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Colorectal Cancer

Understanding your diagnosis



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Colorectal Cancer

Understanding your diagnosis

When you first hear that you have cancer, you may feel alone and afraid. You may be overwhelmed by the large amount of information you have to take in and the decisions you need to make.

“ *All I could hear was ‘cancer.’ I heard my doctor say something like, ‘We’re going to try and get the surgery done as soon as possible.’ I didn’t hear one word after that.* ”

The introductory information in this brochure can help you and your family take the first steps in learning about colorectal cancer. A better understanding may give you a sense of control and help you work with your healthcare team to choose the best care for you.

For more information

The information in this brochure gives an introduction to colorectal cancer. More in-depth information is available on cancer.ca. You can also call our Cancer Information Service at 1-888-939-3333 to learn more about cancer, diagnosis, treatment, support and the services we offer.

What is cancer?

Cancer is a disease that starts in our cells. Our bodies are made up of trillions of cells, grouped together to form tissues and organs such as muscles and bones, the lungs and the liver. Genes inside each cell order it to grow, work, reproduce and die. Normally, our cells obey these orders and we remain healthy.

But sometimes the instructions in some cells get mixed up, causing them to behave abnormally. These cells grow and divide uncontrollably. After a while, groups of abnormal cells form lumps, or tumours.

Tumours can be either benign (non-cancerous) or malignant (cancerous). Benign tumour cells stay in one place in the body and are not usually life-threatening. Malignant tumour cells are able to invade nearby tissues and spread to other parts of the body. It's important to find and treat malignant tumours as early as possible. In most cases, finding cancer early increases the chances of successful treatment.

Cancer cells that spread to other parts of the body are called metastases. The first sign that a malignant tumour has spread (metastasized) is often swelling of nearby lymph nodes, but cancer can spread to almost any part of the body.

Cancers are named after the part of the body where they start. For example, cancer that starts in the colon but spreads to the lungs is called colorectal cancer with lung metastases.

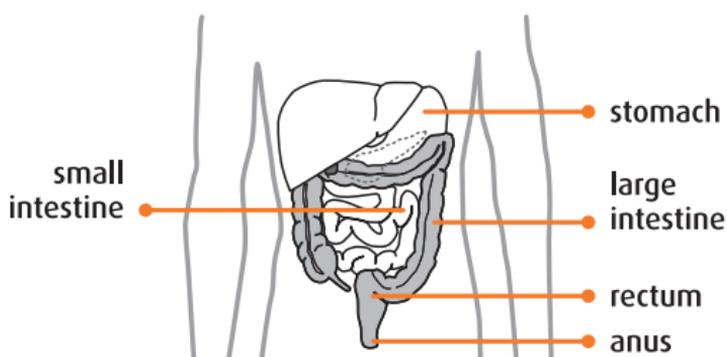
What is colorectal cancer?

Most colorectal cancers start in the cells that line the inside of the colon or the rectum.

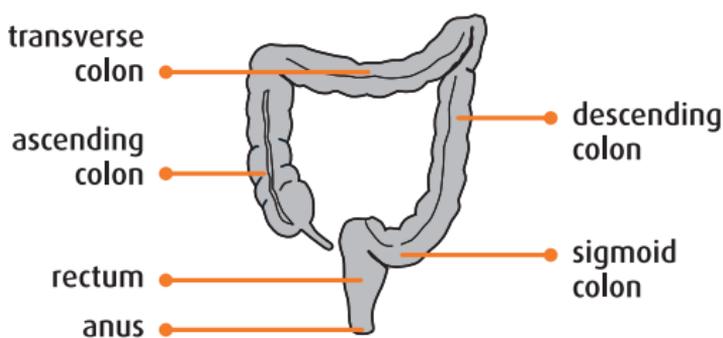
The colon and rectum make up the large intestine (large bowel). The large intestine is the last part of the digestive system. Organs in the digestive system change food into energy and help pass waste out of the body.

Food is digested in the stomach and the small intestine. As nutrients are removed from food, it changes into a watery mass. The watery mass passes through the small intestine into the colon. The colon absorbs the water, and the semi-solid waste then travels to the rectum. This waste material is known as feces or stool. The stool is stored in the rectum. When you have a bowel movement, the stool leaves the body through the anus.

