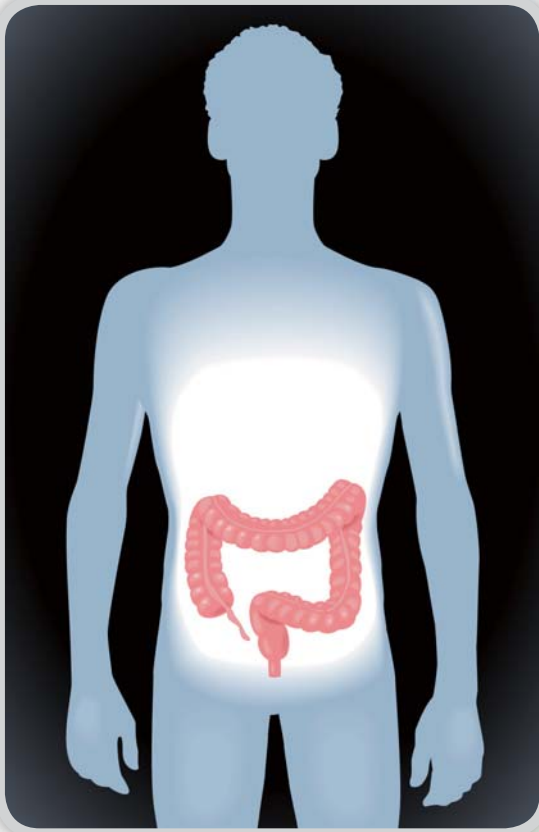




Prevention and Screening for Colorectal Cancer



1 What is colorectal cancer?

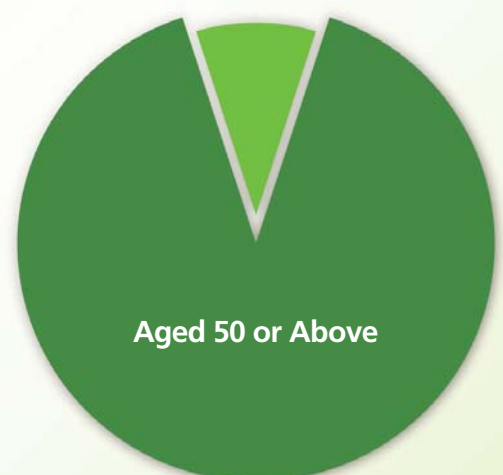


Colorectum (colon and rectum, or the large bowel or large intestine) is the last portion of the digestive system, consisting of colon, rectum and anus.

Colorectal cancer results from an abnormal growth of cells on the wall of the large bowel. Most colorectal cancers start from a small growth called polyp. These polyps are usually benign, but some may develop into cancer over time. The development of a polyp into cancer may take more than 10 years.

2 Is colorectal cancer common in Hong Kong?

Colorectal cancer is one of the common cancer in Hong Kong. There were 4,563 newly registered colorectal cancer cases in 2012, and over 90% of these cases occurred in people aged 50 or above. In addition, colorectal cancer was the second leading cause of cancer deaths, involving 1,981 total deaths in 2013. With the growth of local ageing population, the number of cases, incidence and death rates of colorectal cancer are expected to increase further.



> 90%

of All Colorectal Cancer Occurred in
People Aged 50 or Above

In 2012

4,563

Newly Registered Cases

In 2013

1,981

Deaths

3 What are the common symptoms of colorectal cancer?

Early colorectal cancer may have no symptom. Common symptoms of colorectal cancer include:

- Change in bowel habits (diarrhoea or constipation) with unknown reason and lasting for more than 2 weeks
- Blood (either bright red or very dark) or large amount of mucus in the stool



- Persistent urge after passing stool
- Abdominal discomfort (persistent pain, bloating, fullness, or cramps)

- Weight loss and tiredness with unknown reason



These symptoms may be caused by conditions other than colorectal cancer. It is therefore important to check with a doctor.

4 What should I do if I have suspicious symptoms?



The cancer in its early stage has a relatively high cure rate. If you notice any symptoms of colorectal cancer described in question 3, you should consult a doctor immediately. The doctor will ask you for relevant information and medical history. He/she will perform a physical examination on you and may carry out some other investigations.

