

Colorectal Cancer



Colorectal cancer occurs when a growth or a tumors forms in the lining of the large intestine. It is common in both men and women. The risk of developing it increases after the age of 50.

What is the colon and what is its function?

It belongs to the digestive system and is the longest part of the large intestine. It connects to the small intestine at one end and the anus at the other. Its function is to extract water, nutrients, and electrolytes from partially digested food. The remaining material and the solid waste is called feces, that are move through the colon and are stored in the rectum, until leaves the body through the anus.

How does colorectal cancer start?

Cancer begins with changes in one or more cells in the body that begin to grow out of control. Most colorectal cancers start as a lump, known as a polyp, on the inner lining of the colon or rectum. Not all polyps turn into cancer. The chance of a polyp to become cancerous depends on the type of polyp and its course. The two main types of polyps are:

- **Adenomatous polyps (adenomas):** sometimes they turn into cancer. For this reason, adenomas are called precancerous conditions.
- **Inflammatory polyps and hyperplastic polyps:** these are more frequent, but in general they are not precancerous.

Suspicious of a cancerous polyps if:

- A polyp is discovered larger than one centimeter is discovered.
- It is discovered that there are more than two polyps.
- After removal of a polyp, a dysplasia, that is another precancerous condition, is discovered. This means that there is an area of the polyp or of the lining of the colon or rectum in which the cells

look abnormal, but do not look like true cancer cells.

What are the risk factors for colorectal cancer?

- Overweight or obesity
- Physical inactivity
- High consumption of red meat
- Low vitamin D
- Smoke
- High alcohol consumption
- Aging
- Personal or family history of colorectal cancer, polyps, inflammatory bowel disease, chronic ulcerative colitis, Crohn's disease, Lynch syndrome, among other conditions.
- Type 2 diabetes
- Black race

Signs of colon cancer:

- Presence of blood (bright red or very dark) in the stool.
- Diarrhea, constipation, feeling that the intestine does not empty completely.
- Stools that are thinner than normal or changes in their consistency.
- Frequent gas pain, bloating, a feeling of fullness, or cramping.
- Cramps.
- Vomiting.
- Weight loss for no known reason.
- Feeling very tired.

Recommendations for screening tests:



To prevent colorectal cancer or to detect it early, it should be evaluated regularly from the age of 45. If you think that you may be at risk for it, talk to your doctor. This will help you know when to start screening and the best screening test for you, and how often to do it.

Early detection and diagnosis:

Screening tests can find colorectal cancer early even when you don't have symptoms.

- **Fecal occult blood test**- uses a chemical to detect blood in the stool and is done once a year. You will be provided with a test kit to perform at home and then deliver the sample for analysis to the laboratory.
- **Fecal immunochemical test**- uses antibodies to detect blood in the stool and is also done once a year.
- **Fecal immunochemical test with DNA analysis**- combines the fecal immunochemical test with a detection of altered DNA in stool. A complete stool sample is collected to check for cancer cells. This test is done once every three years.
- **Flexible Sigmoidoscopy**- Uses a thin, flexible, lighted tube to detect polyps or cancer in the rectum and lower third of the colon. It is performed every 5 years to 10 years with the fecal immunochemical test.
- **Colonoscopy**- Uses a longer, thinner, flexible tube with a light to look for and if necessary, remove polyps or cancer in the rectum or throughout the colon. It is done every 10 years for people who are not at increased risk of colorectal cancer.

How is colorectal cancer treated?

The treatment aims to stop the cancer from spreading or coming back by attacking and killing specific cancer cells in the colon, rectum, and lymph nodes. You may need surgery, targeted

therapy, chemotherapy, radiation therapy, or a combination of several. Treatment is expected to be more effective if the cancer is found early.

What can I do to reduce the risk of colorectal cancer?

- In general, the most effective way to reduce colorectal cancer risk is to have regular screening tests starting at age 45.
- Eat a low-fat animal diet and eat rich a rich diet in fruits, vegetables, and whole grains.
- Increase physical activity and maintain a healthy weight.

Social and Emotional Aspect

For recommendations, tools, and resources about how you and your family can manage with emotional and physical concerns that may arise during and after your medical treatment, please visit your primary care physician or contact the following phone lines:

Medical Advice Line

1-844-347-7801

TTY/TDD 1-844-347-7804

APS Healthcare

787-641-9133

References:

- (2022)https://www.cdc.gov/spanish/cancer/colorectal/basic_info/what-is-colorectal-cancer.htm
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- (2022)<https://www.mayoclinic.org/es-es/diseases-conditions/colon-cancer/symptoms-causes/syc-20353669>
- (2020)<https://www.cancer.org/es/cancer/colon-or-rectal-cancer/causas-riesgos-prevencion/factores-de-risk.html>
- (2022)<https://www.cancer.gov/espanol/tipos/colorectal/paciente/deteccion-colorectal-pdq>

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