



Canadian
Cancer
Society

Colorectal Cancer

Understanding your diagnosis



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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 start your treatment as soon as possible.’ I didn’t hear one word after that.* ”

The 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 feeling of control and help you work with your healthcare team to choose the best care for you.

For more information

You can find more in-depth information about colorectal cancer on cancer.ca. Or call us at 1-888-939-3333 to learn more about cancer, diagnosis, treatment, support and services near you.

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, bones, the lungs and the liver. Genes inside each cell tell it when to grow, work, divide and die. Normally, our cells follow these instructions and we stay healthy.

But sometimes cells grow and divide out of control. After a while, a group of abnormal cells forms a lump (called a tumour).

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

When cancer spreads to other parts of the body, it is called metastasis. Often, the first sign that a tumour has spread (metastasized) is swelling of nearby lymph nodes, but cancer can spread to almost any part of the body.

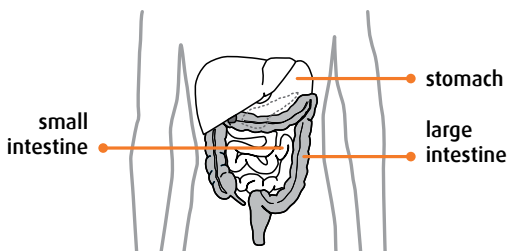
Cancers are named after the part of the body where they start. For example, cancer that starts in the colon or rectum but spreads to the liver is called colorectal cancer with liver metastases.

What is colorectal cancer?

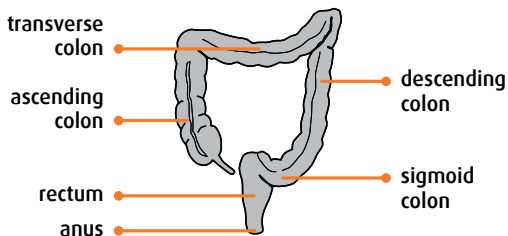
Colorectal cancer starts in the cells of the colon or rectum. The colon and rectum are parts of the digestive system. The colon absorbs water and nutrients, and it passes waste (stool, or feces) to the rectum. Colon and rectal cancers are grouped together as colorectal cancer because these organs are made of the same tissues and there isn't a clear border between them. The colon and rectum together are also called the large intestine or large bowel.

Colorectal cancer most often starts in gland cells that line the wall of the colon or rectum. These gland cells make a thick, slippery fluid (mucus) that helps stool move through the colon and rectum. This type of colorectal cancer is called adenocarcinoma.

The Digestive System



The Large Intestine



Diagnosing colorectal cancer

Your doctor may suspect you have colorectal cancer after hearing about your symptoms, taking your medical history and doing a physical exam.

Symptoms: The most common signs and symptoms of colorectal cancer include:

- diarrhea
- constipation
- stool that looks narrower than usual
- feeling like the bowel is not completely empty after a bowel movement
- blood in the stool (it can be bright or very dark red)
- bleeding from the rectum
- gas, cramping, bloating and feeling full
- pain or discomfort in the abdomen or rectum
- a lump in the abdomen or rectum

The process of diagnosing cancer may seem long and frustrating. But other health problems can cause some of the same symptoms. The doctor has to make sure there are no other possible reasons for a health problem.

To find out for sure, your doctor will do one or more of the following tests. These tests can also be used to help plan treatment.

Blood tests: Blood is taken to see if the different types of blood cells are normal in number and how they look. Blood tests can also show how well your organs are working and may suggest whether you have cancer and if it has spread.

Stool tests: Stool tests check for hidden (occult) blood in the stool. You may have a guaiac-based fecal occult blood test (gFOBT) or a fecal immunochemical test (FIT) if it was not used during screening.

Imaging tests: The healthcare team uses x-rays, ultrasounds, CT scans or MRIs to look at your tissues and organs in more detail. They can see the size of a tumour and if it has spread.

A barium enema uses a special liquid and x-rays to make images of the entire large intestine. Air may be pumped into the intestine to improve the view. This test can show abnormal growths (polyps) in the large intestine.