5 Who is at risk of colorectal cancer?

Like other cancers, the risk of developing colorectal cancer depends on a number of risk factors and varies among individuals. In fact, many of the risk factors for colorectal cancer are linked to diet and lifestyle habits.



Lifestyle risk factors include:



- Low fibre intake
- High consumption of red and processed meat
- Lack of physical activity
- Obesity



- Alcohol consumption (please note that alcohol or alcoholic beverages have been confirmed to be a human cancer-causing agent, causing colorectal cancer and other cancers)
- Smoking, which is associated with higher risk of rectal cancer



Other risk factors include:

- Male over the age of 50
- Some hereditary bowel diseases, e.g. familial adenomatous polyposis (FAP) or hereditary nonpolyposis colorectal cancer (HNPCC)
- A long history of inflammation of the bowel, e.g. ulcerative colitis
- History of colonic polyps
- Family history of colorectal cancer, particularly in close relatives (parents, siblings or children)



Please note: If you have any of the above factors, it does not mean that you must have colorectal cancer – it only means that your risk of developing colorectal cancer may be higher than average.

More importantly, you can **Prevent or Lower Your Risks** of having colorectal cancer by the following measures:



- Increase the intake of dietary fibre, such as fibre from whole grains, pulses, fruits and vegetables;

- Reduce the consumption of red and processed meat;



- Have regular physical activities, do at least 150 minutes of moderate - intensity aerobic physical activities per week (e.g. climbing stairs or brisk walking);



- Maintain a healthy body weight and waist circumference – aim for a body mass index (BMI) between 18.5 and 22.9, and a waist circumference of <90 cm for men and <80cm for women;



Body Mass Index

Between **18.5 - 22.9**

Waist Circumference

<90cm for men

<80cm for women



- Avoid alcohol drinking; and

- Avoid or quit tobacco smoking



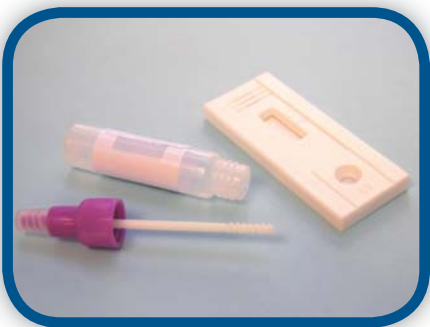
6 What is colorectal cancer screening?



Screening means examining people **without symptoms** in order to detect disease or find people at increased risk of disease. It is often the first step in making a definitive diagnosis. For colorectal cancer screening, its purpose is to find people who have colorectal cancer, before they have any symptom, in order to offer them earlier treatment.

Common screening tests for colorectal cancer include faecal occult blood test (FOBT), sigmoidoscopy and colonoscopy. Newer technologies such as virtual colonoscopy and stool DNA test (sDNA) are emerging as potential options for colorectal cancer screening.

Faecal Occult Blood Test (FOBT)



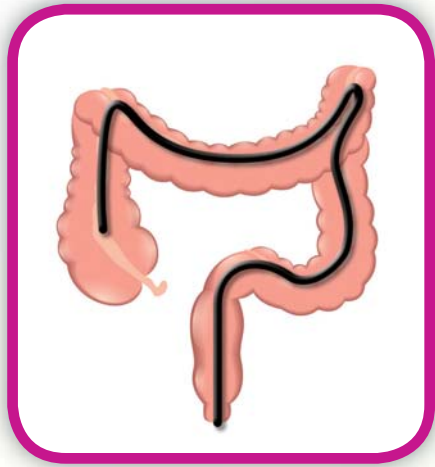
FOBT is commonly called a stool test, which can be carried out at home with instructions followed. It detects hidden blood in stool samples, even in tiny amount. The presence of hidden blood indicates bleeding somewhere in the bowel.

