

Rise of Colon Cancer

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Colon cancer has been on the rise globally for both men and women and recently has become the second most common cancer. This global increase is due to the diet and sedentary lifestyle of those in developed countries. In the past, age fifty was when the most diagnoses would occur but, now healthcare professionals are seeing a rise in young adults. This rise can be attributed to the sedentary lifestyle, but genetics are a contributing factor for people aged twenty to forty years old. The increase in young people also causes the symptoms to be overlooked as other gastrointestinal problems can be related to stress which this age group experiences in high volumes. With symptoms being overlooked, the prognosis becomes poor, and death tolls increase. This paper will explore the overview of colon cancer, risk reduction, and treatment options for those who are diagnosed with colon cancer.

As colon cancer affects both men and women, when statistics are combined it is the second most common cause of cancer deaths in the United States (American Cancer Society [ACS] 2025). With this being the second most common cancer death in the United States it is important to recognize that this is also affecting the younger generations as well. Since the 1990s diagnosis of colon cancer has doubled in young adults (Stoffel & Murphy, 2020). Stoffel and Murphy (2020) also mention that ten percent of all recent colon cancer diagnoses are people under fifty years old. Colon cancer is often diagnosed in later stages as many are embarrassed about presenting these problems to their healthcare providers as well and many of the symptoms of colon cancer are also symptoms of less severe diagnosis. Change in stool consistencies, abdominal cramping, and bloating are all vague side effects of gastrointestinal problems but are also the primary signs of colon cancer.

As colon cancer has continued to rise, the connection between diet and the lifestyles of Western cultures has been linked to the increase in the number of cases we see annually. The large intake of fat, processed meat and foods, alcohol, and smoking, as well as the insufficient intake of vegetables and high-fiber foods, have shown a correlation to colon cancer (Zhou & Rifkin 2021). "Research approximates that more than one-half of colon cancer risk is preventable by modifiable risk factors, including diet" (Zhou & Rifkin 2021 para.2). The sedentary lifestyle that Westernized cultures have adapted to also contributes to the surge in diagnosis of colon cancer. As the bowel rests the motility of waste decreases allowing carcinogens to remain longer in the gastrointestinal tract than they would if physical activity was included in daily activities. The Colorectal Cancer Alliance (CCA, 2025) mentions that a daily increase of exercise for thirty to sixty minutes can decrease the risk of developing colon cancer by thirty to forty percent.

If the rise of colon cancer were to be ignored it would not only affect clients who are diagnosed but also all members of the healthcare team including nurses. Colon cancer left untreated or ignored leads to poor prognosis and eventually end-of-life care. With 150,000 new colon cancer diagnoses each year (CCA, 2025), nurses would be expected to be well-trained in managing end-of-life care with patients and their families, as ignoring this diagnosis decreases prognosis. The increase in hospitalizations that this would cause would also create a strain on nursing as the nurse-to-patient ratio would significantly increase in long-term care facilities, increasing workload and eventually leading to burnout in the nursing community. This burnout not only affects the nursing community but circles back to the quality of care the patients and their families receive.

Early knowledge in the prevention of colon cancer is key as many cases can be attributed to preventable factors. As discussed, diet contributes to the rise in diagnosis of colon cancer

cases. Eliminating foods deemed unhealthy is only part of the contributing factor, including foods high in fiber, calcium, and vitamin D is equally essential. Fiber bulks and binds stool together while also increasing the motility of the gastrointestinal tract, eliminating carcinogens faster which decreases the introduction time to the epithelial mucosa (Zhou & Rifkin 2021). Recent clinical trial theorized that calcium was antitumorigenic, when the fatty acids mixed with bile acids, they formed insoluble soaps that do not dissolve in water therefore not sticking in the colon (Zhou & Rifkin 2021). Vitamin D is an anti-inflammatory as well as aid in the prevention of metastasis (Zhou & Rifkin 2021). Vitamins have also been hypothesized to prevent colon cancer. Vitamin D has been shown to cause cancer cell death as well as prevent metastasis as well as folic acid supports the normal production of DNA (Islam et al., 2022). Genetic screening is essential for people who have a family history of colon cancer as it gives an early insight into one's future health and lowers the risk of potential complications. The ACS (2025) recommends genetic screening for those with a known family history of Lynch syndrome and familial adenomatous polyposis. Positive results from these genetic screenings would indicate the need for early screening measures as they are more likely to develop colon cancer.

Average-risk patients include anyone with no family history of colon cancer or no symptoms, it is recommended these patients get screened every ten years starting at the age of fifty but, with the rise of colon cancer in young adults some believe screening should begin at forty-five years old. Anyone experiencing symptoms as well as a known family history should begin screening earlier as causing this cancer earlier can be lifesaving. As technology advances new screening techniques are becoming increasingly more common than a colonoscopy. A visual examination such as a colonoscopy gives the most meticulous screening but is not easily accessible for everyone. Several at-home tests such as a fecal immunochemical test and a stool

DNA sample are often more realistic and available for those without insurance or unable to take off work for a visual screening. If screenings come back positive treatment should be started as soon as possible to prevent further growth of tumors. Depending on the size of detected tumors treatment may start with surgery to remove the bulk and progress into more individualized treatment depending on how surgical therapy was tolerated. Chemotherapy, radiation, and immunotherapy are used to treat colon cancer. Chemotherapy is the use of drugs to target cancerous cell growth throughout the body. Radiation therapy only targets a specific part of the body as the radiation beam is directed to the desired treatment location. Immunotherapy is the most individualized as it uses the patient's own immune system to attack cancer cells.

The current research on colon cancer evolves daily which increases patient care drastically. With research on early detection strategies and when different risk groups should be screened, many patients have been able to detect early-stage colon cancer and have begun cancer remission. Evidence-based lifestyle prevention strategies can continue to help with limiting colon cancer diagnosis. With prevention strategies, patients experience better health outcomes by reducing cancer and lowering mortality rates as well as better management for patients currently experiencing colon cancer. Bringing awareness to an increasing cancer diagnosis nationally raises questions among day-to-day people who may not understand the significance of colon cancer. Increasing knowledge to the public is the best way to improve patient care. If given the knowledge of screening and prevention strategies patients can utilize this knowledge to benefit their health as well as future patient care.

When teaching the public about the rise in colon cancer they need to understand what risk group they fall under, so they know how to approach future screening and preventive measures. It is also important that patients set specific and measurable goals for themselves when it comes

to their health and the care they want to receive. Teaching strategies that are best utilized are educational to all types of learners. Visual diagrams and attention-grabbing information are great for visual learners. While educating the public it is important to allow, them time to ask questions that may not be displayed. Giving facts and statistical numbers are great ways to educate on the rise of colon cancer diagnosis. During a collaborative teaching opportunity, it should be a priority to answer any questions that community members may have as well as provide handouts that can educate them once they are home and may have further questions.

The recent increase in diagnoses in young adults is alarming and should be raising concern for ways to help prevent this. Preventive measures such as reducing high fat and highly processed foods, increasing fiber intake, and incorporating physical activity in daily life. Understanding when individuals should be screened is also essential in helping prevent late-stage diagnosis. Evidence-based practice continues to educate on what treatment methods are most effective for individualized care and which diagnostic studies are most accurate for early detection. Evidence-based practice also continues to tribute to what preventative measures the public should be educated on what to avoid and what to incorporate in their day-to-day lives. With colon cancer being the number two cause of cancer death (ASC, 2025), it is important to spread awareness and prioritize minimizing cases.

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