

Be the **STRENGTH**



BEHIND Screening



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COLORECTAL CANCER

Cancer occurs when the cells of the body grow at a rapid, uncontrolled rate. Colorectal cancer (sometimes referred to as colon cancer) is a term referring to the uncontrolled growth of cells in the colon and/or rectum – the areas of the large intestine responsible for eliminating stool. This cancer develops gradually, and usually begins as a benign growth called a polyp. Polyps do not generally cause noticeable symptoms. If a polyp becomes cancerous, over time, it grows into the wall of the large intestine. This growth gives cancer cells access to the blood stream and lymphatic system through the blood and lymph vessels. Cancer cells can use these vessels to spread to other areas of the body. Polyps and colorectal cancers can occur in both men and women.

Colorectal cancer can be prevented by living a healthy lifestyle including good nutrition and exercise, being tobacco-free, and staying up to date of preventative colorectal screening exams. It is the shared responsibility of all adults and medical providers to educate themselves about colorectal cancer, cancer prevention, and cancer screening. This empowers everyone to make informed decisions and advocate for their health.

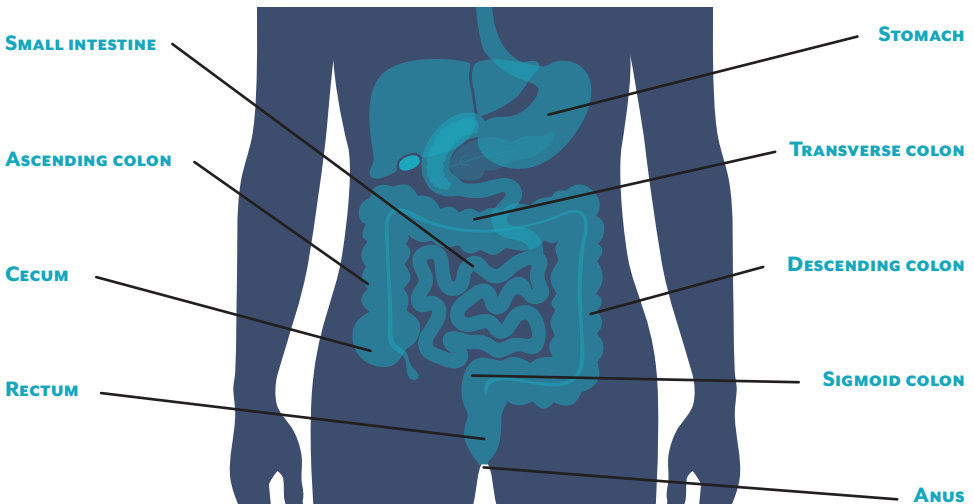


WHERE DOES COLORECTAL CANCER OCCUR?

Colorectal cancers occur in the areas of the large intestine responsible for processing waste. These areas are named in the order that food enters the system, including:

1. **The cecum:** an intestinal pocket that collects food particles from the small intestine.
2. **The ascending colon:** processes food waste up the right side of the abdomen.
3. **The transverse colon:** processes food waste from the right side of the abdomen to the left side of the abdomen.
4. **The descending colon:** processes food waste down the left side of the abdomen.
5. **The sigmoid colon:** collects and stores waste.
6. **The rectum:** an intestinal pocket that receives waste from the sigmoid colon. The rectum is responsible for sending the physical signals to your body telling you it is time to have a bowel movement. The rectum stores waste until you use the bathroom.
7. **The anus:** the last part of the colon that allows you to control when you have a bowel movement using special muscles called sphincters.

The purpose of the colon is to remove water and electrolytes from stool, making a more solid waste that can then pass out of the body when you have a bowel movement.



RISK FACTORS

There are certain factors that can increase a person's risk for developing colorectal cancer. Some of these factors are intrinsic (such as your age). Other factors are associated with lifestyle and can be modified to help reduce the risk of developing colorectal cancer.

Intrinsic	Lifestyle
Increasing age	Physical inactivity
Genetics	Excessive red meat consumption (beef, hot dogs, bacon, etc.)
Inflammatory bowel diseases such as Crohn's disease or ulcerative colitis	Tobacco use
Family or personal history of colorectal cancer or polyps	Alcohol consumption
Race and ethnicity: Alaska Native people are at an increased risk of developing colorectal cancer	Fluctuating weight: keeping your BMI stable as you age helps decrease colorectal cancer risk

SYMPTOMS

Colorectal cancers take time to develop and may not have detectable symptoms right away. However, over time, the following symptoms may occur:

- Diarrhea, constipation, and/or stool that is more narrow than usual
- Presence of bright red blood when you have a bowel movement
- Stool that is abnormally dark or stool with blood in it
- Faintness, weakness, and fatigue unrelieved by rest
- Feeling like you still have to have a bowel movement even after you have emptied your bowels
- Persistent cramping or pain in the abdomen
- Anemia
- Weight loss without dietary or exercise changes

These symptoms can sometimes be associated with non-cancerous medical conditions. If you are experiencing any of these symptoms, it is important to speak with your medical provider in order to help address the underlying cause.

PREVENTION

There are several key opportunities for decreasing your risk of developing colorectal cancer. Making positive lifestyle choices gives you more control of your overall health and enables you to take an active role in strengthening your personal wellness.

Take steps to decrease your colorectal cancer risk by:

Exercising

Being physically active for one hour a day can reduce polyp occurrence, reduce overall colon cancer risk, and decrease recurrence of colon cancer in people with previous colon cancer.

Focusing on nutrition

Eating a diet that is high in whole grains, vegetables, fruit, and fiber, and low in red meat, processed meats (sausage, hot dogs, bacon, pepperoni, deli meats, etc.), and unhealthy fats can be protective of your colon health.

