People with longstanding ulcerative colitis or Crohn’s disease involving the colon are at an increased risk of developing colorectal cancer.

Colorectal cancer is the second-leading cause of cancer-related deaths in this country.

It is preventable and treatable when found early.

Regular screenings and early detection are crucial.

Inflammation and Colorectal Cancer

Longstanding inflammation of the colon can damage the intestinal lining over time, increasing the risk of colorectal cancer.

Risk Factors

- Risk increases after 8 to 10 years of Crohn’s disease and ulcerative colitis symptoms.
- Risk increases with more extensive or more severe colon inflammation.
- Primary sclerosing cholangitis (bile duct inflammation/scarring)
- Family history of colorectal cancer

SYMPTOMS

Symptoms usually are not present. When present, may be similar to Crohn’s disease or ulcerative colitis symptoms and include:

- Diarrhea or Constipation
- Blood in the Stool
- Change in Stool Consistency or Frequency
- Weight Loss or Fatigue
- Abdominal Discomfort, Cramping, Gas
- Feeling of incomplete bowel emptying

Screening

- Colonoscopy every 1 to 2 years is recommended.
- Begin after 8-10 years of IBD symptoms.
- Repeat colonoscopy every 1 to 2 years.
- Your doctor will recommend timing of your next exam.
- Finding colorectal cancer is easiest when Crohn’s disease or ulcerative colitis inflammation are controlled.
- Good bowel preparation before a colonoscopy is very important!
  » The colon should be extremely clean!
  » If the stool cannot be washed from the walls, small or concerning areas can be missed.

Reducing Your Risk

- See your gastroenterologist, at least once per year.
- Keep a list of symptoms or concerns and discuss these with your doctor at clinic visits.
- Take your Crohn’s disease and ulcerative colitis medications to keep your colon inflammation well-controlled. Continue your medications, even when feeling well.
- Notify your doctor if a family member develops colorectal cancer.
- Exercise and eat a healthy diet.