

Colorectal Cancer Awareness: Cases Rise in Younger Adults

March is National Colorectal Cancer Awareness Month, and many health providers see it as an opportunity to shine a spotlight on colorectal cancer in younger adults.

According to the American Cancer Society, since 1994, colon and rectal cancers have increased 51% among adults under the age of 50. According to Dr. Asif Quyyum, an OSF HealthCare colorectal surgeon, these changes reflect what he and his colleagues see in practice.

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Dr. Asif Quyyum, OSF HealthCare Colorectal Surgeon

“We always thought cancer, the majority of people who have cancer, are elderly or people above 65, but we’re finding it more and more with young people. We need to get out more, do more outreach to let young people know that just because you’re young doesn’t mean you can’t get cancer. And if you’re having problems, especially if you’re having problems, seek out a physician.” (:23)

Opinions vary on the reasons why people are being diagnosed at a younger age. Some epidemiologists believe that diet, too much red meat, and obesity are to blame.

Another factor may be ignoring symptoms or dismissing them as something less serious. Symptoms include left side abdominal pain, constipation, blood in the stool or any change to stool size. Fatigue and anemia are other possible factors to share with your physician.

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Dr. Asif Quyyum, OSF HealthCare Colorectal Surgeon

“Right now young people are hesitant to get screened, even if they have problems. They have bleeding from the rectum, they have change in bowel movement, they have unintentional weight loss. They are hesitant to get a screening, they are hesitant to get a colonoscopy or even see a doctor,” said Dr. Quyyum. You don’t want to detect a cancer at the later stages, because then the outcomes are not as good as detecting it earlier.” (:20)

Excluding skin cancers, colorectal cancer is the third most common cancer diagnosed in both men and women in the country. The American Cancer Society estimates nearly 105-thousand new cases of colon cancer this year alone.

Colon cancer risk varies from person to person, and according to Dr. Quyyum, the main indicator of personal risk can be found on your family tree.

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Asif Quyyum, OSF HealthCare Colorectal Surgeon

“Of all the factors you look at, family history is probably the biggest contributor. So if you have a family member with colon cancer, let’s say they had cancer found at age 50. That means you should have your colonoscopy 10 years earlier at age 40. It’s the biggest predictor of who has colon cancer. There are a lot of mutations that can lead to colon cancer, and many of them run in families.” (:26)

The gold standard in colorectal cancer screening is a colonoscopy. Colonoscopies allow physicians to view the entire colon and both detect and remove polyps, small clumps of cells that can develop into cancer, during the same procedure.

Lower risk patients may also be eligible for one of several other non-invasive tests, including home stool tests available by prescription. These tests, including Cologuard, can be done outside of a physician's office and can detect issues like blood in the stool or DNA that indicates cancer.

However, according to Dr. Omar Khokhar, an OSF HealthCare gastroenterologist, these home-based tests aren't the best form of screening for everyone.

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Dr. Omar Khokhar, OSF HealthCare Gastroenterologist

"If you have a family history of colon cancer or advanced polyps, or hereditary polyp syndrome or inflammatory bowel disease such as Crohn's disease or ulcerative colitis, your best bet for screening really should be the structural evaluation, which is colonoscopy. We really tend to steer those higher risk patients away from the other stool-based tests." (:26)

The bottom line for physicians – if you see a changes in bowl movements, talk to your doctor. No matter the recommended method for you, getting screened could be the difference between catching an issue early and waiting until it's too late.

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Dr. Omar Khokhar, OSF HealthCare Gastroenterologist

"It should be a no brainer. Just do one. I don't mind if you do the stool test, as long as you do it. It's the people who don't do anything – that's the big question mark. Those are the people who show up in the ER who are anemic and we go in and we see a big tumor and we're like, 'you know what? We could have caught that.'" (:19)

Both Dr. Quyyum and Dr. Khokhar urge patients to be an active participant in their own health. They recommend paying attention to any changes in bowel movements, limiting red meat intake, increasing daily servings of fruits and veggies, and staying at a healthy weight.