

# Canada's Silent Killer: Colorectal Cancer

*The second leading cause of death amongst Canadians*

There is something taboo about talking to your doctor about your colorectal health. Most people are terrified about what kind of tests the doctors will do if they mention anything. The facts are scary and we have to start speaking up. Colorectal cancer (CRC) is the second leading cause of death in Canada among males and females, but if it is detected early, there is a very high survival rate. Now is the time to start asking the tough questions.

Dr. Bram D. Eisenthal visited the Midnight Sun Recreation Complex in Inuvik on May 19th. Armed with facts and statistics, Dr. Eisenthal delivers the message to the public with the help of a 40-foot long Giant Colon and a cartoon doctor named Dr. Preventino. "It's a fun exhibit with a serious message," says Eisenthal. "That is the reason why The Giant Colon is so invaluable as an educational tool. It opens eyes and broadens minds and attitudes regarding the human colon, as well as minimizing the embarrassment factor that is so responsible for the ignorance of many people. You need to grab the attention of communities in a very in-your-face but non-threatening manner, which is what we do on The Giant Colon Tour."

Eisenthal works with the Colorectal Cancer Association

of Canada and is very concerned with the rates of Colorectal Cancer (CRC) in the north. "I have heard that CRC rates are very high in your part of the world, especially among the indigenous aboriginal populations. When this sort of pattern is evident, it is often environmental as well as diet-related, for instance among populations that eat a lot of red meat and non-cooked foods," states Eisenthal. "But when you discuss this with health authorities, this is conjecture, not certifiable fact. Rates are also very high in Northern Ontario, by the way, where the mining industry has a foothold historically. It makes you wonder. Still, if you eat properly - a well-balanced diet not high in animal fats, containing lots of produce, and you drink plenty of water, limit your consumption of alcohol, do not smoke and exercise, I believe your chances of not developing CRC are infinitely better."

Healthy Foods North, an organization that has been working with members of northern communities to encourage healthy diet and lifestyles, is also concerned with the new statistics on CRC. "It is very eye opening," says Lindsay Beck, coordinator of Healthy Foods North. "I wasn't sure what to expect when I heard there was a 40-foot giant colon, but being here and hearing the information has really made me think about the seriousness

of colorectal cancer." According to the NWT Department of Health and Social Services presentation titled "Cancer in the Northwest Territories 1994-2005-An epidemiological review," aboriginal groups (Dene and Inuit) had 70% more cases than non-aboriginal groups (consisting of Metis and Non-aboriginals). In total, 63% of all CRC cases occurred among aboriginal groups and 37% occurred among non-aboriginal groups. In the age group (70+ years), the incidence rate among aboriginals is 3 times higher than among non-aboriginals.<sup>1</sup>

The rates are alarming, but the main message of the Giant Colon Tour is that it is that Colorectal Cancer is "preventable, treatable and beatable." Eisenthal also states that the survival rate is up to NINETY percent if CRC is caught early, arguably the highest survival rate of any cancer. "The problem with symptoms is that they often do not appear until it is too late, till the cancer is in Stage Four and has likely metastasized to a major organ," says Eisenthal. "CRC is considered a silent killer because you often feel perfectly fine until the day you notice blood in your stool,

which is a major sign. Other signs include prolonged diarrhea or constipation, narrower-than-normal stools (for a period of time, not just occasionally), loss of appetite or unexplained weight loss, feeling of fullness in the bowel or an un-empty sensation after you have voided, constant fatigue, anemia, nausea, vomiting, abdominal pain or discomfort."

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School groups from both Samuel Hearne Secondary School and Sir Alexander Mackenzie School spent their day touring the Giant Colon. "We have encountered CRC in young adults of 24 who have died from it, but that is an obscure situation," says Eisenthal. "Generally, we target the 50-plus demographic for CRC screening, via diagnostic tests. People younger than 50 should also be aware of the signs and symptoms, especially those with a family history of colorectal cancer or those with inflammatory bowel disorders like Crohn's Disease and Ulcerative Colitis."

