

Colon Cancer: What We Need to Know

Colorectal cancer affects the cells of the colon and rectum within the intestinal tract. Colorectal cancer is the third most common cancer in both men and women in the US. Over the past five years, 145,000 cases of colorectal cancer were diagnosed annually while nearly 50,000 mortalities were reported each year. According to the National Cancer Institute, the estimates for year 2009 include 106,100 colon cancer cases and 40,870 rectal cancer cases, with 49,920 deaths from both cancers.

In Texas, incidence of colon cancer is highest among minority groups especially within the African American and Hispanic populations. Colorectal cancer ranks third for all races and gender in Texas. In men, it is the third most common cancer after prostate and lung cancers while in women, it comes in third after breast and lung cancer. Colorectal cancer is more likely to occur in people 50 years and older and more than 90% of confirmed cases were diagnosed after age 50.

Risk Factors

Several factors have been identified that can increase the risk of developing colorectal cancer:

Colorectal polyps: Polyps are growths on the inner wall of the colon or rectum. Most polyps are non-cancerous, but some known as adenomas can become malignant. Removing polyps may reduce the risk of cancer.

Ulcerative colitis or Crohn's disease: A person who has had a condition that causes inflammation of the colon (ulcerative colitis or Crohn's disease) for many years has an increased risk of developing colorectal cancer.

Hereditary nonpolyposis colon cancer (HNPCC) is the most common type of inherited (genetic) colorectal cancer. It accounts for about 2 percent of all colorectal cancer cases. It is caused by changes in the HNPCC gene. Most people with an altered HNPCC gene develop colon cancer, and the average age at diagnosis of colon cancer is 44.

Familial adenomatous polyposis (FAP) is a rare, inherited condition in which hundreds of polyps form in the colon and rectum. It is caused by a change in a specific gene called the APC gene. Unless FAP is treated, it usually leads to colorectal cancer by age 40.

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From left: Dr. Albert Ferro, Executive Director of the Colon Cancer Challenge Foundation; Mr. Afam Umeh and Mr. Austin Uzomah representing ACCI during the 7th Annual New York Colon Cancer Challenge at Central Park in New York City on March 28th, 2010.

Upcoming Events at ACCI

- ◆ **Cancer Awareness Seminar (September 18, 2010, 9am to 3pm):** Learn about the latest research on cancer screening modalities and the impact of the new cancer screening guidelines. Learn more about the new healthcare bill, its impact on cancer screening and what it means for cancer patients. Continuing education credit opportunities will be provided for health professionals. Venue: **India House, 8888 W. Belfort Rd, Houston, TX 77031** (Between S. Gessner and Plainfield).
- ◆ **October Medical Mission (October 15-29, 2010):** This mission will feature public lectures, cancer screenings and cancer Walk-A-Thon. To join or donate towards the mission, please email info@afriacancercareinc.org or call (713)995-8000. Location to be determined.
- ◆ **2010 ACCI Banquet Night (October 30, 2010):** Join us as we celebrate the individuals and volunteers whose tireless efforts have helped further our cause for cancer prevention.

Colon Cancer (contd)

Other risk factors includes diets high in animal fat and low in calcium, folate, and vegetable fiber, smoking, alcohol, family history and lack of physical activity.

Prevention

- Family members of people who have HNPCC or FAP can obtain a genetic test to check for specific genetic changes. Healthcare providers can suggest ways to reduce the risk of colorectal cancer if genetic abnormalities are present.
- Eating more fish and chicken (white meat) in place of red meat and processed meat will decrease animal fat intake and decrease risks of developing colorectal cancer. Diets rich in fruits and vegetables provide necessary fibers that help food and waste materials pass through the colon and rectum with ease. Decreasing alcohol consumption also improves chances of not having colorectal cancer.
- Routine screening for colorectal cancer helps in identifying and removing precancerous lesions (adenomatous polyps). Since people who have been treated for colorectal cancer may become affected a second time, it is important to maintain regular check-ups. People who think they may be at risk should seek medical advice about getting screened.

Screening Guidelines

Regular screening is recommended for adults 50 years and older. Treatment for colorectal cancer is more likely to be effective when the disease is detected at an early stage. The following screening tests can be used to detect polyps, cancer, or other abnormal areas.

Fecal occult blood test (FOBT): Sometimes cancers or polyps bleed, and the FOBT can detect tiny amounts of blood in stool. If blood is detected, other secondary tests are needed to determine the exact source of blood because benign conditions such as hemorrhoids also can cause blood in the stool.

Rectal exam: A rectal exam is often part of a routine physical examination. The physician palpates the rectum to feel for abnormal areas.

Sigmoidoscopy: The rectum and the lower part of the colon are examined with a lighted tube called a sigmoidoscope. Any polyps found are removed through a procedure called a polypectomy.

Colonoscopy: The interior part of the rectum and entire colon are examined using a long, lighted tube called a colonoscope.

