

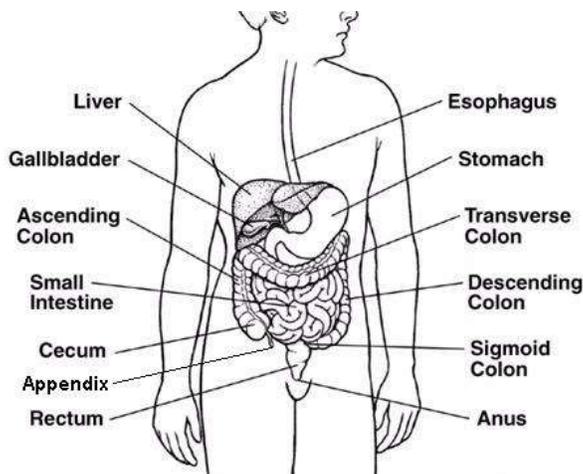


Colorectal Cancer

THE DIGESTIVE SYSTEM

The colon and rectum are part of the digestive system or gastrointestinal tract (GI). The stomach and small intestine processes food and energy while the colon and rectum absorbs fluid to form solid waste that passes from the body. The colon has four sections: the ascending colon (at the cecum where the small bowel attaches to the colon and extends on the right side of the abdomen), the transverse colon (extends across the body from right to left in the upper abdomen), the descending colon (continues downward on the left side of the abdomen), and the last section is called the sigmoid colon for its "S" shape. The colon extends to the rectum; the last 6 inches of the digestive system.¹

Figure 1: Anatomy of the Digestive System

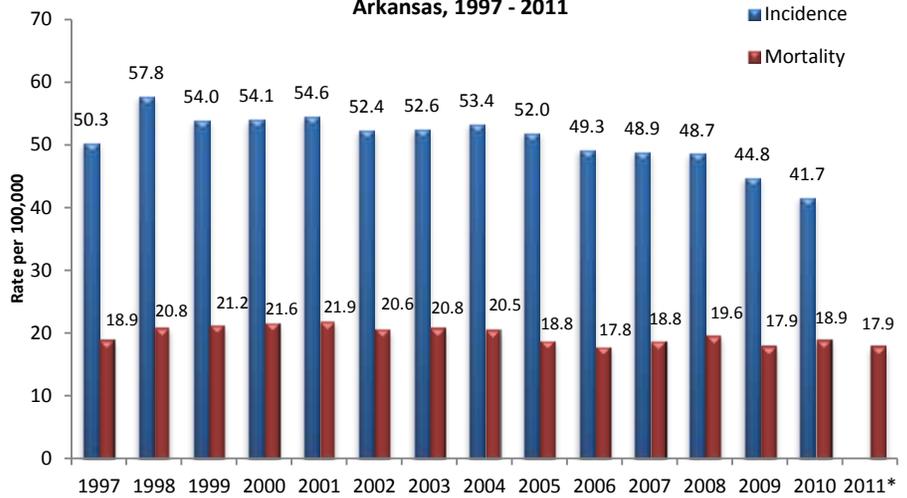


Source: American Cancer Society

COLORECTAL CANCER

Colorectal cancer begins in the colon or rectum and in most people the cancer progresses over several years. Growth of abnormal cells or tumor development usually begins as a non-cancerous polyp on the inner lining of the colon or rectum. The polyps that develop into cancer may grow into the wall of the colon or rectum. Once these cells reach the wall, they can grow into the blood vessels or lymph system and spread (metastasize) to other areas of the body, such as the liver.

Figure 2: Incidence and Mortality of Colorectal Cancer, Arkansas, 1997 - 2011



Source: Arkansas Central Cancer Registry & Health Statistics Branch
*2011 Incidence Data not available as of 9/3/2013

The most common type of colorectal cancer is adenocarcinomas.¹ These cancers begin in the cells that form glands; which function to produce mucus to lubricate the inside of the colon and rectum.

RISK FACTORS

The risk of developing colorectal cancer increases with age. Most colorectal cancers are identified in persons over the age of 50 years. Other risk factors for the disease include:

- Obesity, physical inactivity, diet high in fat and low in fiber;
- Heavy alcohol consumption, cigarette smoking;
- Presence of polyps in the colon or rectum;
- A diagnosis of ulcerative colitis or Crohn's disease; and
- Family history of disease.

