected and confirmed in the biopsy samples of people with Crohn's disease and ulcerative colitis, a recommendation for removal of the large bowel may be made.

Screening tests such as fecal occult blood tests, barium enemas and sigmoidoscopy are not considered adequate for people with Crohn's disease and ulcerative colitis. The frequency of surveillance will be determined by the physician caring for your Crohn's disease and ulcerative colitis, but the frequency will be greater than for those who are of average risk. Talk with your doctor about what is best for you.

TREATMENT OF COLORECTAL CANCER

Traditionally, CRC has been treated with surgery, radiation therapy and chemotherapy. Depending upon a number of factors such as the location of the tumour(s), what stage the cancer has reached, and whether or not the tumours have metastasized will determine what approach is taken, either in isolation or in combination with the other treatments.

LIFESTYLE CHOICES AND RISK REDUCTION

The risk of developing CRC can be moderated to some degree. Lifestyle choices have been found to play a role and as such, can be altered to decrease the risk of cancer. According to the Colorectal Cancer Association of Canada, you can decrease your risk by:

- Eating a healthy diet that does not contain a lot of fat, red and processed meats. If they are not trigger foods for you (see our booklet "Food for Thought – Diet and Nutrition for Adults Living with Crohn's Disease & Ulcerative Colitis") try to eat foods that are high in fibre, as well as fruits and vegetables. Be careful though – you are your own best judge of what foods bother your gut and a food journal will help you identify what you can eat
- Exercising regularly. Research shows that regular physical activity stimulates your bowel and encourages the passage of stool through the colon, which is necessary for a healthy bowel
- Maintaining a healthy weight. Obesity does contribute to higher risk of developing CRC
- Quit smoking. It is well known that smoking contributes to lung cancer. You may not have known that smokers also have a higher incidence of colon cancer, possibly due to the swallowing of cancer-causing substances
- Drinking alcohol in moderation. For men, that means no more than two drinks per day; for women, it means keeping the limit to one drink per day



ABOUT CROHN'S AND COLITIS CANADA

Crohn's and Colitis Canada is the only national, volunteer-based charity focused on finding the cures for Crohn's disease and ulcerative colitis and improving the lives of children and adults affected by these diseases. We are one of the top two health charity funders of Crohn's and colitis research in the world and the largest non-governmental funder in Canada. We are transforming the lives of people affected by Crohn's and colitis (the two main forms of inflammatory bowel disease) through research, patient programs, advocacy, and awareness. Our **Crohn's & Colitis – Make it stop. For life.** Campaign will raise \$100 million by 2020 to advance our mission.

Proudly supported by:

abbvie

janssen 






Thanks to the Colorectal Cancer Association of Canada and Dr. Michael Gould for their input into this booklet.

Printing services by:



Continental Press

For more information on Crohn's disease or ulcerative colitis visit our website **crohnsandcolitis.ca** or call 1-800-387-1479
Follow **@getgutsycanada** on    

Crohn's and Colitis Canada
600-60 St. Clair Avenue East
Toronto, ON M4T1N5
Tel: 416-920-5035 | 1-800-387-1479
info@crohnsandcolitis.ca

Registered Charity | #11883 1486 RR 0001

CROHN'S & COLITIS
Make it stop. For life.