Endoscopy: An endoscopy uses a thin, flexible tube with a light and lens on the end (called an endoscope) to examine an organ or other part of the body. It is done to check for colorectal cancer if you have blood in your stool or other signs or symptoms. It is also used to check polyps or other abnormal areas that were found during a barium enema.

A colonoscopy is a type of endoscopy that looks inside the entire colon and rectum. It is the most common test used to diagnose colorectal cancer.

A sigmoidoscopy may be used in some cases to look at the last part of the colon (called the sigmoid colon) and rectum.

Biopsy: A biopsy is usually needed to make a definite diagnosis of cancer. Cells are taken from the body and checked under a microscope. If the cells are cancerous, they will be studied to see how fast they are growing. A biopsy is usually done during a colonoscopy or sigmoidoscopy to remove polyps or small amounts of tissue from the colon or rectum.

Further testing: Your doctor may order other tests to diagnose the cancer, see if it has spread or help plan your treatment.

Will I be OK?

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. It looks at many factors including:

- the type of cancer and how the cells look and act compared to normal cells
- whether the cancer has spread
- your age 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 diagnosis of cancer has been made, the cancer is given a stage and grade. This information helps you and your healthcare team choose the best treatment for you.

Staging is a way to describe or classify the cancer. Staging of colorectal cancer describes how far the tumour has grown into the wall of the colon or rectum and any tissues around the colon or rectum. Staging also describes whether cancer cells are found in any lymph nodes and if the cancer has spread to other parts of the body.

Usually each stage is given a number from 0 to 4. Generally, the higher the number, the more the cancer has spread.

A **grade** is given based on how the cancer cells look and act compared with normal cells. To find out the grade of a tumour, a biopsy sample is looked at under a microscope.

Most colorectal cancer tumours are given a grade from 1 to 4. The lower the number, the lower the grade.

Low grade means that the cancer cells look and act much like normal cells. They tend to be slow growing and are less likely to spread.

High grade means that the cancer cells look and act less normal, or more abnormal. They tend to grow more quickly and are more likely to spread.

Treatments for colorectal cancer

There are many treatments available for colorectal cancer. When colorectal cancer is found and treated early, the chances of successful treatment are better. Your healthcare team considers your general health and the type, stage and grade of the cancer 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: Most people with colorectal cancer will have surgery. The type of surgery you have depends mainly on where the tumour is and how much of the colon, rectum or both needs to be removed. Surgery is usually done under a general anesthetic (you will be unconscious). You may stay in the hospital for several days or longer after the surgery.

A small tumour is removed with surgery called a local excision. It may be done to remove tumours that are only on the surface of the lining of the colon or rectum.

A larger tumour is removed with surgery called a bowel resection. It removes part of the large intestine that contains the cancer and some healthy tissue around it. It is the most common surgery done for colorectal 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 or an ileostomy. It may be temporary until the intestine heals. Or it may be permanent.

After surgery, you may have some pain, diarrhea or constipation. These side effects are usually temporary and can be controlled.

Chemotherapy: Chemotherapy uses drugs to treat cancer. Chemotherapy drugs may be given as pills or injected with a needle into a vein. They damage cancer cells, but they also damage some healthy cells. Although healthy cells can recover over time, you may experience side effects from your treatment, like nausea, vomiting, loss of appetite, fatigue, hair loss or an increased risk of infection.

Chemotherapy may be given after surgery to lower the risk of the cancer coming back. It may also be given as the main treatment for colorectal cancer that has spread to other parts of the body. Sometimes chemotherapy is used to shrink a tumour so it can be removed with surgery. It may also be combined with radiation therapy.

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 cells that are in the path of the beam – both cancer cells and normal cells. In brachytherapy, or internal radiation therapy, radioactive material is placed directly into or near the tumour.

Radiation therapy is mainly used to treat cancer in the rectum. It is most often given before surgery to help make the tumour easier to remove and lower the risk that the cancer will come back. Radiation therapy may also be combined with chemotherapy.

