

Let's talk about colorectal cancer and save lives

By Sheri Pope

Openly speaking about breast cancer used to make people uneasy. We have come a long way as a society. During Breast Cancer Awareness Month in October, everything from candy to football cleats turns pink. We encourage screening and talk about breast cancer publicly.

That is not always the case with colorectal cancer. Colon cancer can be uncomfortable to discuss. We need to change that.

Increasing awareness of colorectal cancer will encourage people to get routine screenings and catch cancer early. Mayor Bill Cole has proclaimed March as Colorectal Cancer Awareness Month in Billings. This is an important step.

Breast cancer screening and early detection saves lives. The same is true for colorectal cancer screening. The American Cancer Society and the U.S. Preventive Task Force recommend that all adults ages 45 to 75 years get screened for colorectal cancer. Previous guidelines started at 50 years old, but doctors are diagnosing an increasing number of younger adults with colorectal cancer.

Multiple studies suggest that physical activity reduces the risk of colon cancer by as much as 24%. Lack of activity and being overweight can increase your risk. A poor diet, including eating too little fiber and too many fats or highly processed meats, can increase the risk.

Heavy alcohol use also increases your likelihood of developing colon cancer. When the body metabolizes alcohol, it breaks down into a harmful chemical called acetaldehyde, a carcinogen. Acetaldehyde can damage DNA in colon cells and cause mutations that increase your risk of polyps. Colon polyps are growths on the inside surface of the colon or rectum that can turn cancerous.

Smoking and chewing tobacco can increase the risk of colon cancer. Chewing tobacco also boosts risk of rectal cancer.

Several screening tests are available for colorectal cancer. Your health status, family history and other risk factors will help you determine which tests are right for you. If you use the Fecal Immunochemical Tests (FIT) or Fecal Occult Blood Test (FOBT) as your primary screening tool, you should test yearly. These are good tests, but there is a chance that a precancerous polyp or cancer can be missed if it was not bleeding when the test was done.

Cologuard is another option for individuals at average risk of colorectal cancer. It is designed to detect blood and altered DNA in the stool. People of average risk who test negative with Cologuard should retest every one to three years.

A colonoscopy is the most accurate test. For people with average risk, a colonoscopy might only be needed every 10 years. If you have polyps, family history or other risk factors, it will need to be done more frequently.

Talk to your healthcare provider about symptoms of colorectal cancer. Symptoms might include a persistent change in bowel habits, sudden weight loss, bleeding or blood in your stool, abdominal discomfort or feeling your bowel doesn't empty completely.

Colorectal cancers are the fourth most common type of cancer in the United States. In 2019, 146,460 Americans were diagnosed with colorectal cancer and 51,896 died, according to the Centers for Disease Control and Prevention. Screening can help decrease colorectal cancer cases and deaths.

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