In the Philippines, colorectal cancer is gaining unwanted ground and is now the third leading type of cancer. The Philippine Cancer Society (PCS) estimates at least 8,000 new cases of colorectal cancer to occur among Filipinos. With high statistical figures on colorectal, understanding the disease could be the first step to winning our battle against this type of cancer.

Colorectal cancer refers to the uncontrolled growth of abnormal cells in the colon or rectum, which are part of the digestive system. Colorectal cancer is usually curable when it is detected in the early stages. Increased screening could further reduce the incidence and mortality rate of colorectal cancer.

This cancer usually begins as polyps, which are abnormal growths in the inner lining of the colon or rectum. Polyps are not cancer but can become cancerous over the years. More than 95 percent of colorectal cancer is adenocarcinoma, a cancer of the gland cells that line the inside wall of the large intestine.

No one knows for sure what causes colorectal cancer. But there are certain risk factors that can increase a person's chances of getting and dying from this type of cancer. Some risk factors for colorectal cancer cannot be controlled, such as having a family history of this cancer type, age and ethnicity. A person with a history of chronic inflammatory bowel disease also has a higher risk for developing colorectal cancer. However, some lifestyle habits that increase the risks may be managed such as avoiding a diet high in animal fat and low in fiber, couch potato lifestyle with no exercise, drinking alcohol, obesity and smoking.

Colorectal cancer sometimes arises without any symptoms. When symptoms do occur, they usually consist of the following: rectal bleeding or blood in the stool; change in bowel habits (such as diarrhea, constipation) that lasts for more than a few days; abdominal pain; a continuous feeling of need to have a bowel movement and body weakness.
Screening examinations for colorectal cancer should start at age 50 years for average risk individuals who have not yet shown symptoms. One of the most common diagnostic tests is annual Fecal Occult Blood Testing (FOBT), which can detect minute amounts of blood in the stool, even without noticeable gross blood. Other diagnostic tests for colorectal cancer include rectal digital examination; and proctoscopy or proctosigmoidoscopy, which refers to the examination of the lower end of the colon and rectum.

Flexible sigmoidoscopy, on the other hand is an examination of the mucosal lining of the distal left colon and rectum. Colonoscopy or the examination of the entire colon may also be performed. It does not only let doctors see the interior of the colon and rectum, but also allows them to remove any polyps that may be growing. Polyps can develop into cancer thus, the removal of these polyps can prevent cancer altogether. Ultrasound, blood tests, x-rays and magnetic resonance imaging or MRI can also be considered for asymptomatic individuals.

Possible indicators of the disease may include changes in bowel habits, abdominal pain and bleeding from the rectum. However, screening for colorectal cancer is still an urgent step for individuals because symptoms may be absent or may be caused by other conditions.

If you have any of the aforementioned symptoms or consider yourself at risk even without the symptoms, you may want to talk with a doctor about your concerns. The doctor may be able to suggest ways to reduce the chance of developing colorectal cancer and can plan an appropriate schedule for checkups.