DINNER WITH A DOC:
Colon Cancer
(and Rectal)

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Learning Objectives

- What is colon and rectal cancer
- Risk factors
- Dietary concerns
- Preventive factors
- Symptoms
- Diagnosis
- Stages
- Treatment
- Prognosis
- Follow-up care
What is Colon and Rectal Cancer?

Colon and rectal cancer is a form of cancer where life threatening tumors develop in the large intestine.
Colon and Rectal Cancer At-A-Glance

Colon cancer is the second leading cause of cancer-related death in the U.S.

On average, your risk is about 1 in 20, although this varies widely according to individual risk factors.

90% of new cases occur in people 50 or older.

People with a first-degree relative (parent, sibling or offspring) who has colon cancer have two to three times the risk of developing the disease.

There are currently more than one million colon cancer survivors in the U.S.

*Source: American Cancer Society*
The Gastrointestinal Tract

- Where digestion takes place
- Extends from the mouth to the anus
- Colon and rectum: responsible for absorbing water and storing stool
Risk Factors

- Age: 50 and older
- Diet: high-fat, low-fiber
- Obesity
- Smoking
- Heavy alcohol consumption
- Inflammatory bowel disease
- Personal or family history of polyps or colorectal cancer
- Inheritable syndromes: Lynch syndrome and FAP
Prevention

- Regular screenings
- Not smoking
- Not drinking alcohol in excess
- Exercise regularly
- Eating a healthy diet low in meat, high in fruits, vegetables & whole grains
Symptoms

Many cases of colon cancer have no symptoms

• Change in bowel movements
• Abdominal discomfort
• Rectal bleeding or blood in stool
• Unexplained weight loss
• Pain with bowel movements
• Unexplained iron-deficiency anemia
• Weakness and fatigue
Screening for Colon and Rectal Cancer

- **Stool-based Testing** — annually
- **CT Colonography** — every 5 years
- **Flexible Sigmoidoscopy** — every 3 years
- **Colonoscopy** — every 10 years

Screening should begin at age 50
Colonoscopy

Test that allows evaluation of the inner lining of your large intestine

- Helps find colon polyps, tumors, areas of inflammation or bleeding
- Best screening test for colon cancer
- Takes around 30 minutes
- Sedative is given

Colonoscopy examines the entire length of the colon; sigmoidoscopy examines only the lower third.
**FACT** • Preparing your body for a colonoscopy begins the afternoon before your appointment.

**FACT** • Your doctor will give you a sedative to make you more comfortable. A lighted scope is inserted once you are sedated. Many patients don’t remember the procedure at all.

**FACT** • Most pre-cancers are found in people who don’t have pain or symptoms. Symptoms can mean the cancer is more advanced and harder to treat.

**FACT** • Thinking about a colonoscopy might be unpleasant, but you can expect a private and respectful experience. Your care team will make you as comfortable as possible.
Diagnosis – Biopsy

• Occurs during a colonoscopy
• Removal of tissue sample
• Only way to definitively diagnose colorectal cancer
Diagnosis – Blood Tests

• Complete blood count: check for anemia
• Electrolytes
• Liver function tests
• CEA: tumor marker which can be elevated in colon and rectal cancer
  – Can help monitor recurrences after treatment
  – Does not diagnose cancer by itself
Diagnosis – Imaging Tests

Can help to define the extent of disease

- Computed Tomography (CT): metastatic disease
- Magnetic Resonance Imaging (MRI): only for rectal cancer
Stages

Stage 1
- Cancer is in the submucosa or muscle layer

Stage 2
- Cancer has spread through the muscle layer

Stage 3
- Lymph nodes are involved

Stage 4
- Cancer has spread to other organs
Treatment: Colon Cancer

I
II
III
IV

Surgery
Surgery Versus Chemotherapy
Treatment: Rectal Cancer

I  →  Surgery

II  →  CRT  →  Surgery  →  Chemo

III  →  CRT  →  Surgery

IV  →  Chemotherapy
Surgery: Open versus Minimally Invasive
Prognosis

One of the most curable cancers when caught in early

5 Year Survival Rate

- Patients that survive at least 5 years after diagnosis
- Considered cured if does not recur within 5 years
5-year Survival Rates

- **Stage I**: 94% Survival Rate
- **Stage II**: 82% Survival Rate
- **Stage III**: 67% Survival Rate
- **Stage IV**: 11% Survival Rate
Follow-Up Care

Important to detect any signs of cancer recurrence

Timing
• 5 years

Physical Exams
• Every 3 to 6 months for 5 years

Blood Tests
• Every 3 to 6 months for 5 years

Imaging Tests
• CT scan every year for first 3 years

Colonoscopy
• 1 year after surgery
• Then 3 years
• Then every 5 years
Resources

- Colon Cancer Alliance
- National Cancer Institute
- U.S. Centers for Disease Control and Prevention
- American Cancer Society
Thank you!

Locations:
University of Iowa Hospitals and Clinics
UI Health Care – Iowa River Landing

Schedule an Appointment:
Meet your Primary Care Provider
Cancer Clinic (319)356-4200
Center for Digestive Diseases (319)356-4060