The Digestive System



The Large Intestine



Diagnosing colorectal cancer

Your doctor may suspect you have colorectal cancer after receiving results from a regular screening test or taking your medical history and doing a physical examination. To confirm the diagnosis, your doctor arranges special tests. These tests may also be used to “stage” and “grade” the cancer and to help plan treatment.

Symptoms of colorectal cancer: Colorectal cancer may not cause any signs or symptoms in its early stages because the lower abdomen (stomach area) has lots of room for a tumour to grow and expand. Symptoms often appear once the tumour causes bleeding or blocks the bowel. The most common signs and symptoms of colorectal cancer include:

- a change in bowel habits
- stools that are narrower than usual
- blood (either bright red or very dark) or mucus in the stool
- diarrhea, constipation or feeling that the bowel does not empty completely
- abdominal discomfort (pain, cramps, gas, bloating, fullness or a lump that can be felt)
- nausea, vomiting
- feeling very tired
- unexplained weight loss

Other health problems can cause some of the same symptoms. Your doctor will do one or more of the following tests to make a diagnosis.

Blood tests: Blood is taken and studied to see if the different types of blood cells are normal in number and appearance.

A blood test might show that you have anemia as a result of blood loss from the cancer. It might also show a rising level of a protein called CEA (carcinoembryonic antigen), which will help your doctor decide on your treatment.

Biopsy: A biopsy is usually necessary to make a definite diagnosis of cancer. Cells are removed from the body and checked under a microscope. If the cells are cancerous, they may be studied further to see how fast they are growing. There are many ways to do a biopsy.

To diagnose colorectal cancer, tissue samples may be taken during a colonoscopy or a sigmoidoscopy. Both of these tests use a thin, flexible tube with a light and camera at the end to see inside the intestine. A video or photographs may be taken.

During a colonoscopy, your doctor looks at the inside of the entire colon.

During a sigmoidoscopy, your doctor looks at the inside of the rectum and a section of the colon called the sigmoid colon.

These tests may be uncomfortable, so your doctor will give you medication to help you relax.

Imaging studies: Imaging studies allow tissues, organs and bones to be looked at in more detail. Using x-rays, ultrasounds, CT scans, MRIs or bone scans, your healthcare team can get a picture of the size of the tumour and see if it has spread. These tests are usually painless, and you don't require an anesthetic (freezing).

You may have a barium enema, which is an x-ray of the entire colon. Your colon is filled with a special dye called barium, using a tube placed in the rectum. The barium helps the lining of the intestine show on the x-ray.

You might find the test uncomfortable or embarrassing, but it's very useful in diagnosing colorectal cancer.

Further testing: Your doctor may order more tests to find out if the cancer has spread and to help plan your treatment.

Will I be okay?

Most people with cancer want to know what to expect. Can they be cured?

A prognosis is your doctor's best estimate of how cancer will affect you and how it will respond to treatment. A prognosis looks at many factors including:

- the type, stage and grade of cancer
- the location of the tumour and whether it has spread
- your age, sex and overall health

Even with all this information, it can still be very hard for your doctor to say exactly what will happen. Each person's situation is different.

Your doctor is the only person who can give a prognosis. Ask your doctor about the factors that affect your prognosis and what they mean for you.

Staging and grading

Once a definite diagnosis of cancer has been made, the cancer is given a stage and a grade. This information helps you and your healthcare team choose the best treatment for you.

For colorectal cancer, there are 5 stages.*

Stage	Description
0	Cancer is found in the inner lining of the colon or rectum.
1	Cancer has spread from the inner lining into the middle layers of the colon or rectum wall.
2	Cancer has spread outside the colon or rectum to nearby tissues.
3	Cancer has spread outside the colon or rectum to nearby lymph nodes.
4	Cancer has spread outside the colon or rectum to another part of the body.

A grade is given based on how the cancer cells look and behave compared with normal cells. This can give your healthcare team an idea of how quickly the cancer may be growing. To find out the grade of a tumour, the biopsy sample is examined under a microscope.

There are 4 grades for colorectal cancer.

Grade	Description
1	Low grade – slow growing, less likely to spread
2	Moderate grade
3-4	High grade – tend to grow quickly, more likely to spread

* This table summarizes the stages of colorectal cancer according to the Union for International Cancer Control (UICC) and the American Joint Committee on Cancer (AJCC) system. For more in-depth information, please visit cancer.ca.