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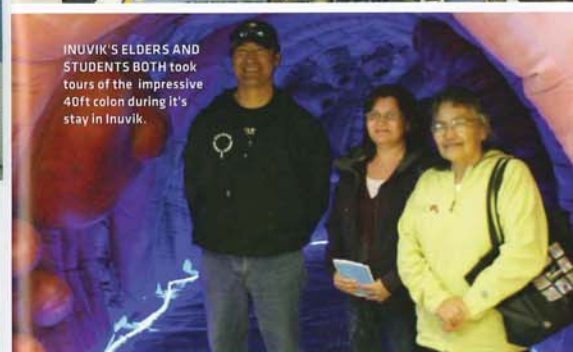
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**GIANT COLON**

**COLORECTAL CANCER FACTS**

It is the second leading cause of cancer death  
Affects men and women almost equally  
Can be prevented with early screening  
If caught early, it is 90% curable

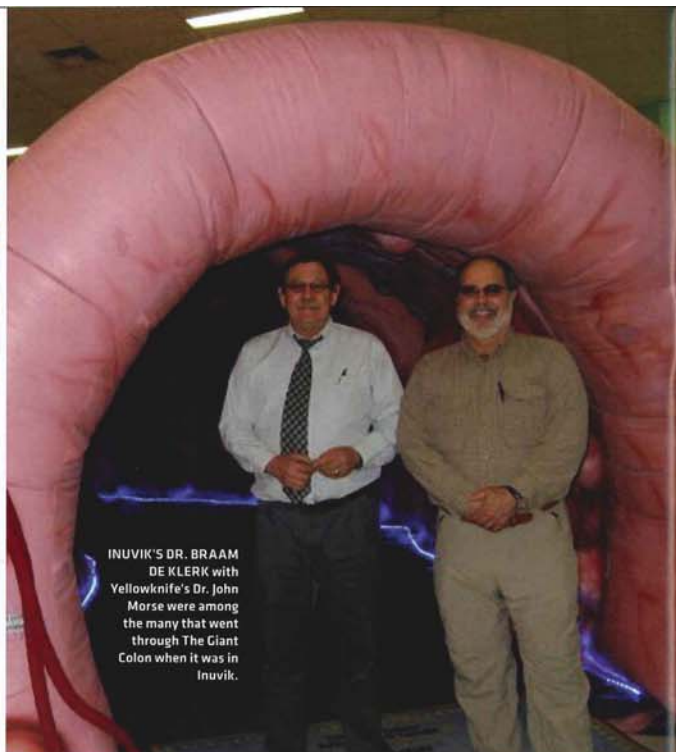
**Risk Factors include:**  
Age 50 and over  
Family history of colorectal cancer  
Personal history of polyps  
Obesity or poor diet  
Sedentary lifestyle  
Smoking or excessive alcohol consumption  
Inflammatory bowel disease - Crohn's disease or ulcerative colitis

**SYMPTOMS**

The following symptoms may indicate colorectal cancer:  
- Loss of appetite  
- Unexplained weight loss  
- Nausea, vomiting  
- Stools that are thin or bloody  
- Blood in the stool

Colorectal cancer is preventable, treatable and beatable!

Colorectal Cancer Association of Canada  
Look LIFT Get Screened!  
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1-877-80-COLON (73664)



and exercise, for those people without a genetic connection to the disease. Eat plenty of high-fiber food and produce, reduce your intake of animal fats, drink plenty of water, maintain a healthy body weight, reduce your alcohol intake and stop smoking if you are doing so. Exercise is also very important for overall health."

Overall, CRC is the second leading cause of cancer related deaths in Canada. An estimated 20,000 new cases of CRC and 8,500 deaths occurred in 2006. In the Northwest Territories, colorectal cancer and breast cancer shared the first place as the most common cancer diagnosed between 2001 and 2005, each accounting for 21% of all new cases. A major risk factor for the development of CRC is increasing age. In the NWT, 80% of the new cases between 1994-2005 were found in people aged 50 or older.<sup>2</sup> "Again, everyone should be checked by age 50," says Eisenthal. "It is NOT a part of a routine checkup, though it should be. Be proactive and discuss this with your doctor. It's your life." →



FOR MORE INFORMATION ON COLORECTAL Cancer, please visit [www.colorectal-cancer.ca](http://www.colorectal-cancer.ca)

1 - COLORECTAL CANCER ASSOCIATION OF CANADA. DID YOU KNOW? WWW.COLORECTAL-CANCER.CA  
2 - "AN EPIDEMIOLOGICAL REVIEW OF COLORECTAL CANCER IN THE NWT 1984-2005." DEPARTMENT OF HEALTH AND SOCIAL SERVICES NWT CANCER REGISTRY. YELLOWKNIFE, NT. POWERPOINT PRESENTATION, MARCH, 2007.

