

MARCH 2024

# COLORECTAL CANCER AWARENESS MONTH

## Weekly Topic Briefer

### DESTIGMATIZING CRC

While it is important for everyone of appropriate age to get screened for CRC it is also important to remember that not everyone is comfortable with talking about Colorectal Cancer and its related screenings. Social, cultural, religious, and other norms can sometimes make it difficult to talk about cancer or even follow through with recommended cancer screenings. Several common feelings related to CRC can include:

- Embarrassment of screening
- Fear exam may be painful or prep may be overwhelming
- Fear of a potential cancer diagnosis
- Medial mistrust
- Unwillingness to talk about poop
- Making it a joke and unable to take it seriously
- Shame related to personal nature of screening



Destigmatizing CRC and conversations surrounding screening is critical in helping people understand the importance of regular and timely CRC screening.

### OVERCOMING FEAR AND EMBARRASSMENT ABOUT CRC AND SCREENING

#### When Health is Interconnected with Family, Community, and Culture:

- Take charge of your own health in order to best show up for yourself, your community, and your family.
- Keeping up with cancer screenings can help you live a long healthy life with your family in order to pass on culture and values to next generation.
- Being active in taking care of your health helps “show” and not just “tell” how to empower future generations to take care of their own health.
- Know your family history and talk to your relatives about polyps.
  - Sharing information about your family’s risk of cancer can be difficult. Practice having this discussion using CDC’s virtual human simulation to learn how to talk about cancer risk that may run in your family.
  - [Cancer Simulations | CDC](#)

#### Important Things to Remember:

- Not everyone can talk to their families. In these situations, it is important to find a trusted confidant, friend, therapist, or religious leader to share your fears and anxieties.
- At home tests can be done privately without having to discuss procedures with family or needing a ride to a colonoscopy.
- Screening does not equal a cancer diagnosis.
- CRC when identified at an earlier state is easier to treat and has lower mortality rate.
- The test is trusted and safe and there are options for less invasive testing.

## SURVIVING COLORECTAL CANCER UNDER 45 - STEPHANIE'S STORY

At 33 years old, Stephanie Brown was diagnosed with Colorectal Cancer. Stephanie didn't have any family history of CRC, she did not have any traditional risk factors associated with developing CRC, and since regular screening for CRC doesn't start until 45 she didn't find it through routine testing. Stephanie was able to catch her colorectal cancer because she addressed her symptoms. Stephanie's main symptoms were extreme loss, going from 170lbs down to 100lbs, constant severe pain, and blood in her stool. However, getting a diagnosis was not straightforward. Stephanie felt that some providers dismissed her concerns due to her age. She gives credit to her friend who is a medical doctor saying they "aggressively fought with me to get my diagnosis when providers brushed me aside due to my age."

About a month after diagnosis, she was scheduled for surgery to remove the primary tumor but after surgery a scan revealed the cancer to be stage 4 as it had spread to her ovaries and peritoneum. She started chemotherapy shortly after that and went every other week for almost an entire year. At the end of that year, she had an additional surgery called HIPEC, where they removed all traces of cancer and did a 'chemo wash' where they poured heated chemo into her abdominal cavity and let it cycle for about 2 hours. Her experience with CRC and its treatment was incredibly challenging and greatly impacted her life. After her first surgery, she had to use a walker for about a month. She went from running half marathons to not being able to walk unassisted. As a mother to three young kids, she experienced difficulties when trying to balance her health needs with parenting. She shared that "during chemo, I felt pretty terrible and had a few instances where my legs stopped working and I would just fall randomly." During her most recent surgery, she had a total hysterectomy with salpingo-oophorectomy, meaning she is now in menopause.

While diagnosis and treatment were extremely difficult she found ways to cope. Stephanie mentioned that staying positive and not letting the dark "what ifs" take control helped, noting that "anything can be tolerable if you're able to find a little joy each day." She leaned on her lifelong group of friends saying they "were almost brutal in their efforts to support me. I had care packages sent, playdates arranged for my children, meals dropped off, etc." She also noted how important her care team was to her, saying "my oncologist, the nurses, and the oncology pharmacists are all absolute angels, and I would not be here without them."

Stephanie had great advice for others who may be in the same position, saying "trust your instincts and don't give up hope. If a doctor thinks you don't need screening/testing due to your demographics, ask them to document it in your chart that they are denying it. Especially when it comes to colorectal cancers, demographics are changing. If you have any symptoms, get seen! Also do not dread the colonoscopy, it really isn't as bad as people say." She also noted "I've learned that it is kind of a taboo diagnosis, which makes it harder for people to ask about/share experiences." Stephanie has since been told that she has no evidence of disease, and we wish her all the best on her journey through survivorship. She said that she feels very lucky to have reached the point where she is able to live a good life, despite her diagnosis.



Image provided by Stephanie Brown

## YOUNG ADULT CRC

### Facts and Figures

- Incidence trends are rapidly shifting the patient population younger; 20% (1 in 5) of CRCs in 2019 were in people 54 years or younger, up from 11% (1 in 10) in 1995. (ACS)
- A higher proportion of young adults are also diagnosed with advanced stage CRC (stage III-IV) compared with older adults. (NIH)
- By 2030 CRC is projected to be the number one cause of cancer death among people under 50. (Fight CRC)

### What can be done?

- Know your risk factors.
- Talk to doctors about suspicious symptoms.
- Know family and genetic history.
- Be your own advocate. Advocating for one's health and health care is a necessary skill to ensure access to quality care and one's ability to make informed decisions about what happens to their body.

### Important Things to Remember

- Young-onset colorectal cancer is often diagnosed at more advanced stages, which may be due to delayed recognition of symptoms and screening.
- Symptoms are similar to colorectal cancer in older adults, including changes in bowel habits, abdominal pain, and rectal bleeding.
- Risk factors may include family history of colorectal cancer, genetic mutations, and certain hereditary conditions.
- Many young-onset colorectal cancer cases have a genetic component, making genetic counseling and testing important for patients and families.
- Young-onset colorectal cancer can have a significant psychosocial impact, including challenges related to career, family, and emotional well-being.
- Treatment options are similar to those for older adults, including surgery, chemotherapy, and radiation, but issues like fertility may impact treatment decisions.
- Treatments may affect fertility, so it's important for young patients to discuss fertility preservation options with their medical team.
- Healthy lifestyle choices, including diet and physical activity, are important for prevention and recovery.



### Click on the Links Below to Learn More

1. [Unwillingness to participate in colorectal cancer screening: Examining fears, attitudes, and medical mistrust in an ethnically diverse sample of adults 50 years and older - PMC \(nih.gov\)](#)
2. [Colorectal Cancer Rising among Young Adults - NCI](#)
3. [Possible Signs of Colorectal Cancer in Younger Adults - NCI](#)