

What is colorectal cancer?

Colorectal cancer, commonly known as intestinal or bowel cancer, arises from a non-malignant growth in the large intestine known as a polyp.

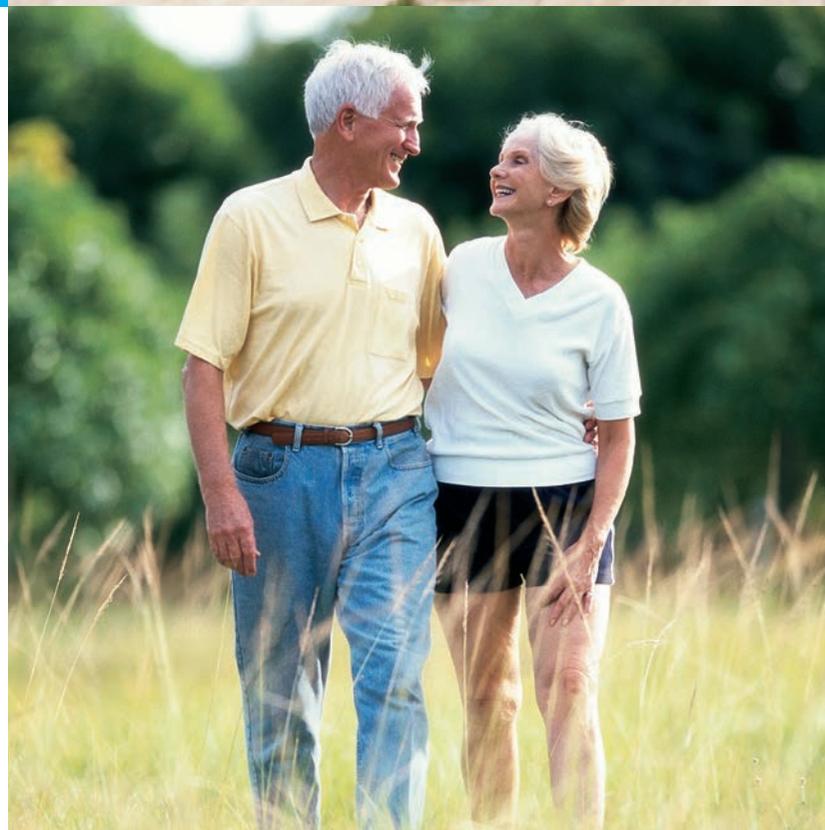
However in some cases polyps have the potential to increase in size and undergo a series of changes within the cells. This can result in the cells becoming abnormal in function, structure and shape. This is commonly referred to as a malignancy or cancer.



Symptoms – what to look out for:

- Persistent change in intestinal function over a period of several weeks with unexplained constipation or diarrhoea and/or very dark stools.
- Rectal bleeding with no soreness, pain, swelling or itching.
- Unexplained severe pain and/or lump in the abdomen.
- Extreme fatigue without an obvious cause.
- Unexplained weight loss.

If you are experiencing any of the above symptoms – which need not necessarily be colorectal cancer – it is important that you visit your family physician.



Prevention

- **Family risk** – Be aware of your family history. If there is a history of colorectal cancer in your family discuss it with your family physician.
- **Eat a balanced diet** – Include at least five portions of fresh fruit and vegetables a day and drink plenty of fluids, particularly water.
- **Fitness/weight** – Perform moderate exercise regularly to help you stay fit and healthy and avoid being overweight.

Most importantly get to know the pattern of your own intestinal function so that you know what is abnormal for you.

Risks

The exact cause of colorectal cancer remains unknown; however there are certain factors that can put people at risk.

Age

- The risk of colorectal cancer increases as you get older.
- However, the numbers of cases and deaths among young adults under the age of 45 are rising and some of those diagnosed do not have a hereditary risk or a family history of the disease.

Disease history

- People who have had previous polyps removed or who have had cancer in the large intestine may be at an increased risk of colorectal cancer.
- Women who have had cancer of the ovary, uterus or breast are also at higher risk.

Family history

A family history of colorectal cancer can increase risk, particularly if a close relative aged under 45 years or if several relatives have had the disease.

- As many as 1 in 5 people with colorectal cancer also have a family member with the disease.
- Certain inherited genetic conditions are also associated with an increased risk:
 - Familial adenomatous polyposis (100% risk by age 40 if left untreated).
 - Hereditary nonpolyposis colorectal cancer or Lynch syndrome (80% lifetime risk).

