

The future of cancer care

Colorectal cancer screening

A matter of life and death

Perhaps the greatest tragedy surrounding colorectal cancer isn't the fact that each year the disease strikes enough Canadians to populate a town roughly the size of Corner Brook, Nfld. – 20,800 in 2007 alone. Or worse, that 8,700 families (approximately one every hour) will lose a husband, wife, mother, father, brother or sister to this disease. No. Experts say the greatest tragedy is that the vast majority of those deaths could have been prevented, using knowledge and therapy we already have.

For starters, a healthy lifestyle substantially reduces the odds of ending up with the disease. For example, in one study, a high-fibre, low-animal-fat diet plus 20 minutes of daily exercise appeared to reduce colorectal cancer risk by 50 per cent, notes Barry Stein, president of the Colorectal Cancer Association of Canada (CCAC).

But that's not all. "Ninety per cent of deaths from colorectal cancer are preventable by early detection," explains Dr. Scot Dowden, a medical oncologist at the Tom Baker Cancer Centre, and an assistant clinical professor at the University of Calgary.

Dr. Dowden is not alone in his conviction. Experts resoundingly agree that the vast majority of cancers of the rectum and colon could be cured, or prevented entirely, if everyone at risk (people 50 and older, and younger individuals with a family history of colorectal cancer) was systematically screened with existing tests.

Colorectal cancer is a slow-moving disease. It is entirely preventable when detected in its earliest stages, before precancerous growths called polyps morph into malignant tumours.

Unfortunately, while organizations such as the Canadian Association of Gastroenterology have long recommended that all Canadians aged 50 to 74 get screened for colorectal cancer, most of us haven't been acting on this good advice. For instance, researchers at the Institutes for Clinical Evaluative Sciences in Toronto estimate that a mere 20 per cent of Ontarians in the target age group now undergo any form of screening.

Fortunately, this should

Treatment Options

- Surgery alone (removal of the tumour)
- an option for patients diagnosed with all forms of colorectal cancer
- Surgery plus adjuvant chemotherapy
- an option for patients with early stage colon cancer (stage III)
- may be considered in colon stage IIB (high-risk patients)
- may be considered along with radiotherapy for patients with rectal cancer
- Chemotherapy alone
- an option in the metastatic setting, for both colon and rectal cancer

soon begin to change. Alberta, Manitoba and Ontario are poised to launch comprehensive screening programs similar to those already in place for breast and cervical cancer – a measure expected to raise awareness of the disease and encourage more people to get checked for it. (British Columbia, Quebec and Nova Scotia may follow close behind.) "It's long overdue, but we're pleased that several provinces are introducing provincial programs," says Dr. Jean Maroun, a medical oncologist at the Ottawa Hospital Regional Cancer Centre.

Most of these programs will be based around a simple and inexpensive tool called the fecal occult blood test (FOBT). Using

an at-home kit, an individual collects three random stool samples, which are then supplied to a lab for the detection of blood. Since tumours and cancer are prone to bleeding, "If the test is positive, that implies there may very well be something lurking in the colon that needs to be looked for," Dr. Dowden explains. This is usually done with a more sensitive test, or procedure such as a colonoscopy, which involves using a tiny camera mounted on the end of a thin, flexible tube, to examine the inside walls of the rectum and colon.

The FOBT isn't perfect – since not all polyps bleed, and those that do only do so intermittently. As a result, the test may not catch all cancers and polyps. However, because most polyps take about a decade to develop into a cancer, and colorectal cancers are typically slow-growing, redoing the FOBT every year or two improves the likelihood that a cancer will be found while it's still curable.

"There is data to show that screening with fecal occult blood can decrease the death rate by up to 30 per cent," Dr. Maroun observes.

While that's less than the 90 per cent drop many experts believe could be achieved by using colonoscopy as a screening tool, screening advocates such as Barry Stein say "it would be a great start."

Not only are the newly organized screening programs expected to save lives, they should save money as well. "Screening is very cost-effective," says Dr. Dowden. That's because, with routine testing, many cancers can be prevented completely, or detected at a stage when they can be cured



PHOTO: ISTOCKPHOTO.COM

Advocates recommend that men and women over the age of 50 get screened for colorectal cancer. Detected early, the disease is preventable. When left to advance, it is potentially deadly, a fact that has made colorectal cancer one of North America's most lethal cancers.

with surgery alone – thereby avoiding the need for radiation and chemotherapy.

But this can only be achieved if individual Canadians overcome their reluctance

to talk about colorectal cancer and get tested, notes Dr. Dowden. "The trouble with colorectal cancer is that nobody talks about it – it's a taboo subject. People have to realize that it's a

deadly disease if not caught."

Chiming CCAC's public awareness slogans, Barry Stein says, "Love life. Get Screened." and "Don't die of embarrassment." ■

Colorectal cancer

Statistics illustrate risk and results

Every day approximately 57 Canadians are diagnosed with tumours of the colon and/or rectum, and roughly two dozen die of these cancers – that's one death nearly every hour. Barry Stein, president of the Colorectal Cancer Association

of Canada, says the morbidity rate is the same "as a plane with 167 passengers going down every single week."

With an estimated 20,800 new cases expected in 2007, Canada has one of the highest rates of colorectal cancer in

the world. Who is at risk? Statistics paint a clear picture:

- Colorectal cancer is almost equally common in men and women.
- Over a lifetime, one in 14 men will develop colorectal cancer; one in 28 will die of it.
- Over a lifetime, one in 16

women will be diagnosed with colorectal cancer; one in 31 will die of it.