Sigmoidoscopy



Sigmoidoscope is a scope with a video camera which is about 60cm in length. Doctors use it to examine the wall of large bowel by inserting it from the anus. The range of examination is up to the lower portion of the colon. Bowel preparation and low residue diet are needed. Sedative drug and pain-killer may be injected right before examination to reduce patients' anxiety and any discomfort. During sigmoidoscopy, doctors can also obtain tissue samples for laboratory examination and remove any polyp. Potential complications associated with sigmoidoscopy include bowel perforation, significant bleeding and complications related to removal of polyps, but they are uncommon.

Colonoscopy



Colonoscopy is currently the best method to examine the lower digestive tract. With the scope length of 1.6m, it helps to inspect the entire colon. Usually it takes about 15 minutes to 1 hour for the procedure. Similar to sigmoidoscopy, bowel preparation and low residue diet are needed. Sedative drug and pain-killer are injected right before examination to reduce patients' anxiety and any discomfort. Tissue samples for laboratory examination will be obtained and polyps can be removed during colonoscopy. Potential complications associated with colonoscopy include bowel perforation, significant bleeding and complications related to removal of polyps, but they are uncommon.



According to available evidence, there is insufficient information to determine which screening test is superior in terms of the balance of benefits and potential harms.

7

Should I screen for colorectal cancer if I do not have any symptom?

For general public

Although there is currently insufficient local evidence to support the implementation of a population-based colorectal cancer screening programme¹ in Hong Kong, the Hong Kong SAR Government's **Cancer Expert Working Group on Cancer Prevention and Screening (CEWG)** recommends individuals **aged 50 to 75** to discuss with their doctor and consider screening for colorectal cancer by one of the following screening methods:



- faecal occult blood test (FOBT) every 1 to 2 years; OR
- sigmoidoscopy every 5 years; OR
- colonoscopy every 10 years.

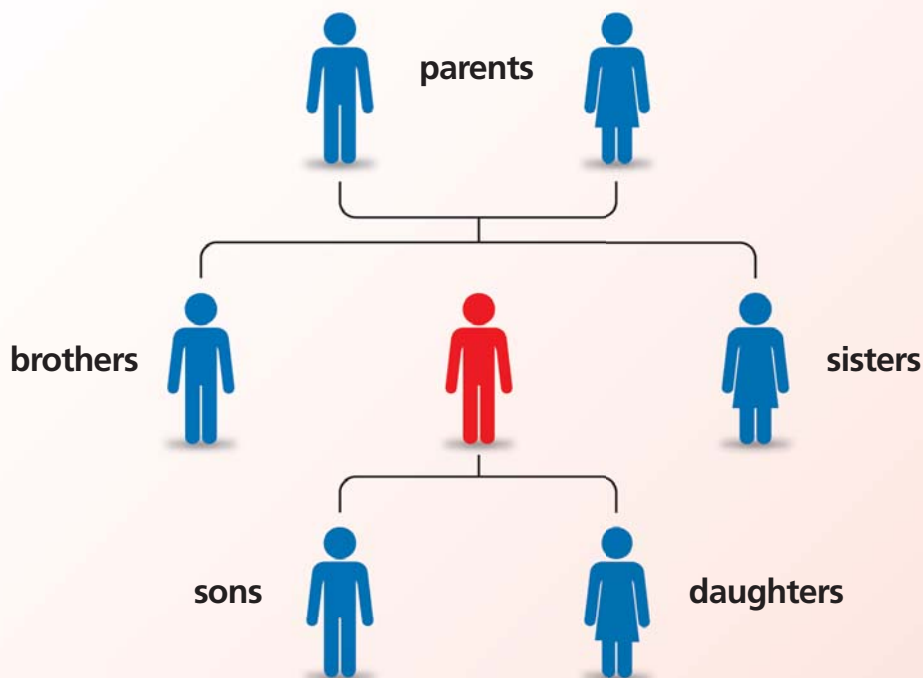
¹ Population-based colorectal cancer screening refers to colorectal cancer screening which is offered systematically to all individuals without symptom in a defined target group (e.g. certain age groups).

