

# Native American Cancer Research Corporation Colorectal Cancer (CRC) / Health Fact Sheet



- Are your colon and rectum healthy?
- Only 5% of colon or rectal cancers (CRC) are hereditary. You have the power to prevent CRC cancers.
- Reduce your risks: Eat well. Be active. Don't use manufactured tobacco habitually. Get screened.
- Now you know. Now you can.



Abigail Nashoolpuk  
[Inupiaq]  
Dx 1991 colon

*I was concerned and I had to go to the doctors and make an appointment. And then forever I'm seeing the doctor, that's how I live to see this day.*

## What are Examples of Colorectal Health Screening Tests?

- Fecal occult blood testing (FOBT) annually (but not if you have H. pylori bacterial infection— common among Alaska Natives and Northern Plains)
- Flexible sigmoidoscopy every 5 years.
- Double contrast barium enema with flex sig every 5 years.
- Colonoscopy (probably the most accurate test) every 10 years.



## At What Age Should CRC Screening Begin?

- If you are at normal risk, by age 50
- If you have a family history or a hereditary form of CRC in your family, then you may begin CRC screening in:
  - Your teenage years (Familial Adenomatous Polyposis / FAP)
    - Very rare in Indian Country
  - Or early 20's (Hereditary Non-Polyposis Colon Cancer / HNPCC)
- If you have a personal history of polyps, your provider will tell you when you should return for your next screening test (every few years).

## Who Develops CRC?

- Anyone
- Cancer knows no prejudice
- It is found in all racial groups
- Both men and women develop colon cancer
- Your chances of developing cancer increase as you grow older
- It is a result of a complex mix of factors related to:
  - Lifestyle (daily behaviors)
  - Environment
  - Heredity/genetics
- These are called *risk factors*.

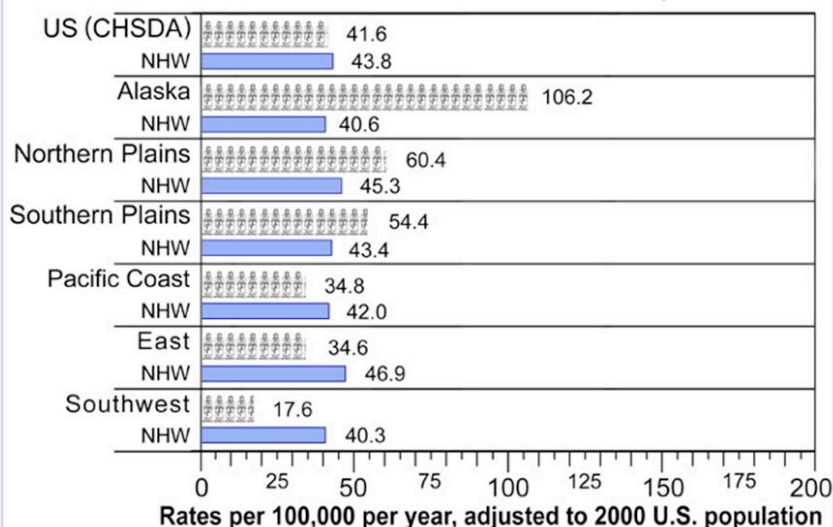
## Why was CRC less common among our ancestors?

- They had regular behaviors that were protective against colon cancer, such as
  - Exercise (to find food)
  - Little to no alcohol drinking
  - Saved tobacco for ceremonial uses
  - Healthy body weights (not overweight)

***Most colorectal problems are NOT cancer. Please talk with your healthcare provider.***

Excerpts from NACR's "Get on the Path to Colon Health"; This Fact Sheet is dedicated to Vincent Bointy (Kiowa)

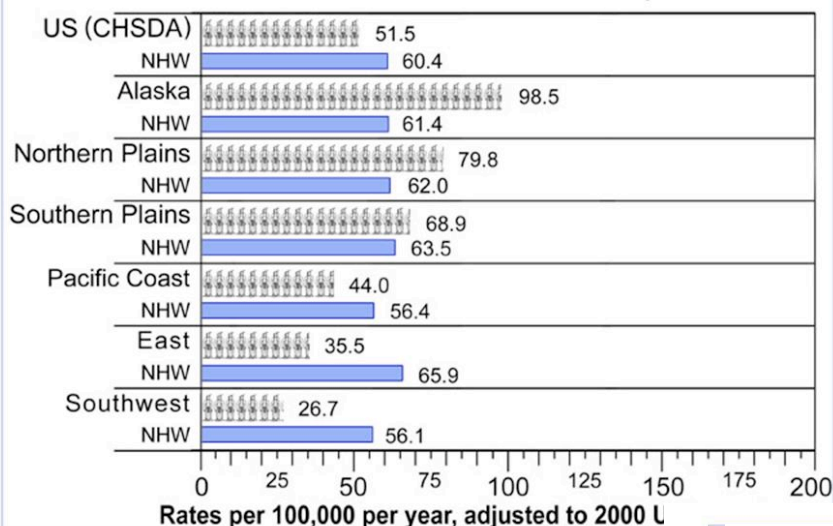
## Colorectal Cancer Incidence Rates - Females, 1999-2004