Being tobacco-free

Being tobacco-free decreases your risk for colorectal and other cancers.

Reducing alcohol consumption

Limiting alcohol may decrease your risk for colorectal and other cancers.

Maintaining body weight over time

Maintaining a steady, healthy body weight over time can decrease the risk of developing colorectal cancer as you age.



HEALTHY RECIPE - SALMON QUINOA SALAD

Ingredients:

- 1 medium salmon filet
- 3 cups quinoa
- 1/2 cup blueberries
- 1/2 cup unsweetened dried cranberries
- 1/2 cup walnuts or sliced almonds
- Pepper to taste

Directions:

1. Preheat oven to 400°F. Bake for 20 - 25 minutes, or until cooked through, flake.
2. While salmon is baking, cook quinoa according to package directions.
3. Mix all ingredients together and season with pepper to taste. Serve with vegetables of choice (side salad, broccoli, green beans).

Fun Fact

Many traditional Alaska Native foods, such as berries, fiddlehead ferns, and beach greens provide fiber and antioxidants. Fish, such as salmon, are a good source of protein and healthy fats and may be associated with a decreased risk of colorectal cancer.

Source: [anthc.org](https://www.anthc.org)



SCREENING

Screening for colorectal cancer should begin at age 40 for Alaska Native men and women. If your mother, father, sister, or brother have ever been diagnosed with colorectal cancer, you should begin screening at age 40 or 10 years younger than the age your family member was diagnosed (whichever comes first). Screening most often consists of a visual exam called a colonoscopy. A colonoscopy involves using a small scope to view the inside of the colon and is the most conclusive screening available. A colonoscopy also allows a medical provider to remove polyps. Polyp removal reduces the risk of developing colorectal cancer.

Stool screenings are available under certain conditions for people at average risk of developing colon cancer. These screenings look for blood and/or DNA changes within the stool. If the stool sample results are irregular, a colonoscopy will be scheduled. A colonoscopy enables the medical provider to investigate the source of stool irregularities.

Stool Screening Tests (FIT and Cologuard)

What to Expect

Preparation

Most stool tests do not require any preparation. Be sure to fully read test kit directions to ensure test is completed correctly.

Exam

Stool tests are done at home and allow you to collect your own sample for delivery to a lab for testing. This may involve setting up a catchment bowl on your toilet. Directions for how to perform the test are included with each kit. The date and time of collection need to be recorded. Time is an important factor; the sample should be submitted as soon as possible in order for it to be used. Depending on the type of test used, the sample will need to be received by the lab anywhere from 3 - 15 days after collection. Follow kit directions to ensure timely testing.

Side Effects

None.

Benefits

The test is performed by you in your own home.

Does not require bowel prep or sedation medication.

Colonoscopy

What to Expect

Preparation

In order for your medical provider to clearly see your large intestine, it must be emptied before your appointment. In order to do this, you will follow a special liquid diet the day before your colonoscopy and will be prescribed a bowel cleaning kit that usually consists of a laxative solution and/or laxative pills. This results in the urgent need to have a bowel movement. You will likely have many bowel movements during this process and will need to stay close to the toilet. Having wet wipes available may help the process to be more comfortable.

Exam

Before the exam, you will be given a sedative medication to help you relax. This medication may make you feel sleepy. You will lie on your side with your knees bent, and covered by a sheet to protect your privacy. A small, lubricated scope will be inserted through the anus into the rectum and colon. Air is used to help inflate the colon, which allows the medical provider to see. If any polyps are found, they can be removed or biopsied. Any tissue removed during the exam will be sent to a lab for testing to check for the presence of cancer. You will need a support person to drive you home after the exam; talk to your provider if you do not have a support person.

Side Effects

Preparation causes diarrhea, food restriction will cause hunger, and bloating and gas after exam.

Risks

Common

If polyps are removed, there may be slight bleeding present in the stool for a couple of days after the exam.

Occasional

Mild (usually not serious) reactions to sedation medication.

Rare

Bowel perforation (tear). Providers take precautions to prevent this by reviewing your complete medical history and adjusting procedure recommendations specifically for your case.

Benefits

Done once every 5 to 10 years upon recommendation by your provider.

Growths can be removed without having to make another appointment or do another bowel preparation.

Allows the provider to check the health of the entire colon with more accuracy than a stool test.

DIAGNOSIS AND TREATMENT

The goal of colorectal screening is to prevent cancer before it occurs, or to catch it in very early stages when it is more easily treated. If colorectal cancer is found, treatment will depend on the growth and spread that has taken place. This process is referred to as staging. Earlier stages of cancer are more easily treated than later stages, which is why screening is so important. Advanced staging may indicate that cancer has spread to other areas of the body.

Procedures that follow a cancer diagnosis may include:

- Imaging, such as CT scans.
- Surgery to remove the cancer. If the cancer is caught very early and is small, this may be done during your colonoscopy. Later stages of cancer will require varying levels of surgical removal.
- For later stages of colorectal cancer, certain medical therapies may be used, including radiation and/or chemotherapy. Other targeted treatments may be discussed depending on the staging and type of cancer.

Colon cancer grows over a period of years and does not always produce symptoms. Screening that begins on-time and continues on schedule as directed by your medical provider can prevent the need for invasive treatments and surgeries. This benefits your quality of life and adds to the healthy years you can spend with your family.

BE YOUR OWN ADVOCATE

We have a shared responsibility with medical providers to be informed and to advocate for colorectal cancer screening. Lead by example, get screened, and empower others to advocate for their health. Together, we are the strength behind screening.

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Benteh Nuutah
Valley Native Primary Care Center
Wellness Center
(907) 631-7630
southcentralfoundation.com