**ADDITIONAL FACTS AND FIGURES:** The cause of CRC is unknown; however, a number of risk factors that seem to increase the chances of developing CRC have been identified.

**RISK FACTORS ASSOCIATED WITH THE DEVELOPMENT OF CRC**

- Age**
- As a person ages, the risk of CRC increases. Approximately nine out of ten people diagnosed with CRC are age 50 or older.
- Family History and Heredity**
- People who have 2 or more first-degree relatives with colorectal cancer have an increased, age adjusted relative risk of colon cancer.
  - People with familial adenomatous polyposis (hereditary condition associated with the presence of hundreds or even thousands of colonic polyps) are at increased risk.
  - People with hereditary nonpolyposis colon cancer (hereditary cancer syndrome which carries a very high risk of CRC; a person with this syndrome carries an 80% lifetime risk of CRC)<sup>8</sup>. Most people with this syndrome have 3 family members affected with CRC, 2 of whom are in successive generations and at least 1 under the age of 45 years.
- Disease**
- People with lower intestinal disease such as ulcerative colitis, Crohn's Disease or Inflammatory Bowel Disease have been shown to have an increased risk of CRC.
- Diet**
- A diet high in red meat and low in fruits and vegetables may increase the risk.
- Weight**
- Obesity and lack of physical activity increase the risk of CRC.<sup>7</sup> Moderate physical activity for 30 minutes or more on most days of the week is recommended to help reduce risk.
- Alcohol Consumption**
- Alcohol, especially beer, may increase the risk. Lower rates of CRC have been found in those who do not drink alcohol.
- Smoking**
- Smoking not only increases the risk of developing CRC but also the development of precancerous polyps.

**GIANT COLON**  
MARCH 2007

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- Affects men and women almost equally
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**Risk Factors include:**

- Age 50 and over
- Family history of colorectal cancer
- Personal history of polyps
- Obesity or poor diet
- Sedentary lifestyle
- Smoking or excessive alcohol consumption
- Inflammatory bowel disease - Crohn's disease or ulcerative colitis

**SYMPTOMS**

**The following symptoms:**

- Loss of appetite
- Unexplained weight loss
- Nausea, vomiting
- Narrower than normal stools
- Blood in the stool

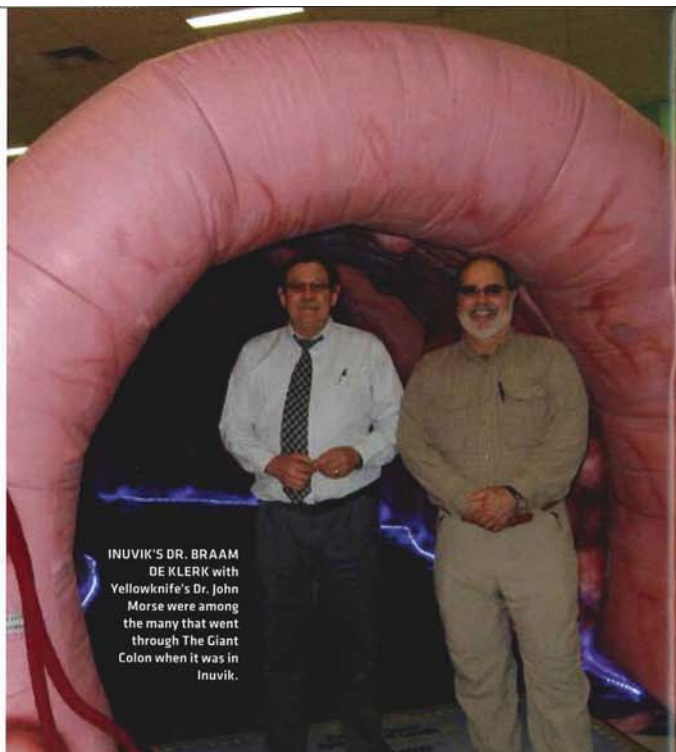
**Warning Colorectal cancer:**

- Abdominal pain/bloating or cramping
- Fatigue that the toilet does not empty
- Anal or colonic pain
- Abnormal pain or discomfort

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