

# Bringing to Light the Risk of Colorectal Cancer among Crohn's & Ulcerative Colitis Patients



**KNOW YOUR**  
a b c  
c's  
Be Aware of  
the link Between  
Colitis, Crohn's &  
Colorectal Cancer

## What are the A,B,C,C's?

“Awareness of the link **B**etween ulcerative **C**olitis, Crohn’s disease and **C**olorectal **C**ancer (CRC).” Each year in the U.S., 147,000 new cases of CRC are diagnosed and more than 57,000 people die from the disease—making it the second-leading cause of cancer-related deaths in this country. While these statistics are scary, keep in mind that most people with Crohn’s or colitis will not develop CRC. What’s more, despite the risk factors, CRC is highly treatable in the early stages. That’s why regular screenings and early detection are crucial.



## What is the connection between Crohn’s Disease/ Ulcerative Colitis and Colorectal Cancer?

Crohn’s disease and ulcerative colitis, collectively known as inflammatory bowel disease (IBD), are chronic diseases that inflame the digestive or gastrointestinal (GI) system. Specifically, ulcerative colitis inflames and causes sores in the colon, while Crohn’s disease can inflame any part of the GI tract, including (in some cases) the colon. If you have had inflammation of the colon, you are at a higher risk for developing CRC than the general population (unless your inflammation is limited to the very bottom of the rectum). If your Crohn’s is limited to the small intestine, you are at a slightly increased risk for cancer in the areas that were inflamed. Even if your disease is in remission, you remain at risk.

The two factors that are associated with increased cancer risk are disease duration and the extent of the colon involved. The risk for CRC doesn’t start increasing until eight to 10 years after you develop Crohn’s disease or ulcerative colitis. People whose entire colon is involved have the greatest risk, and those with inflammation of the rectum only have the least risk. Finally, a rare complication of IBD is a chronic liver disease known as primary sclerosing cholangitis (PSC), which causes bile duct inflammation. If you have either PSC or a family history of CRC, you may have a higher risk of developing CRC *before* the eight-to-10-year period. It is important that you speak to your physician about when your screenings should begin.

Knowledge of the IBD-CRC connection, along with annual screenings, may lead to early treatment, which can help reduce the potential life-threatening consequences of CRC.

## What are some of the common signs and symptoms of CRC?

Some of the symptoms below, such as diarrhea or rectal bleeding, can be early warning signs of CRC in the general population. But they are difficult to assess in people with Crohn's or colitis, because they may represent a flare-up of IBD. If you are experiencing any of these symptoms, speak to your doctor:

- Change in the frequency of bowel movements
- Diarrhea, constipation, or feeling that the bowel does not empty completely
- Bright red or very dark blood in the stool
- Stools that are narrower than usual
- General stomach discomfort such as frequent gas pains, bloating, fullness, and or cramps
- Weight loss with no known reason
- Constant fatigue
- Vomiting

## How is CRC diagnosed?

The best way for doctors to detect early signs of cancer in people with IBD is to perform a colonoscopy. This screening tool makes it possible for doctors to determine how much colitis is in the colon and the level of inflammation, and to find out if there are any cancerous or pre-cancerous changes on random biopsies or in bumps or polyps.

## If I have IBD, how often should I be screened or get a colonoscopy?

CRC risk applies to patients with active or inactive IBD. CRC risk also depends on the length of time a person has had IBD, as well as the condition of the colon. That is why it's important to see your doctor for a routine colonoscopy every one to two years once you have had colitis or Crohn's disease involving the colon for 8-10 years.



## How can I decrease my risk for developing CRC?

- If you have been diagnosed with Crohn's disease or ulcerative colitis, see your gastroenterologist annually for a general checkup, regardless of how healthy you feel
- Discuss any concerns you may have with your doctor
- Report any changes in symptoms
- Help keep your disease under control by staying on your medications, even when you're feeling well
- You and your doctor should review the medications you are currently taking
- Update your doctor on family history for colorectal cancer
- Although there is no cure for IBD, early detection is critical to reducing your risk for CRC
- Exercise and eat a healthy diet
- As a chemopreventive measure, your doctor may suggest you take medications like sulfasalazine or mesalamine, which help control the inflammation of IBD and may also reduce the risk for developing CRC.
- Log on to the Crohn's & Colitis Foundation of America Web site, [www.cdfa.org](http://www.cdfa.org), for more information about Crohn's disease, ulcerative colitis, and colorectal cancer.



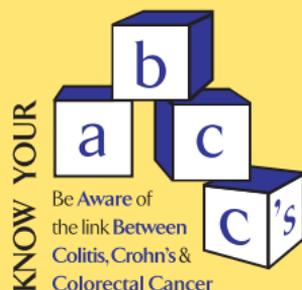
## Am I at risk for CRC?

Just about everyone is at risk for CRC. However, there are several key factors that may put you at increased risk.

### Risk factors for developing CRC (check all that apply):

- Diagnosed with Crohn's disease involving the colon or ulcerative colitis
- Eight- to 10-year history of Crohn's disease or ulcerative colitis
- A personal or family history of colorectal polyps or colorectal cancer
- A personal history of bile duct inflammation (primary sclerosing cholangitis)
- Genetic syndromes such as familial adenomatous polyposis (FAP) or hereditary nonpolyposis colon cancer (HNPCC)
- Appearance of polyps or bumps in the colon
- Appearance of dysplasia (changes in cells that are precursors of cancer) of the colon or rectum

If you've checked any of the boxes in the above checklist, take this brochure along with you to your next doctor's appointment. Speak with your doctor about your risk factors for developing colorectal cancer and what you can do to reduce your risk.



## About “Know Your A,B,C,C’s”

Know Your A,B,C,C’s is an educational campaign that aims to raise awareness about the increased risk for colorectal cancer among patients with Crohn’s disease and ulcerative colitis. The campaign is a result of a scientific workshop attended by experts around the world to discuss the connection between colorectal cancer and IBD, the call for education among patients with Crohn’s or UC, as well as the need for routine colonoscopy exams. The proceedings from this consensus workshop were published in the March 2005 issue of *Inflammatory Bowel Diseases*.

The program’s objective is to encourage people with Crohn’s disease or ulcerative colitis to seek regular screenings for colorectal cancer, as well as adopt chemopreventive measures to reduce the risk of developing CRC.

For additional information, patients can log on to the Crohn’s & Colitis Foundation of America (CCFA) Web site, [www.ccfa.org](http://www.ccfa.org), to download educational materials, see a Webcast featuring leading gastroenterologists, and get information about local CCFA chapter educational seminars taking place throughout the country.

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