

HEALTHY LIVING

Colorectal Cancer: Screening and Surveillance

Colorectal cancer is the third most common cancer affecting both women and men equally and second leading cause of cancer-related deaths in both Canada and the United States. It is the most common cause of cancer deaths in nonsmokers. Ontario's colorectal cancer incidence rate ranks among the highest in the world. The lifetime probability of developing colorectal cancer in Ontario is 6%, or greater than 1:20. Most cases of colorectal cancer occur in individuals at average risk, but there is an increased incidence if there is family history. If colon cancer is not found early it has a 50% mortality at 5 years.

Colon cancer can be prevented because it has a long preclinical phase. It most frequently begins as benign adenomatous polyps whose removal prevents

invasive cancer. As these can be easily detected and treated, the importance of screening for colorectal cancer cannot be overstated.

Recommendations
All persons at average risk of colorectal cancer over the age of 50 should be screened using colonoscopy every 10 years, double-contrast barium enema with sigmoidoscopy every 5-10 years, or annual fecal occult blood test (FOBT) and/or flexible sigmoidoscopy at least every five years. Colonoscopy should be carried out if FOBT is positive, or polyps are found on sigmoidoscopy and/or barium enema, or if the barium enema shows an indeterminate lesion. Colonoscopy gives the most

information, but has a one in 2000 risk of perforation, and requires sedation. It is not readily available throughout Canada, but is available in Markham because of facilities like the Intestinal Health Institute.

Certain environmental factors, including a diet high in fat, excessive caloric and alcohol intake, obesity, sedentary life style, and smoking, are associated with an

increased risk of colorectal cancer. There is nothing in a diet known to prevent colon cancer. Periodic screening is the best way to prevent it.


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