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

Targeted therapy: Targeted therapy uses drugs to target specific molecules (such as proteins) on the surface of cancer cells. These molecules help send signals that tell cells to grow or divide. By targeting these molecules, the drugs stop the growth and spread of cancer cells while limiting harm to normal cells.

Targeted therapy is usually used for colorectal cancer that has spread to other parts of the body. It is often given with chemotherapy.

Because targeted therapy doesn't usually damage healthy cells, it tends to cause fewer and less severe side effects than other treatments. Side effects will depend on the type of drug given. Flu-like symptoms and fatigue are common symptoms of many targeted therapy drugs.

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

Clinical trials: Clinical trials test new ways to treat cancer, such as new drugs, types of treatments or combinations of treatments. They provide information about the safety and effectiveness of new approaches to see if they should become widely available. Ask your doctor if any clinical trials are available as a treatment option for you.

Our brochure *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, stress and 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.

If you're thinking about using a complementary therapy, learn as much as you can about the therapy and talk to your healthcare team.

It's possible that the therapy might affect other treatments or test results.

Unlike complementary therapies, alternative therapies are used *instead* of conventional treatments. Alternative therapies haven't been tested enough for safety or effectiveness.

Using only alternative treatments for cancer may have serious health effects. Talk to your healthcare team before you try an alternative therapy.

Our booklet *Complementary Therapies* has more information.

Side effects of treatments

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 as soon as you can and which ones can wait until your next visit.

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.

Living with cancer

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

Our booklet *Coping When You Have Cancer* has more detailed information and resources.

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 drive you to your doctor’s office.

People who’ve had a similar experience: 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 ways to cope. 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, you can connect by phone with a trained volunteer who will listen, provide hope and suggest ideas for coping – all from the shared perspective of someone who's been there.

Register for this free program at match.cancer.ca or call us at 1-888-939-3333.

Want to connect with someone online?

If you'd like to join our online community, visit CancerConnection.ca. You can read news, join discussion groups that interest you, get support and help others at the same time. You'll find caring, supportive people there.

After treatment

Follow-up care helps you and your healthcare team follow your progress and your recovery from treatment. At first, you might meet with one of the specialists from your healthcare team. Later on, it may be 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. You should tell your doctor as soon as you can about new symptoms or symptoms that don't go away. Don't wait for your next scheduled visit.

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 could feel anxious as well. If you're worried about your treatment ending, talk to your healthcare team. They can help you through this transition period.

Eating well: Eating well and getting proper nutrition is an important part of life after colorectal cancer because this type of cancer and its treatments affect the digestive system. Most people can eat their normal diet after treatment. But some people may need to make changes. It may be easier to eat more small meals and snacks throughout the day, rather than eating 3 large meals.

Your doctor or dietitian can give you more information about how to keep a healthy diet.

Our booklet *Eating Well When You Have Cancer* has more detailed information and recipes.

Self-esteem, body image and sexuality:

It's natural to worry about the effects of colorectal cancer and its treatment on your self-esteem, body image and sexuality. Your body may have changed, and you may be coping with scars, skin problems, hair loss or having a colostomy or ileostomy. You may be worried about how your body looks after treatment, 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.

What causes colorectal cancer?

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

Risk factors for colorectal cancer include:

- being over the age of 50
- having a parent, sibling or child who has colorectal cancer
- having had colorectal cancer before
- having familial adenomatous polyposis (FAP), Lynch syndrome or other rare genetic conditions
- having polyps (abnormal growths attached to the lining of the colon or rectum)
- not being physically active
- being overweight or obese

- drinking alcohol
- smoking tobacco
- eating a diet high in red meat, processed meats or meats cooked at high temperatures
- eating a diet low in fibre
- sitting too much
- having inflammatory bowel disease (IBD)
- having type 2 diabetes
- being of Ashkenazi Jewish ancestry
- having had breast, ovarian or uterine cancer
- being a tall adult
- being exposed 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.



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