Double-contrast barium enema: An enema containing barium solution is given and air is pumped into the rectum. X-ray images are taken of the colon and rectum. Barium and air help to develop clearer images of the colon and rectum. Polyps or tumors if present may show up on the image.

By Dr. Eucharía Iwuanyanwu, PA-C

National Cancer Awareness Months

There are certain months of the year designated to create awareness for certain cancers. For instance, October is known for breast cancer and many activities designed to promote breast cancer awareness are usually scheduled around this month. Other months include:

January: Cervical Cancer Awareness Month

February: National Cancer Prevention Month

March: Colorectal Cancer Awareness Month

April: Oral, Head & Neck Cancer Awareness Month, Testicular Cancer Awareness Month, National Minority Cancer Awareness Week, Cancer Control Month, Cancer Fatigue Awareness Day

May: Melanoma/Skin Cancer Awareness Month, Brain Tumor Action Week, Blood Cancer Advocacy Day

June: Sarcoma Awareness Week Month, National Cancer Survivors Day

September: Childhood Cancer Awareness Month, Gynecologic Cancer Awareness Month, Leukemia and Lymphoma Awareness Month, Ovarian Cancer Awareness Month, Prostate Cancer Awareness Month, Thyroid Cancer Awareness Month

October: Breast Cancer Awareness Month, National Mammography Day

November: Lung Cancer Awareness Month, Pancreatic Cancer Awareness Month, National Marrow Awareness Month

Source: 2010 National Health Observances, National Health Information Center, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Washington, DC.

January Health Screening



In recognition of January as National Cervical Cancer Awareness Month, ACCI hosted a free community screening event on January 30, 2010. Through the assistance of numerous volunteers and health professionals, ACCI provided free Pap smears to low-income, minority women in south-east Houston.

ACCI Walks With Sisters Network

ACCI joined Sisters Network Inc. last April to celebrate National Minority Cancer Awareness Week by participating in their 1st National African American Breast Cancer 5K Walk/Run on April 10, 2010 at Emancipation Park in Houston's Third Ward area.



Minority Cancer Awareness Week



ACCI also recognized the month of April as National Minority Cancer Awareness Week by providing free mammograms, Pap smears and health checkups to low-income, minority women. These services were offered at the main offices located at 6011 Telephone Road.

Spring 2010 Medical Mission to Delta State, Nigeria

ACCI took its spring 2010 medical mission to Delta State, Nigeria from March 3 - 15, 2010. The organization collaborated with the Amobi Okoye Foundation of Houston on this mission to make it a successful one. While the Amobi Okoye Foundation worked with the Delta State Sports Commission to organize an athletic camp for the youths in the city of Warri, ACCI worked within the community to bring cancer education and free screening to the people. Our medical team composed of volunteers from US and Nigeria worked out of Koko Hospital in Warri. The hospital had a lot of equipment which had not been put to use in a while and we were quite glad to have such amenities at our disposal for the mission.

The first day began with a general public education. Various cancers such as breast, colon, cervical and prostate cancers were discussed to enlighten the masses about this worldwide epidemic. Most of the male audiences were surprised to learn that men do suffer from breast cancer. Dr Odo, one of the local volunteers, was very eloquent as he spoke to the audience about prostate cancer. He encouraged all the men to routinely screen for prostate cancer on a yearly basis at their local clinics for their own benefit. Dr. Iwuanyanwu advocated that the women should consider saving 100 naira a month and on their birthdays to give themselves a personal gift by having a 'well woman check-up' which should include a physical breast examination, Pap smear and mammogram. Self breast exams were demonstrated and models were passed around so that the audience could participate in the learning process and know what an abnormal breast lump felt like.



The rest of the week was spent consulting and providing breast exams, Pap smears, and digital rectal exams with occult blood tests. Biopsies and Pap smears were interpreted by the team pathologist, Dr. Banjo, a local volunteer from University of Lagos Teaching Hospital. Results were released during the last two days of the mission. Abnormal cases were referred to the General Hospital in Warri or the University of Benin Teaching Hospital. A total of 524 patients were screened. We found 10 high-grade cervical lesions and 30 low-grade lesions and 5 advanced breast cancer cases. Dr. Iwuanyanwu made a special plea on behalf of a woman with advanced breast cancer and received a commitment from the Commissioner for Health of Delta State for her to obtain treatment at the University of Lagos Teaching Hospital.

This mission also took us to Demonstration High School in Warri where we educated 12-17 year olds about breast and cervical cancers. We also visited the National Youth Service Corps camp at Isele Ukwu on the invitation of the First Lady of Delta State. This camp is a site for recent college graduates serving their one year of national service. Dr. Iwuanyanwu addressed approximately 5000 youth corpsers for two hours on the issue of cancer prevention. The crowd listened attentively as she discussed the barriers of cancer awareness in the country, the importance of routine screening, risk factors, signs and symptoms of breast, cervical, prostate and colorectal cancers.

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