If there is a history of colorectal cancer in your family it is very important that you discuss this with your family physician.

Inflammatory intestinal disease

- People with a long history of Crohn's disease or ulcerative colitis may be at an increased risk.

Diet and lifestyle

- A sedentary lifestyle increases the risk of colorectal cancer, as does a diet high in red meat, processed meat and fat but low in fresh fruit, vegetables, poultry and fish.
- People who eat a balanced diet and are physically active can reduce their risk of developing the disease.
- Clinical evidence has proven that obesity is directly linked to colorectal cancer.
- Smoking and alcohol: Although not as strong a risk factor as for other cancers, smoking may also increase the risk of colorectal cancer, particularly in heavy drinkers. Alcohol consumption may increase risk, especially in those with low levels of folate in their diet.

EuropaColon introduces 'Young Voices United against Colorectal Cancer'

The number of young people diagnosed with colorectal cancer is increasing. Issues affecting younger patients can be different to those faced by older people with regard to personal challenges and perception.

Young Voices United was created to provide an interactive platform for young people to:

- Join a community to share their experiences with other people affected by the disease and to support each other in living with the disease.
- Learn more about the disease, including risk factors, prevention and symptoms.

For more information please visit:
www.yvu.europacoln.com



Key statistics

- Colorectal cancer is the most common gastrointestinal cancer in Europe and the third most common cancer worldwide.²
- The disease affects men and women equally; it is the third most common cancer in men and the second in women.²
- Over 450,000 people are newly diagnosed with colorectal cancer in Europe every year.²
- Almost a quarter of a million people will die of colorectal cancer in Europe every year and the disease is the second most common cause of cancer deaths.²
- Most patients with colorectal cancer are aged over 50 years; there are 175 million people in Europe between the age of 50 and 69 years.³
- Survival after 5 years from colorectal cancer depends on the stage at which it was diagnosed:^{4,5}
 - Over 90% are still alive after 5 years if diagnosed early in the disease course.
 - Less than 10% are still alive after 5 years if diagnosed with advanced disease.
 - Rates vary across Europe and correspond to the stage at which the disease was diagnosed.

For further information please go to www.europacoln.com or email info@europacoln.com

References

1. European guidelines for quality assurance in colorectal cancer screening and diagnosis, 2012 (version 1).
2. World Health Organization. GLOBOCAN 2008 database (version 1.2). Available from: <http://globocan.iarc.fr>. Accessed October 2012.
3. World CIA Factbook. Available from: <https://www.cia.gov/library/publications/the-world-factbook/>. Accessed October 2012.
4. National Cancer Intelligence Unit (NCIN) Colorectal Survival by Stage. Available from: http://www.ncin.org.uk/publications/data_briefings/colorectal_cancer_survival_by_stage.aspx. Accessed October 2012.
5. Gatta G et al. Gut 2000;47:533–8.

Screening

European guidelines recommend faecal occult blood screening for colorectal cancer in men and women aged 50–74.¹

There are various ways to test for whether there are early indications of colorectal cancer developing, these may include:

- Faecal occult blood test – a simple test done at home to determine whether there are traces of blood in the stools (faeces).
- Colonoscopy – after local or general anaesthesia in hospital, a specialist will examine the colon and rectum using a thin flexible tube with a light on the end known as a colonoscope.

- CT (computerized tomography) scan – a series of high-quality X-rays taken by a CT scanner in hospital will enable your specialist to see polyps or other abnormal structures.
- Flexible sigmoidoscopy – a specialist will examine the sigmoid colon (the last third of the colon) and the rectum using a thin flexible tube with a light on the end. This investigation does not require anaesthesia and may be carried out by the family physician.
- MRI scan (magnetic resonance imaging) – performed in hospital and used mainly to decide how far rectal cancer has developed, an MRI scanner uses strong magnetic and radio waves to enable your specialist to examine your intestine.

Where is the colon and what does it do?

The colon is the common term for the large intestine and is the last section of the digestive system. It is 1.5 meters long and it absorbs water and nutrients from food and stores waste matter.

The waste matter (faeces) moves from the colon into the rectum (the last 16 centimeters of the digestive system) before it is expelled.

For more information please visit our website at www.europacoln.com or our facebook page at www.facebook.com/europacolnhq



What is Colorectal Cancer?