Treatments for colorectal cancer

Because colorectal cancer usually grows slowly and in a predictable way, in most cases it can be treated successfully when diagnosed at an early stage. Your healthcare team considers the type and stage of the cancer and your general health to recommend the best treatments for you. You'll work together with your healthcare team to make the final treatment choices. Talk to them if you have questions or concerns.

For colorectal cancer, you might receive one or more of the following treatments.

Surgery: A decision to have surgery depends on the size and location of the tumour. During the operation, all or part of the tumour and some healthy tissue around the tumour are removed. Surgery is done under general anesthetic (you will be unconscious). You may stay in the hospital for several days or longer after the surgery.

Very small tumours may be removed by inserting a tube through the rectum.

For larger tumours, it may be necessary to remove the piece of intestine containing the cancer. The surgeon may be able to re-connect the healthy parts of the intestine. If this isn't possible, the colon is brought through an opening in the abdomen. This lets the body's waste pass directly from the colon through the opening in the skin and into a bag that can be emptied regularly. This is called a colostomy. A colostomy may be permanent, or you may

need it only until the rectum heals. Most people learn to manage a colostomy very well and continue to enjoy life as before.

After surgery, you may have some pain or nausea, or you may not feel like eating. These side effects are usually temporary and can be controlled.

Radiation therapy: In external beam radiation therapy, a large machine is used to carefully aim a beam of radiation at the tumour. The radiation damages the cells in the path of the beam - normal cells as well as cancer cells. Radiation therapy can be used for both colon and rectal cancer but is more commonly used for rectal cancer. It is sometimes given after surgery to reduce the risk of the cancer coming back.

Radiation side effects depend on what part of the body receives the radiation. You may feel more tired than usual, have diarrhea or notice changes to the skin (it may be red or tender) where the treatment was given.

Chemotherapy: Chemotherapy uses drugs to treat cancer. Chemotherapy drugs may be given as pills or by injection. They interfere with the ability of cancer cells to grow and spread, but they also damage healthy cells. Although healthy cells can recover over time, you may experience side effects from your treatment including nausea, vomiting, diarrhea, hair loss, fatigue and loss of appetite. Most side effects go away after treatment is finished, but some may last a long time or be permanent.

Chemotherapy is sometimes used after surgery to reduce the risk of the cancer coming back.

Biological therapy: New and promising biological therapies are being used to treat some stages of colorectal cancer. Biological therapy uses natural or manufactured substances to modify the behaviour of cells in the body. There are many different types of biological therapies. Monoclonal antibodies are a type of biological therapy used to treat some stages of colorectal cancer. This type of treatment can find and bind to a cancer cell and stop or slow the growth of colorectal cancer cells.

For more information on treatment, you may want to read our booklets *Chemotherapy and Other Drug Therapies* and *Radiation Therapy*.

Clinical treatment trials: Clinical treatment trials investigate new approaches to treating cancer. They provide information about the safety and effectiveness of new drugs, types of treatment or new combinations of existing treatments. Clinical treatment trials are closely monitored to make sure they are safe for the participants. Ask your doctor if any clinical trials are available as a suitable treatment option for you. You may benefit and so may future cancer patients.

Our booklet *Clinical Trials* has more information, including how to find a clinical trial.

Complementary therapies: Complementary therapies – for example, massage therapy or acupuncture – are used *together with* conventional cancer treatments, often to help ease tension and stress as well as other side effects of treatment. They don't treat the cancer itself. More research is needed to understand if these therapies are effective and how they work.

Alternative therapies are used *instead of* conventional treatments. Alternative therapies haven't really been tested enough for safety or effectiveness. Using alternative treatments alone for cancer may have serious health effects.

If you're thinking about using a complementary or alternative therapy, find out as much as you can about the therapy and talk to your healthcare team. It's possible that the therapy might interfere with test results or regular treatments.

Our booklet *Complementary Therapies* has more information.

Side effects of treatment: Some cancer treatments cause side effects, such as fatigue, hair loss or nausea. Because treatments affect everyone differently, it's hard to predict which side effects – if any – you may have.

Side effects can often be well managed and even prevented. If you're worried about side effects, tell your healthcare team about your concerns and ask questions. They can tell you which side effects you should report right away and which ones can wait until your next appointment.

