



COLORECTAL CANCER PREVENTION AND SCREENING

Cancer Prevention Series 3

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Colorectum is the last portion of the digestive system, consisting of colon, rectum and anus.

Most colorectal cancers starts from a small growth called polyp. These polyps are usually benign, but some may gradually develop into cancer. The development of a polyp into cancer may take more than ten years.

Am I at risk of colorectal cancer (CRC)?

Many of the risk factors for CRC are related to unhealthy living habits including:

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



The following factors will also increase the risk of CRC:

- Male at or above the age of 50
- Some hereditary bowel diseases, e.g. familial adenomatous polyposis (FAP) or Lynch syndrome
- A long history of inflammation of the bowel, e.g. ulcerative colitis
- History of colonic polyps
- Family history of CRC, particularly in first degree relatives (parents, siblings or children) diagnosed with CRC



What are the common symptoms of CRC?

Early CRC may have no symptoms. Common symptoms include blood or large amount of mucus in the stool, change in bowel habits (diarrhea or constipation), abdominal discomfort (persistent pain, bloating), persistent urge after passing stool, weight loss and tiredness with unknown reason.

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

How to reduce the chance of getting CRC?

Healthy lifestyle and well-organised screening may prevent or lower the risk of having CRC.

Adopt healthy lifestyle:

- Increase intake of dietary fibre, such as fibre from whole grains, pulses, fruits and vegetables
- Reduce consumption of red and processed meat, such as sausage, ham, bacon and luncheon
- Have regular exercise. Perform at least 150 minutes of moderate-intensity aerobic physical activity per week, such as climbing stairs or brisk walking
- Maintain a healthy body weight and waist circumference. Aim for a body mass index between 18.5 and 22.9, and a waist circumference of less than 90cm (about 36 inches) for men and less than 80cm (about 32 inches) for women
- Abstain from drinking alcohol
- Abstain from smoking

Well-organised screening

Screening means examining people without symptoms in order to detect disease or identify people at increased risk of disease. In addition to prevention, it also can detect and treat CRC early and hence improve the cure rate. Most CRC arises from polyps which are benign growths from the colonic mucosa. These polyps are usually benign but some may progress into cancer over

time and the change can take more than 10 years. The polyps that turn into cancer often shed tiny amounts of blood as they grow, which are not recognized by the naked eye. Therefore, people may not be able to notice any symptoms and appear healthy and well. Yet, by applying sensitive screening tests, people with small amounts of blood in stools can be detected by the test and referred for further investigation. If polyps were picked up during colonoscopy examination, they will be removed, to prevent them from progressing into cancer. In addition, early stage of colorectal cancer can also be treated promptly and more effectively with better outcome.

In general, persons who consider to receive colorectal cancer screening can be classified into "average risk" and "higher risk" groups. According to colorectal cancer screening recommendations made by the Cancer Expert Working Group (CEWG) on Cancer Prevention and Screening, people with higher risk refer to persons with significant family history, such as those with an immediate relative diagnosed with CRC at or below 60 years of age; or those who have more than one immediate relatives diagnosed with CRC irrespective of age at diagnosis; or those who have immediate relatives diagnosed with hereditary bowel diseases. People with "average risk" refer to individuals aged 50 to 75 who do not have significant family history of CRC.



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Average risk individuals

CEWG recommended that persons aged 50 to 75 should consult their doctor to consider screening by one of the screening methods including:

- annual or biennial faecal occult blood test (FOBT); or
- sigmoidoscopy every 5 years; or
- colonoscopy every 10 years.

Higher risk individuals

The CEWG recommends that people with “high risk” should not receive the FOBT. Instead, they should undergo invasive investigation (such as sigmoidoscopy or colonoscopy) regularly, depending on their individual condition and age, to have the colon wall inspected directly and accurately. Some people with “high risk” may need to undergo genetic tests to identify any inherited genetic mutation. This approach prevents people at “high risk” from delay in seeking appropriate treatment as a result of bleeding not occurring at the time of the FOBT and thus failing to detect abnormalities.

At present, people with “higher risk” may consult private doctors or non-profit-making medical institutions to receive risk assessment, including undergoing genetic tests when necessary, in order to decide an appropriate screening option.

The Government-subsidised Colorectal Cancer Screening Programme (previously known as “Colorectal Cancer Screening Pilot Programme”) has been regularised and will be extended to asymptomatic Hong Kong residents aged between 50 and 75 in phases. Under the Programme, eligible participants would first receive subsidised faecal occult blood test (FOBT) from enrolled Primary Care Doctor (PCD). If the FOBT result is positive, the PCD will refer the participant to receive subsidised colonoscopy examination service provided by enrolled Colonoscopy Specialist to find out the cause of occult bleeding. Information regarding the enrolled doctors and co-payment is accessible at www.ColonScreen.gov.hk. For average risk individuals who are not currently covered by the Programme, it is suggested that they should consult their family doctors about the need for colorectal cancer screening.