## Graph Legend

- 📍 CHSDA: IHS Contract Health Service Delivery Area
- 📍 NHW: Non-Hispanic White
- 📍 Alaska: includes *all* of Alaska
- 📍 Northern Plains: 11 states: IA, IL, IN, MI, MN, MT, NE, ND, SD, WI, WY
- 📍 Southern Plains: 3 states: KS, OK, TX
- 📍 Pacific Coast: 4 states: CA, ID, OR, WA
- 📍 East: 25 states, such as FL, GA, MO, MS, NC, NY, PA, TN
- 📍 Southwest; AZ, CO, NM, NV, UT

## Colorectal Cancer Incidence Rates - Males, 1999-2004



## What are Symptoms of Colorectal Problems?

- 📍 Most colorectal cancer has no noticeable symptoms
- 📍 Some people do notice some bodily changes
  - ⊕ Change in bowel habits
  - ⊕ Pelvic pain
  - ⊕ Constipation and/or diarrhea
  - ⊕ Weight loss (without trying)
  - ⊕ Weakness
  - ⊕ Fatigue
  - ⊕ Bleeding with bowel movement

Espey, David K; Wo, Xiao-Chen; Swan Judith; Wiggins, Charles; Jim, Melissa A.; Ward, Elizabeth; He A.G.; Miler, Barry A.; Jemal, Ahmedin; Ahmed, Faruque; Cobb, Nathaniel; Kaur, Judith S.; and Edwar to the Nation on the Status of Cancer, 1975-2004, Featuring Cancer in American Indians and Alaska I Cancer Society]. 2007 [11-15-07]; Volume 110: No. 10. [GRAPH MODIFIED BY Rick Clark, Native America](#)

## Diagnoses with Colorectal Cancer

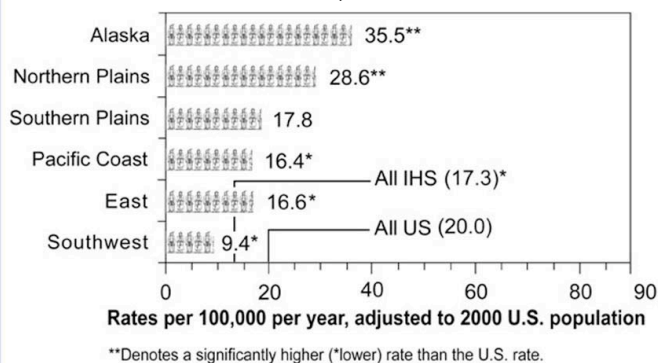
- 📍 The earlier the cancer is diagnosed and treated, the more likely the patient is to have a good outcome (i.e., Long and healthy life)
- 📍 Only 37% of all colorectal cancer patients are diagnosed when the cancer is stage 1
  - ⊕ AIANs are more likely to be diagnosed at a later stage. In some areas only 12% are stage 1 at diagnosis

<http://www.preventcancer.org/colorectal>

## What is the Difference Between “Colon” and “Rectal” Cancer?

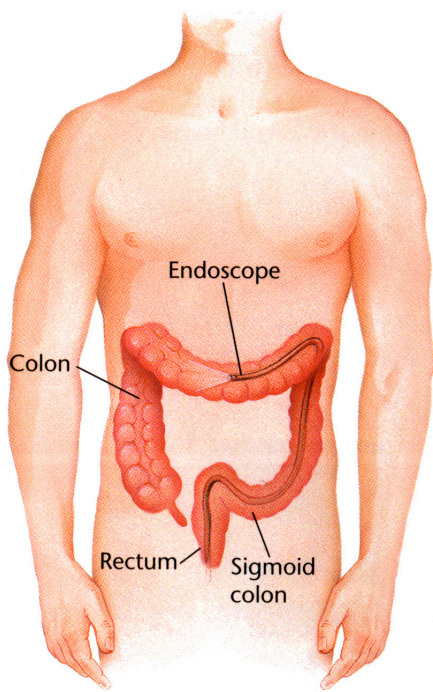
- 📍 Cancer that is in the rectum is found in the lowest part of the intestinal tract.
- 📍 Colon cancer is deeper, inside the body
- 📍 The term, **“colorectal” cancer (CRC)** is used to include cancer in any of these three areas.

## Colon/Rectal Cancer Death Rates Both Sexes, 1999-2003



\*\*Denotes a significantly higher (\*lower) rate than the U.S. rate.