If you notice any side effects or symptoms that you didn't expect, talk to a member of your healthcare team as soon as possible. They'll help you get the care and information you need.

After treatment

Follow-up care helps you and your healthcare team monitor your progress and your recovery from treatment. At first, your follow-up care may be managed by one of the specialists from your healthcare team. Later on, it may be managed by your family doctor.

The schedule of follow-up visits is different for each person. You might see your doctor more often in the first year after treatment and less often after that. After treatment has ended, you should report new symptoms that don't go away to your doctor without waiting for your next scheduled appointment.

Maintaining a healthy diet: After treatment for colorectal cancer, you may need to make changes to your diet and your eating habits. You may feel better when you eat healthy food, including vegetables and fruit, and it may make it easier to recover after treatment. Ask your healthcare team for more information on how to maintain a healthy diet.

Self-image and sexuality: It's natural to be concerned about the effects of colorectal cancer and its treatment on your sexuality. You may be concerned about how your body looks and how it works after treatment, especially if you've had a colostomy. And you may worry about having sex with a partner

or that you may be rejected. It may help to talk about these feelings with someone you trust. Your doctor can also refer you to specialists and counsellors who can help you with the emotional side effects of colorectal cancer treatment.

Our booklet *Sexuality and Cancer* has more information.

The end of cancer treatment may bring mixed emotions. You may be glad the treatments are over and look forward to returning to your normal activities. But you might feel anxious as well. If you're worried about the end of your treatment, talk to your healthcare team. They're there to help you through this transition period.

Living with cancer

Our booklet *Living with Cancer* has more detailed information and resources.

Many sources of help are available for people with cancer and for their caregivers.

Your healthcare team: If you need practical help or emotional support, members of your healthcare team may be able to suggest services in your community or refer you to cancer centre staff or mental health professionals.

Family and friends: People closest to you can be very supportive. Accept offers of help. When someone says, “Let me know how I can help,” tell them what they can do. Maybe they can run errands, cook a meal or give you a ride to your doctor’s office.

People who’ve had similar experiences: Talking with and learning from others who’ve had similar experiences can be helpful. Consider visiting a support group or talking with a cancer survivor in person, over the telephone or online. Try more than one option to see which one works best for you.

Yourself: Coping well with cancer doesn’t mean that you have to be happy or cheerful all the time. But it can mean looking after yourself by finding relaxing, enjoyable activities that refresh you mentally, spiritually or physically. Take some time to find coping strategies to help you through this experience. You may also want to talk to a counsellor for more help.

Talking to someone who's been there

If you would like to talk to someone who's had a similar cancer experience, we can help. Let us connect you with a volunteer who can listen, provide hope, offer encouragement and share ideas for coping – all from the unique perspective of someone who's "been there."

To find out more about what's available in your area, you can:

- Call us toll-free Monday to Friday at 1-888-939-3333 (TTY 1-866-786-3934).
- Email info@cis.cancer.ca.
- Visit cancer.ca.

Want to connect with someone online?

If you'd like to connect with someone online, join our online community, CancerConnection.ca. There are discussions and groups that may interest you, and you'll find caring, supportive people there.

What causes colorectal cancer?

There is no single cause of colorectal cancer, but some factors increase the risk of developing it. Some people can develop colorectal cancer without any risk factors, while others who have these factors do not get it.

Risk factors for colorectal cancer include:

- age - particularly after age 50
- family history of colorectal cancer - especially if the relative (parent, sibling, child) was diagnosed before the age of 50
- having polyps (small growths on the inner wall of the colon or rectum)
- having familial adenomatous polyposis (FAP), hereditary non-polyposis colon cancer (HNPCC) or other rare genetic conditions
- not being physically active
- being overweight or obese
- a diet high in red meat
- eating processed meat
- drinking alcohol
- a diet low in fibre
- having inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- type 2 diabetes
- ethnic background - people of Ashkenazi (Eastern European Jewish) descent
- personal history of breast, ovarian or uterine cancer
- smoking
- eating meat or fish cooked at high temperatures
- exposure to ionizing radiation

Canadian Cancer Society

We're here for you.

When you have questions about treatment, diagnosis, care or services, we will help you find answers.

Call our toll-free number 1 888 939-3333.



Ask a trained cancer information specialist your questions about cancer. Call us or email info@cis.cancer.ca.



