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Young Onset Colorectal Cancer and Interval Colorectal Cancers

**COLORECTAL CANCER IS THE 2nd LEADING CAUSE OF
CANCER DEATHS IN OUR COUNTRY...
BUT EARLY detection of Colorectal Cancer can save lives!!!**

What is Colorectal Cancer?

Colorectal cancer is cancer found in the colon (large intestine) or rectum. It often begins as a polyp, or noncancerous growth, that forms inside the colon or rectum. Not all polyps will turn into cancer, but some will, and ALL polyps should be removed during colonoscopy to help prevent colorectal cancer. [Insert Shutterstock image: ID: 238797502](#)

How common is Colorectal Cancer?

Excluding skin cancers, colorectal is the 3rd most commonly diagnosed cancer in both men and women in the United States — it's 3rd to lung and prostate cancers in men, and lung and breast cancers in women.

It is the 3rd leading cause of cancer-related deaths in men and women, and when men and women are combined, it is the 2nd leading cause of cancer-related deaths in our country.

Approximately 150,000 new cases of colorectal cancer are diagnosed each year.

Worse, Colorectal Cancer is on the rise in YOUNGER POPULATIONS causing experts to change screening guidelines.

NEW GUIDELINES state that ALL PEOPLE be screened for colorectal cancer with a colonoscopy beginning at the age of 45 or sooner if you have a family history of colorectal cancer, other cancers, certain conditions, or symptoms.

Who gets Colorectal Cancer?

Colorectal cancer occurs most often in people over the age of 50. Your risk increases with age. **HOWEVER, ANYONE of ANY AGE** can be affected by colorectal cancer, and **BOTH MEN and WOMEN** get colorectal cancer. About **HALF** of all colorectal cancer diagnoses are made in people under the age of 66.

Recently we have witnessed a significant **RISE** in colorectal cancer among younger patient populations, meaning those under 50 years of age. Disturbingly, these younger adults are more likely to be diagnosed with late-stage cancers. According to the Colon Cancer Coalition, those diagnosed with colorectal during the fourth decade of life (between 40 and 50 years of age) are roughly 30% more likely to be diagnosed with stages III and IV cancers.

ALL people should be screened for colorectal cancer with a colonoscopy beginning at the age of 45 or sooner if you have a family history of colorectal cancer, other cancers, certain conditions, or symptoms!!!!

What are my risk factors for developing Colorectal Cancer?

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- ✓ **ANYONE of ANY AGE** or gender can develop colorectal cancer. You do not need to have a family history. Colorectal cancer is the 3rd most commonly diagnosed cancer in both men and women in the United States.
- ✓ Age (being older than 50) increases your risk, although in recent years there has been a noticeable rise in colon cancer diagnoses and colon cancer deaths among younger populations, meaning those under 50!
- ✓ Gender (with males being at slightly increased risk compared with females)
- ✓ Race (with African Americans being at increased risk)
- ✓ Being obese or overweight
- ✓ Leading an inactive or sedentary lifestyle
- ✓ Consuming a diet high in red meats (like beef, pork and lamb), processed meats (like hot dogs and lunchmeat), and processed foods including **HIGH FRUCTOSE CORN SYRUP**
- ✓ Smoking tobacco
- ✓ Drinking alcohol (moderate to heavy alcohol consumption increases your risk)

- ✓ Having a family history of colorectal cancer and/or adenomatous polyps
- ✓ Having a personal history of adenomatous polyps
- ✓ Having a personal history of certain types of cancers (such as breast, testicular and prostate)
- ✓ Having a personal history of Inflammatory Bowel Disease or IBD (such as Ulcerative Colitis or Crohn's disease)
- ✓ Having a personal or family history of a genetic syndrome such as Familial Adenomatous Polyposis, Lynch Syndrome, and Juvenile Polyposis (please cross connect this to the content we submitted on Family history of GI disorders)

What are the Symptoms of Colorectal Cancer? (insert Shutterstock ID: 1664366008)

Especially initially, patients may be **Asymptomatic**. Symptoms may include:

