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- Speaker 1: Welcome to the Cancerwise Podcast where we'll discuss cancer prevention, treatments, the latest in research and important news around cancer. Brought to you by the University of Michigan Health Rogel Cancer Center.
- Erica Bass: Welcome all my name is Erica Bass and I am the Rogel Cancer Center's multimedia producer. I recently had the chance to sit down with our next guest to learn more about colorectal cancer, it's signs and symptoms, the treatment prevention and screening options and patient care that can be expected here at Michigan Medicine.
- Maureen Pickle: My name is Maureen Pickle, and I'm a physician assistant at Michigan Medicine's Rogel Cancer Center.
- Erica Bass: Okay Maureen, our first question today is what is the difference between colon and rectal cancer and why do they get combined?
- Maureen Pickle: Colon and rectal cancers get combined because they're both part of the lower digestive tract. Colon cancer refers to cancers that occur in the first four and a half feet of the large and intestine. Rectal cancers referred to the last six to nine inches of the digestive tract.
- Erica Bass: So are there signs and symptoms that people can be aware of?
- Maureen Pickle: Unfortunately, colon and rectal cancers often do not have symptoms that show up for patients. However, unexplained weight loss, unexplained anemia, change in bowel habits or abdominal pain are some common symptoms that can occur when colon and rectal cancers appear.
- Erica Bass: Okay. So in that case, what are the treatment options for colorectal cancer?
- Maureen Pickle: The treatment for colon and rectal cancer largely depends on the staging of the tumor. The most common form of treatment is a removal of the portion of the colon where the tumor exists and the healthy surrounding tissue on either side of the tumor. We also use chemotherapy and chemoradiation to treat colon and rectal cancer.
- Erica Bass: Could you talk to us about colorectal cancer prevention and its screening options?
- Maureen Pickle: We've learned a lot about colon and rectal cancer prevention over the years. We know that physical activity of greater than 140 minutes throughout the week in addition to a consumption of whole grains and dietary fiber are associated with a decreased risk for colon and rectal cancer. We also know that consumption of red meat and processed meat, in addition to greater than two servings of alcohol daily are associated with an increased risk for colon and

rectal cancer. Obesity and being overweight are also associated with an increased risk.

Erica Bass: And then in terms of screening options for the general public, are there opportunities for this just in case someone wants to be screened or maybe they have a genetic history?

Maureen Pickle: The US Preventative Taskforce has updated guidelines for screening for colon and rectal cancer for all people between the ages of 45 and 75. The options for screening involve a high sensitivity [inaudible] fecal occult blood test, as well as a colonoscopy or a flexible sigmoidoscopy.

Erica Bass: So this next question is one that I'm really interested in talking more about. It is does colorectal cancer affect one gender, ethnicity or age more than another? And I'm really interested to hear you speak on the aspect of age today, given the fact that there has been an increase lately of those being diagnosed with colorectal cancer at a younger age.

Maureen Pickle: So all cancers tend to have an increase risk associated with increasing age. However, with colon and rectal cancer up to 12% occur in people under the age of 50, with that number growing in recent years. Colon and rectal cancer occur equally between men and women and it's the second most common cause of cancer deaths. Colon cancer is also the third most common cause of cancer. Globally, people of Ashkenazi Jewish ancestry have an increased risk for colon and rectal cancer. In the US, African Americans are at increased risk for colon and rectal cancer.

Erica Bass: What can a patient expect coming here for treatment?

Maureen Pickle: At Michigan Medicine we're really proud of the multi disciplinary team that we've built here. We have a combination approach of patients being able to see both colorectal surgeons, their medical oncologists, and radiation oncologists all when they come to their first visit. It also allows us to bring all of those specialties in the room, along with pathology and radiology, to review patients' records and come together for a team approach to discuss their treatment options.

Erica Bass: Are there any misconceptions that you believe the general public may have about colorectal cancer?

Maureen Pickle: I think the most common misconception is that colon and rectal cancer is not something you find in young people. What we're finding is that young people are at increasing risk for colon and rectal cancer, and that's why we've found it to be so important to do proper screening.

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Erica Bass: So those are all the questions that I have for you today, but is there anything that I didn't ask that you wish I would have?

Maureen Pickle: Yes. At Michigan Medicine, we're also really proud of the fact that we are one of the two hospitals in Michigan to be recognized by the national accreditation program on rectal cancer. We've worked really hard to create a program that we think provides Michigan patients with the best care and are now recognized as a center for excellence.

Speaker 1: Thank you for listening and tell us what you think of this podcast by rating and reviewing us. To stay up to date on what's happening in the cancer world, follow us on Twitter at UM Rogel Cancer, you can explore additional episodes at www.Rogelcancercenter.org/podcasts. Cancerwise is part of the Michigan Medicine Podcast Network.