Connect with people online to join discussions, get support and help others. Visit CancerConnection.ca.

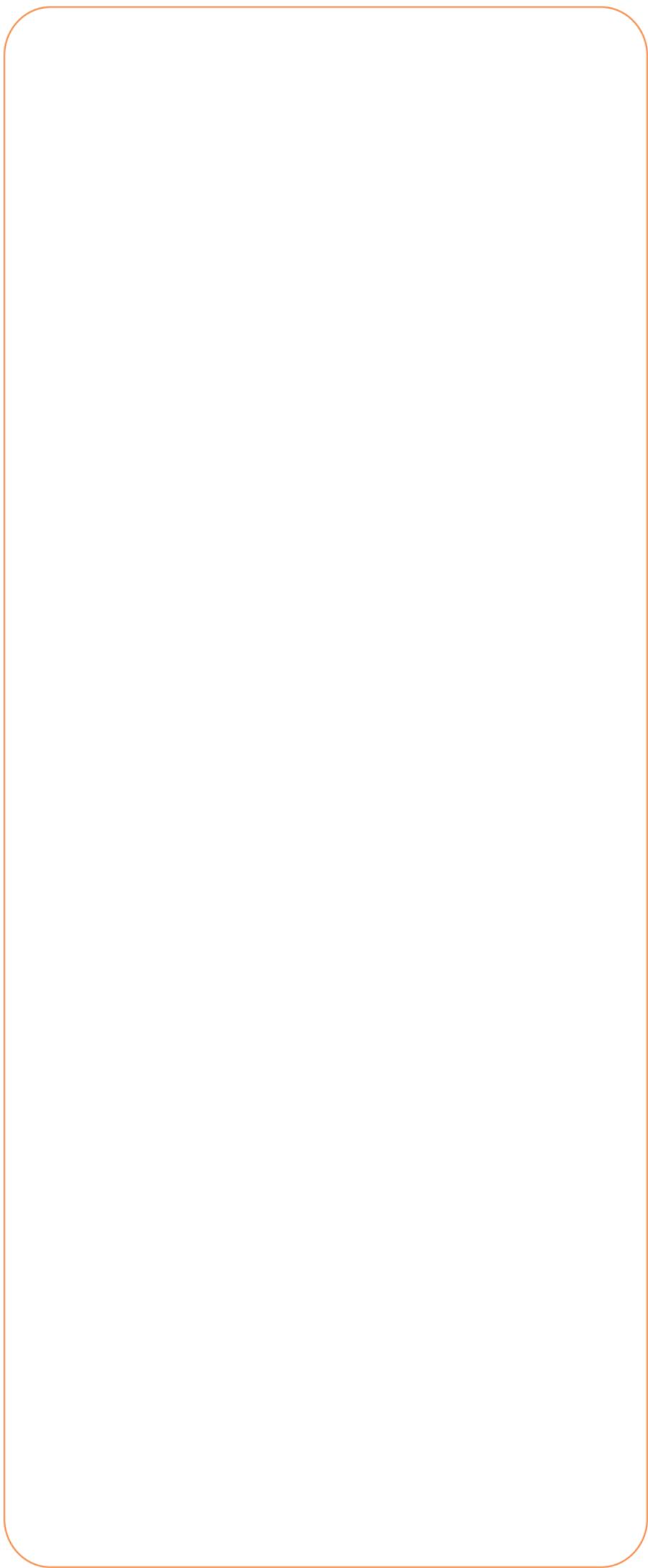


Browse Canada's most trusted online source of information on all types of cancer. Visit cancer.ca.

Our services are free and confidential. Many are available in other languages through interpreters.

Tell us what you think

Email cancerinfo@cancer.ca and tell us how we can make this publication better.



What we do

The Canadian Cancer Society fights cancer by:

- doing everything we can to prevent cancer
- funding research to outsmart cancer
- empowering, informing and supporting Canadians living with cancer
- advocating for public policies to improve the health of Canadians
- rallying Canadians to get involved in the fight against cancer

Contact us for up-to-date information about cancer and our services or to make a donation.



Canadian Cancer Society Société canadienne du cancer

1 888 939-3333 | cancer.ca
TTY 1 866 786-3934

This is general information developed by the Canadian Cancer Society. It is not intended to replace the advice of a qualified healthcare provider.

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