- ✓ Blood in the stool
- ✓ A change in bowel habits from what was previously normal for you (new constipation, thin stools, stools that are harder to pass, anal leakage, incontinence, etc.)
- ✓ The sensation as if you can not completely empty your bowels
- ✓ Abdominal pain, cramping, fullness, gas or bloating that won't go away
- ✓ Unintentional weight loss
- ✓ Iron deficiency anemia (This is a red flag symptom and always needs evaluated by a medical professional!)
- ✓ Unexplained fatigue
- ✓ Fevers, chills, sweats, and/or night sweats
- ✓ Back pain that keeps you up at night and/or doesn't go away.

What is Young-Onset Colorectal Cancer?

Young-onset colorectal cancer is colorectal cancer diagnosed before the age of 50. According to the National Cancer Institute, the incidence of young-onset colorectal cancer has risen by 51% since 1994.

This rise in colorectal cancer in the younger populations led the American Cancer Society to change it's screening guidelines to state that all average risk adults should begin colorectal cancer screenings at age 45 rather than 50.

The United States Preventive Services Task Force (USPSTF) recently published new guidelines in 2021 recommending routine colorectal cancer screening should begin at age 45.

Why is colorectal cancer on the rise in younger populations?

The answer is not completely clear. Our western diet likely plays a role. Consuming a diet high in red meats, processed meats, processed foods, and simple sugars, particularly high fructose corn syrup, appears to increase your risk.

Additionally, there appears to be a link between your gut flora (the microorganisms that reside in your gut), diet, and environment.

Leading a sedentary lifestyle, being inactive, overweight or obese, smoking cigarettes, and drinking moderate or heavy amounts of alcohol are all added risk factors for colorectal cancer at ANY AGE.

A lack of awareness about the disease and/or a lack of access to healthcare may contribute to later stage diagnoses; however, there is not a clear causative, conclusive, or single explanation at this time as to why younger individuals have become more susceptible to colorectal cancer, and more research is needed.

Interestingly, a recent research article found a strong correlation between the consumption of high fructose corn syrup (particularly in adolescence) and colorectal cancer.

https://www.medscape.com/viewarticle/955140?src=mkm_ret_210815_mscpmrk_CRC_monthly&uac=329012PG&impID=3570080&faf=1

This research retrospectively analyzed data from over 30,000 women. Those who consumed **high amounts of simple sugars and sugar-sweetened beverages, particularly during their adolescent years, had an increased risk for colorectal adenomas, particularly rectal adenomas, and an increased risk of early onset colorectal cancer.**

This provides increasing evidence for an association between consuming high fructose corn syrup and sugar-sweetened beverages and the development of early onset colorectal cancer.

High-fructose corn syrup is an artificial sugar made from corn syrup. Regularly consuming high fructose corn syrup and other added sugars has been linked to many diseases such as diabetes, heart disease, metabolic

syndrome and the obesity epidemic in our society. It's also believed to play a role in the increasing cases of Non-Alcoholic Fatty Liver Disease (NAFLD) in our country.

One simple thing we may be able to do to promote better overall health and well-being is to be cognizant of our dietary intake of artificial and processed foods and to eat more natural fruits and vegetables.

So, what can I do to protect myself?

GET SCREENED!!!

Screening for colorectal cancer should be personalized and take into account your personal and family history, social history and exposures (like tobacco and alcohol), and genetic information.

Being screened for colorectal cancer is the best way you can reduce your risk for late stage disease, and optimize your outcomes should a cancer be detected.

Fecal immunochemical test (FIT) tests detect hemoglobin (a component of blood) in the stool and are proven effective for reducing colorectal cancer incidence and death. All that's involved is wiping a small sample of your feces on a test card. It's that simple. While these tests have a high sensitivity for screening for colorectal cancer, they're not super sensitive for precursor lesions, like advanced adenomas and advanced serrated polyps.

COLONOSCOPY remains the gold standard for identifying and removing polyps and cancers.

A newer antibody-based multi-target fecal immunochemical test (mtFIT) that combines three biomarkers used for identifying colorectal cancer is being studied as a screening tool. This mtFIT has been found to be more accurate in detecting advanced cancers compared with the standard FIT test; however, more research is needed.