For high-risk groups

The CEWG also recommends individuals at high risk, such as:

- persons with mutated gene of hereditary bowel diseases, e.g. familial adenomatous polyposis (FAP) or hereditary nonpolyposis colorectal cancer (HNPCC); or
- persons with one or more first-degree relatives having colorectal cancer diagnosed at or below 60 years of age

First-degree relatives refer to parents, siblings, sons or daughters



Should start colorectal cancer screening at an earlier age and have screening repeated at shorter time intervals as recommended by their doctor.

8 What should I consider if I wish to be screened?

You should be aware that all screening tests have their limitations and they are not 100% accurate. There are false positive and false negative results. A person with abnormal screening test result may in fact not have colorectal cancer (**false positive result**). He/she will be subjected to unnecessary anxiety, further investigations and treatments which may be harmful.

On the other hand, a person with normal screening test result may indeed have colorectal cancer (**false negative result**) but he/she will be falsely reassured leading to delay in seeking appropriate treatment. Individuals considering a screening test should seek advice from doctors for assessment of need and obtain full information on potential benefits and risks of having the test for an informed choice.

POTENTIAL BENEFITS of having colorectal cancer screening



- Early cancer detection may lead to higher rates of successful treatment
- Successful treatment may prevent more advanced cancer
- Treatment for early stage cancer may be mild and lead to less complication

POTENTIAL RISKS of having colorectal cancer screening



- It may miss cancer even when it is present and cause false reassurance
- It may cause false alarm, unnecessary anxiety and potentially risky investigations when there is no cancer
- Screening test itself, subsequent investigations following screening test and treatment may have side effects

9 What are the treatments for colorectal cancer?



Treatments for colorectal cancer may include surgery, chemotherapy (use of anti-cancer drugs), or radiotherapy (use of x-ray to target and kill cancer cells), alone or in combination. The doctor will recommend the optimal treatment depending on the type of colorectal cancer, its size and location, along with the extent to which it affects the patient's life, and the presence of any other medical conditions.

10 How can I help myself if I have colorectal cancer?

You can face the disease positively in the following ways:



- Understand your illness and its treatment
- Talk to someone trustworthy about how you feel
- Cooperate with the health care professionals who are involved with your care

- Take part in support groups to enhance the ability to self-care and for mutual support
- Eat properly and adopt a diet as instructed by health care professionals



- Exercise regularly under medical supervision
- Avoid stress, learn techniques to relax and do things that you enjoy

Cancer Prevention and Support Services

Walking Hand-in-Hand Cancer Family Support, The Hong Kong Anti-Cancer Society

Phone 3921 3777

Service Hours 9am-5pm (Mon – Fri); 9am – 1pm (Sat)

Website www.hkacs.org.hk

CancerLink Hotline, Hong Kong Cancer Fund

Phone 3656 0800 (Kowloon)

Service Hours 9am – 10pm (Mon-Fri); 9am – 6pm (Sat)

Phone 3667 3000 (Hong Kong)

Service Hours 9am – 6pm (Mon-Thu, Sat); 9am – 10pm (Fri)

Phone 3919 7000 (New Territories)

Service Hours 9am – 6pm (Mon-Thu, Sat); 9am – 10pm (Fri)

Website www.cancer-fund.org

Hereditary Gastrointestinal Cancer Registry

Phone 2255 4911

Website www.hkgenerations.com

World Cancer Research Fund Hong Kong

Phone 2529 5025

Website www.wcrf-hk.org

Patient Resource Centres

Queen Mary Hospital Cancer Counselling and Support Services

Phone 2255 3900

Pamela Youde Nethersole Eastern Hospital

Phone 2595 4165

Queen Elizabeth Hospital

Phone 3506 5393

Tuen Mun Hospital

Phone 2468 5045

Prince of Wales Hospital

Phone 2632 4030

Princess Margaret Hospital

Phone 2990 2498

Related information

You can get more information on related health topics from:

Central Health Education Unit, Department of Health

Website www.cheu.gov.hk

Change for Health Website

Website www.change4health.gov.hk



Health Education Hotline of the Department of Health: 2833 0111

The booklet is available for download at www.cheu.gov.hk/eng/resources/commonkiller.htm

For additional copies, please complete the request form downloadable from

www.cheu.gov.hk/eng/resources/form.htm