Haverkamp D, Espey D, Paisano R, Cobb N. *Cancer Mortality Among American Indians and Alaska Natives: Regional Differences, 1999-2003*. Indian Health Service, Rockville, MD, February 2008. [GRAPHS MODIFIED BY: Rick Clark, Native American Cancer Research \(note horizontal grid\)](#)



## What is a polyp (“Pa-lip”)?

- It is a growth in mucous lining of the colon or rectum



Polyp



Polyp about the size of a quarter  
2 cm = .83 inches

- Most polyps are NOT cancer, but may become cancer over time

## Polyps and CRC

- Most CRC begins with a polyp
- More likely to grow polyps as we grow older
- The pre-cancerous polyps need to be removed
- Risk of developing cancer in unremoved polyps:
  - ⊕ 2.5% at 5 years
  - ⊕ 5% at 8 years
  - ⊕ 24% at 20 years
- Larger polyps (about the size of a quarter) are more likely to be cancer
- Having more than 3 polyps is more likely that a cancer is present (It increases your risk that 1 or more polyps will be cancerous)

## What is the “intestinal tract?”

- It helps remove waste matter (from undigested foods) from the body.
- The intestinal tract is about 26 feet long
- It includes the (1) small intestine, (2) large intestine and (3) rectum.
- Cancer is very rare in the small intestine

## What is the “Colon” (Coal-On)?

- The “colon” is the portion (5-7 feet) of the intestinal tract between the small intestine and the rectum.
- The left-over food products that were not used by the body move from the small intestine into the colon.
- Water is absorbed from the left-overs while the waste is in the colon.
- Bacteria in the colon break down the remaining material (food left-overs).
- Then the colon moves the leftover material into the rectum.

## What is the “rectum”?

- The “rectum” is the last 8-10 inches of the large intestine.
- The “rectum” is the storage-holder for waste (stool).
- Muscles in the rectum move the stool out of the body through the anus.

## Why are the Colon and Rectum Important?

- A healthy colon and rectum gets rid of waste matter (stool) that is not needed by the body.
- The stool is filled with bacteria so it is important to get it out of the body.
- The bacteria contributes to bloating, gas, and pain.

## CRC Myths

- Contrary to popular belief, few (17%) CRC patients have permanent colostomies (bag that collects the body’s waste materials)
- Some CRC patients will have a temporary colostomy (several weeks to a few months)

[www.preventcancer.org](http://www.preventcancer.org)



## What are protective behaviors to reduce the risk of colorectal cancer?

- 🍲 Low-fat, high fruits and vegetable diets
- 🍲 Daily physical activity
- 🍲 Maintain recommended body weight
- 🍲 Follow colon and rectal health screening guidelines
  - ⊕ If you are “high risk” (family history among parent, sibling or child; personal history of polyps, hereditary CRC in your family, tribal affiliation from Alaska,



Northern or Southern Plains), your provider may have you begin screening while you are in your early 20's

- ⊕ If you are at “normal” risk (none of the conditions from the above bullet), you should begin CRC screening by age 50 years.

✎ REMINDER: Most people have NO SYMPTOMS

**The “shield” of health** protecting against colorectal cancer may include the behaviors listed above

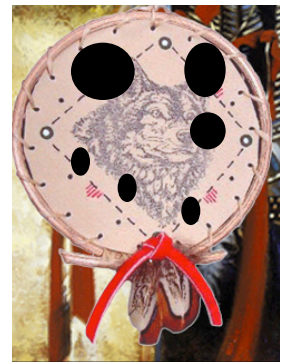
**Risks that “damage” the shield of health include:**

- 🍲 Personal history of polyps in colon
- 🍲 Growing older
- 🍲 Personal history of colon cancer
- 🍲 Personal history of another type of cancer
- 🍲 Alaska Native / Northern Plains
- 🍲 Hereditary risk (e.g., HNPCC, FAP)
- 🍲 Family history
- 🍲 Personal history of colon problems
- 🍲 Sedentary life style
- 🍲 Habitual tobacco use
- 🍲 Diabetes
- 🍲 Diet (low fiber/ folic acid)
- 🍲 Over recommended body weight by 15-20 pounds (high fat / calorie diet)
- 🍲 Drinking equivalent to more than 7 alcoholic drinks in a week
- 🍲 For post-menopausal women, not taking hormonal replacement therapy



**The shield of health / risks**

What does the shield below tell you about this man's cancer risks?



The holes mean the man has risks for CRC

Partially supported by “Native Navigators and the Cancer Continuum (NNACC) [PI: Burhansstipanov, R24MD002811]



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**Native American Cancer Survivors' Network**  
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<http://www.NatAmCancer.org>



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U01 CA 114609]