The best thing you can do for yourself is talk to our office about what screening test is best for YOU and GET SCREENED!!!!

What is interval colorectal cancer?

Interval colorectal cancer is defined as colorectal cancer diagnosed within 60 months of a negative colonoscopy. The incidence of interval colorectal cancers varies but depending on the study cited can be up to 9% of all colorectal cancers. Interval colorectal cancers are more frequently found in the proximal colon. Risk factors include: being female, being older, having a family history of colorectal cancer, having a history of diverticulosis, having other comorbidities, and having a poor bowel prep (not being cleaned out great) or difficult colonoscopy in the past.

Once you are initially screened for colorectal cancer, depending upon what is found screening guidelines may recommend that your next colonoscopy (or other screening test) not be performed for another 7-10 years. Unfortunately interval cancers **DO** occur, and there can be up to an 8-10% or greater risk of missed lesions during colonoscopy depending upon multiple factors, including but not limited to the quality of the prep, therefore sooner intervals should be considered particularly if you develop any symptoms or changes in your personal or family history. **Annual FIOBT (Fecal immunochemical Occult Blood Test) or interval fecal occult blood testing should NOT be considered a substitute for colonoscopy.**

Please notify our office immediately if anything changes in your medical or family history, or if you develop any alarming symptoms such as rectal bleeding, a change in your bowel habits, a change in the caliber of your stools, abdominal pain, unintentional weight loss, back pain, fevers, chills or sweats, anemia or iron deficiency.

So again, WHO should be screened for colorectal cancer?

The United States Preventive Services Task Force (USPSTF) published new guidelines in 2021 recommending colorectal cancer screening should begin for **EVERYONE at age **45**.**

The American Cancer Society also updated their guidelines in 2018 recommending that all average-risk adults 45 years of age and older undergo regular colorectal cancer screening testing with either a high-sensitivity stool-based test or a structural/visual exam (such as colonoscopy).

If you are under 45 with a family history of colorectal cancer, or personal or family history of other risk factors for the disease (such as polyps, inflammatory bowel disease,

Ulcerative Colitis, Crohn's disease, or an inherited cancer syndrome) you may need to be screened for colorectal cancer earlier than 45.

Individuals with a family history of colorectal cancer should begin screening for colorectal cancer 10 years prior to the age of diagnosis of the youngest affected relative, or at age 40, whichever is earlier.

African Americans may need to begin screening earlier, and patients OF ANY AGE with bleeding symptoms suggestive of a GI source or other alarm symptoms should be evaluated aggressively and promptly.

Screening may include stool tests, flexible sigmoidoscopy, colonoscopy, and CT colonography (or virtual colonoscopy). No one test is best for everyone and screening should be based on your own personal health history.

How can I get checked for colorectal cancer? (insert Shutterstock ID: 240131191)

Several different screening tests are available. These include: stool studies to look for occult blood, stool DNA tests, sigmoidoscopy, colonoscopy, and virtual colonoscopy.

There is no single best test for everyone. Each test has its own advantages and disadvantages.

Most people should begin screening for colorectal cancer soon after turning 45, then continue getting screened at regular intervals. However, you may need to be tested earlier than 45, or more often than other people, if

- You or a close relative have had colon or rectal polyps or cancer.
- You have an inflammatory bowel disease like Crohn's disease or ulcerative colitis.
- You have a genetic syndrome such as Familial Adenomatous Polyposis (FAP) or Hereditary Non-Polyposis Colorectal Cancer (Lynch syndrome).

If you think you are at increased risk for colorectal cancer, speak with us about

- When to be screened,
- Which test is best for you, and
- How often to be screened.

We recommend that you schedule an appointment with our medical staff at 908-788-8200 for a comprehensive medical evaluation to discuss if screening colonoscopy or another screening modality is an appropriate option for you.

**TAKE CONTROL OF YOUR HEALTH.
ADVOCATE FOR YOURSELF.
GET SCREENED!!!**