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# Maryland Department of Health and Mental Hygiene

## Colorectal Cancer Fact Sheet

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### Most colorectal cancer can be prevented or cured

Screening (or testing) for colorectal cancer (that is, cancer of the colon or rectum) can save lives. When colorectal cancer is found at an early stage, it can be cured. Some polyps can turn into colorectal cancer. Polyps can be taken out before they grow into cancer.

### People who should be screened for colorectal cancer include:

- Anyone 50 years old and older; and
- Anyone under 50 years old who:
  - has had any of the following: colorectal cancer in the past, an “adenomatous polyp,” inflammatory bowel disease (ulcerative colitis or Crohn’s colitis), or cancer of the ovary or uterus;
  - has a mother, father, brother, sister, or child who had colorectal cancer or an adenomatous polyp before age 60 years; or
  - has a family history of genetic forms of colorectal cancer or polyps.

### Screening for colorectal cancer

These are the main ways to be screened (tested) if you have an **average risk** of colorectal cancer:

- **Colonoscopy;**
- **Fecal occult blood test along with a sigmoidoscopy;**
- **Fecal occult blood test; or**
- **Sigmoidoscopy.**

**Colonoscopy** and **sigmoidoscopy** are special tests where a doctor uses a long, flexible tube with a light to look inside the large intestines (colon). Colonoscopy looks at the whole colon. Sigmoidoscopy looks at the last third of the colon.

**Fecal occult blood test (FOBT)** checks for blood in the stool or feces--even when you cannot see the blood. Blood can be in the stool because of cancer, but also because of other problems. Sometimes the test does *not* show blood even when a person has a cancer. That is why an FOBT is best done along with a sigmoidoscopy. The stool samples are taken at home. The test kit is then mailed in for results. Medicines and foods may affect test results of some types of tests.

### Colorectal cancer in Maryland

There were 2,269 new cases and 986 deaths in Maryland in 2009 due to colorectal cancer. Colorectal cancer deaths accounted for about 9.5% of all cancer deaths in Maryland in 2009. (Source: Maryland Cancer Registry and Maryland Vital Statistics).

### People with colorectal cancer usually do not have symptoms, but sometimes they have:

- blood in the stool;
- a mass or lump in the abdomen;
- cramps or pain in the abdomen;
- change in the size of the stool (for example, the stool is thinner) or constipation.



**Call your doctor to find out more about being screened.**

**Call your doctor if you have symptoms of colorectal cancer.**

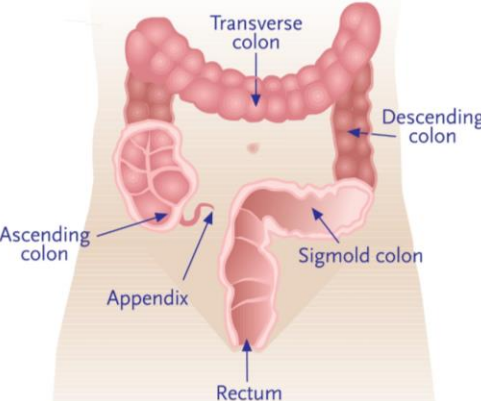
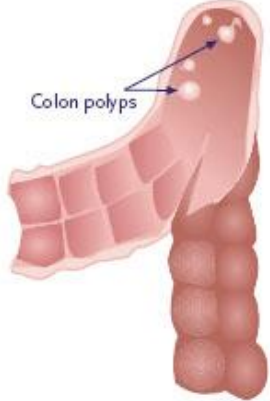
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#### Web sites of interest:

Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov/cancer/screenforlife>  
National Cancer Institute: <http://www.cancer.gov>  
American College of Gastroenterology: <http://www.acg.gi.org>  
American Cancer Society: <http://www.cancer.org>  
National Colorectal Cancer Roundtable: <http://www.nccrt.org>

Maryland Department of Health and Mental Hygiene. Center for Cancer Prevention and Control  
Cigarette Restitution Fund -- March 2013

## DEFINITIONS FOR COMMON CONDITIONS FOUND DURING A ROUTINE COLONOSCOPY PROCEDURE

Condition	Definition	Other Information
Polyp	A <b>polyp</b> is a small growth. Polyps can grow in the colon and rectum (also known as the large intestines or “gut”). Under the microscope, a doctor can tell the type of polyp.	<p>The colon (large intestine), and rectum</p> 
Adenomatous polyp	An <b>adenomatous polyp</b> or “ <b>adenoma</b> ” is a type of polyp found in the colon or rectum. Adenomatous polyps are non-cancerous but can turn into cancer in the future. They are removed during colonoscopy in order to prevent colorectal cancer. About 20% of older adults have adenomas.	
Serrated polyp	<b>Sessile serrated polyps and other similar polyps (sessile serrated adenomas, serrated adenomas, and traditional serrated adenomas or polyps)</b> are benign (non-cancerous) polyps found in the colon or rectum. They are removed during colonoscopy in order to prevent colorectal cancer.	
Hyperplastic polyp	A <b>hyperplastic polyp</b> is a type of polyp. Hyperplastic polyps do not usually turn into colorectal cancer. They are common in the colon or rectum of older adults. They are usually removed during colonoscopy.	
Inflammatory bowel disease	<b>Inflammatory bowel disease (IBD)</b> is inflammation (redness and/or swelling, ulcers) of the lining of the small or large intestines or both. Ulcerative colitis and Crohn’s disease are the two types of inflammatory bowel disease. IBD can cause pain, diarrhea, bleeding, weight loss, and other symptoms.	
Ulcerative colitis	<b>Ulcerative colitis</b> is a type of inflammatory bowel disease. It is inflammation (redness and/or swelling, ulcers) in the colon or rectum. Ulcerative colitis can increase the chance of getting colorectal cancer.	<p>Polyps in the colon</p> 
Crohn’s colitis	<b>Crohn’s disease</b> is a type of inflammatory bowel disease. It is inflammation (redness and/or swelling, ulcers) of any part of the digestive track—from mouth to anus—but usually is in the last part of the small intestines. <b>Crohn’s colitis</b> is Crohn’s disease in the colon. It can increase the chance of getting colorectal cancer.	
Diverticula	<b>Diverticula</b> are tiny pouches or sacs of intestines that bulge out from the side of the colon. When a pouch becomes infected, it is called “diverticulitis” and can cause severe pain, bleeding, fever, etc. Diverticula are very common in older adults and do not lead to cancer.	
Hemorrhoids	<b>Hemorrhoids</b> are swollen blood vessels in and around the anus. Hemorrhoids can cause pain and can bleed but are not associated with colon cancer.	

For more information, please contact your physician. You may also contact the National Institute of Diabetes, Digestive, and Kidney Diseases of the National Institute of Health at 301.496.3583 or visit <http://www2.niddk.nih.gov>