SIGNS AND SYMPTOMS

Early stages of colorectal cancer do not cause any obvious symptoms, but as the cancer progresses common symptoms include:

- Rectal bleeding;
- Blood in the stool;
- Changes in bowel habits (diarrhea or constipation for more than 2-weeks);
- Persistent cramping pain in the lower abdomen; and
- Unexplained weight loss and fatigue.



Colorectal Cancer

WHY IS IT IMPORTANT?

Colorectal cancer is the third most common cancer diagnosed in men and women in Arkansas and the U.S. It is also the third leading cause of cancer deaths in men and women, separately.

Colorectal cancer screening can result in the detection and removal of colorectal polyps before they become cancerous and detection of cancer at its earliest stages when treatment is most effective.

HOW BIG IS THE PROBLEM IN ARKANSAS?

Colorectal cancer incidence rates have been slowly declining over the last several years, see Figure 2. This is largely attributable to the increases in use of colorectal cancer screening tests that allow for the detection and removal of polyps before they progress to cancer. There has also been a decline in deaths from colorectal cancer over the last several years, see Figure 2. The decrease reflects the decline in incidence and early detection and treatment.²

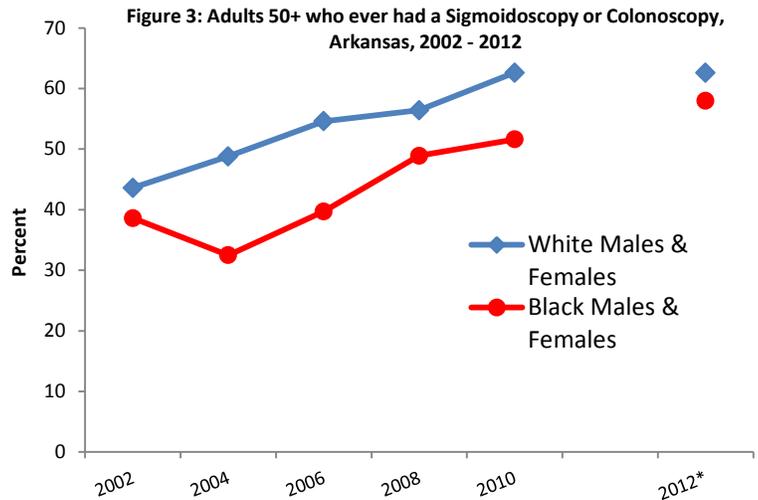
A total of 1,388 Arkansans were diagnosed with colorectal cancer in 2010 and 601 died of colorectal cancer in 2011. The median age at diagnosis from 2004 – 2008 was 68 years.³

Incidence rates among Black men and women are higher than rates for White men and women, see Figure 4. According to the American Cancer Society, this reflects greater access to screening tests among whites, as well as racial differences in the trends for colorectal cancer risk factors.²

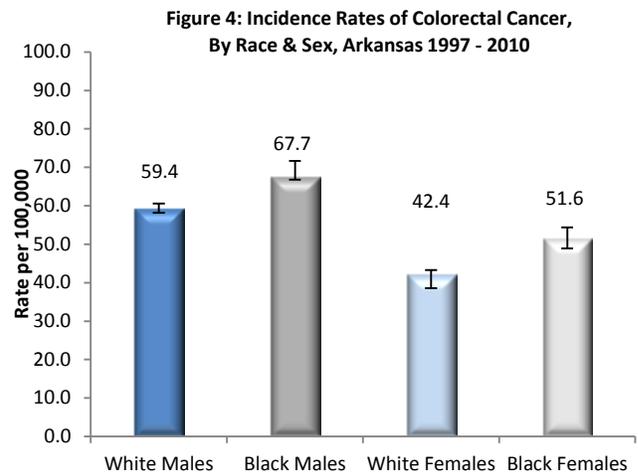
PREVENTION AND DETECTION OF LUNG CANCER

The U.S. Preventive Task Force recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. The results of screening and detection and removal of colorectal polyps before they become cancerous can reduce mortality.⁴

For more details about colorectal cancer in Arkansas, see the 2011 Cancer Facts and Figures Report on the Arkansas Central Cancer Registry's website: <http://www.healthy.arkansas.gov/programsServices/healthStatistics/CancerRegistry/Pages/Data.aspx>



Source: Behavioral Risk Factor Surveillance System (BRFSS)
* BRFSS 2012 data should be considered a baseline year and is not directly comparable to previous years because of changes in weighting methodology and addition of cell phone sampling.



Source: Arkansas Central Cancer Registry

REFERENCES

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