• The chances of developing colorectal cancer start to spike sharply at age 50. Of the 20,800 Canadians diagnosed with it this year, roughly 19,500 will be 50 or older. ■



PHOTO: ISTOCKPHOTO.COM

Regular exercise and a diet rich in fibre are two ways to help reduce the risk of developing colorectal cancer. Sadly, Canada has one of the world's highest rates of the disease, which is expected to kill 8,700 Canadians this year.

Life-saving measures

Get screened

So what's involved in screening for colorectal cancer? And who should get tested? Read up, and then discuss these matters with your doctor. It could save your life.

Common screening tests

A **Fecal Occult Blood Test (FOBT)** involves testing a stool sample for microscopic traces of blood, which can indicate the presence of precancerous polyps or tumours in the colon or rectum. While this test is non-conclusive, it is a non-invasive, inexpensive first line of defence that can be repeated every year or two.

Colonoscopy is the gold standard for colorectal cancer screening. This procedure, which involves viewing the inside of the colon with a tiny camera mounted on a thin, flexible tube, is also used to follow up positive FOBT tests. While more invasive and expensive than FOBT, it's much more accurate, and thus, in most cases, need only be repeated every 10 years. If polyps are found during a colonoscopy, they are removed at the time, without surgery.

Screening recommendations

Most people should start getting screened for colorectal cancer at age 50, when risk of the disease starts climbing. However, individuals with a close family member who was diagnosed with colorectal cancer or pre-cancerous polyps before age 50 are usually advised to undergo a colonoscopy at 40, or when they're 10 years younger than the relative was when first diagnosed – whichever comes first. ■

The future of cancer care

profile

Neil Crone

Cancer survivor, actor

As the actor who plays small-town Canada's answer to Rush Limbaugh on CBC's *Little Mosque on the Prairie*, Neil Crone is no stranger to making people laugh about uncomfortable subjects. Since being diagnosed with colorectal cancer three years ago at age 43, the father of two boys has also used his talent to shed light on the disease he cheekily dubs 'bum cancer.'

Chronicling his experience in a series of newspaper columns and blog entries, Mr. Crone shares his frank,



Actor Neil Crone is lending his celebrity to the Colorectal Cancer Association of Canada's efforts to encourage Canadians to get screened for the slow-moving, deadly disease.

funny musings that deal with subjects ranging from a doctor's dour demeanor to his "near-Biblical" case of diarrhea brought on by a particularly heavy bout of radiation and chemotherapy. "I didn't think I could make the ride down to Sunnybrook unless one of us was wearing Depends and maybe a snorkel," he writes.

"I refer to it as pulling cancer's pants down – sort of embarrassing it, and talking about it," he says.

Simply talking about the disease could save many people from having to go through the kind of treatment Mr. Crone endured after a peach-sized tumour was discovered during an operation intended to repair a lesion in his colon. At the time of his diagnosis, Mr. Crone's cancer was so advanced, doctors didn't hold out much hope for a cure.

Sadly, had he known the disease lurked in his family tree, Mr. Crone could have opted to be screened for the disease and potentially stopped it in its tracks before it came cancerous and required treatment. Apart from age, a family history of colorectal cancer is one of the disease's strongest predisposing factors.

"Since then, everybody in the family has been scoped," he says, referring to colonoscopy, a test used to detect precancerous growths and tumours in the colon and rectum.

Mr. Crone also wants to dispel public discomfort with colonoscopy. "A lot of people have hang-ups about it, but it really is nothing," he insists. "My doctor puts me right out, and I wake up shortly afterwards feeling great. One good fart and you're good to go."

Happily, 'good to go' was also the verdict Mr. Crone's oncologist recently delivered at his last follow-up visit, when the cancer specialist officially pronounced him cured. Afterward, Mr. Crone wrote: "I wouldn't wish cancer on anyone, but I do sincerely hope that all of you will have the chance to feel as good as I do today."

profile

Roslyn FitzPatrick

Cancer survivor, screening advocate

Roslyn FitzPatrick of Thornhill, Ont., owes her life to a doctor who specializes in palliative care – an ironic twist in this colorectal cancer survivor's triumphant tale.

Five years ago, Mrs. FitzPatrick was a 42-year-old stay-at-home mom, when her father was diagnosed with terminal melanoma. Conversations with her father's palliative care physician led to Mrs. FitzPatrick's awareness of a family history of colon cancer on her dad's side of the family, she says. On the doctor's recommendation, Mrs. FitzPatrick and her siblings sought genetic testing and screening for colorectal cancer.

Following that advice proved life saving. Not only did doctors identify a gene that raises the risk of various forms of cancer in her family, colonoscopies conducted on her and her siblings turned up a tumour in Mrs. FitzPatrick. "My brothers and sisters were fine, but they found a tumour in me. I was diagnosed with early stage II, which meant that it had already gone through

some of the muscle wall, but hadn't spread any further."

Looking back, she realizes that she had been showing symptoms that can point to the disease – gas, bloating, blood in the stool, and narrowed stools. Unwittingly, she had chalked these up to everything from lactose intolerance to hemorrhoids. "I had a reason for everything," she recalls.

She also remembers some dark days after getting the news that she had cancer. "All I could think about was my daughters. One day you're fine, the next, you're thinking, 'will I see their weddings; am I going to see their first boyfriends?'"

Thankfully, surgery to remove her tumour and prevent recurrences was successful. Mrs. FitzPatrick just celebrated her fifth anniversary of being cancer-free. Today, in between accompanying her daughters on school trips and driving them to soccer practice, she volunteers with the Colorectal Cancer Association of Canada to raise awareness of the disease. "That palliative care doctor, and early detection, saved my life," she says gratefully.



Colorectal cancer survivor Roslyn FitzPatrick is flanked by her daughter Amanda (aged 9, left), husband Andrew and daughter Kathleen (aged 7, right).

There are thousands of ways to show you care: working to improve health is one of them.



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