

Did You Know?

Colorectal cancer is the second leading cause of cancer death in the US. Although screening for this disease could save thousands of lives each year, these testing procedures are not used nearly as much as they should be.

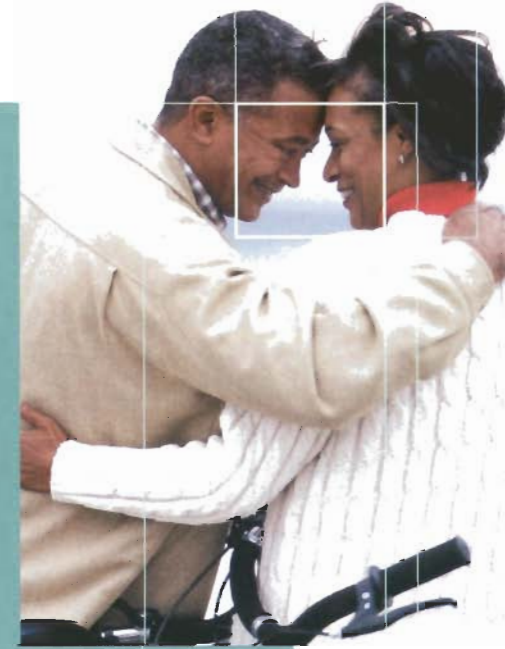
Colorectal cancers are thought to develop slowly, over many years. Before a cancer develops, there usually are precancerous changes in the colon or rectum called polyps. A polyp is a growth of tissue in the lining of the colon or rectum. Something happens to change the benign polyps into malignant tumors, but because this change takes such a long time, there is time to find the growths and remove them before they can cause trouble. This is what makes colorectal cancer a very preventable disease.

It's a Fact

Every year, about 135,000 Americans are diagnosed with colorectal cancer and about 57,000 die from this disease. Most of these cases occur after the age of 50, which is why the American Cancer Society recommends that men and women at average risk begin regular screening at age 50. However, anyone with a personal or family history of colorectal cancer, polyps in the colon or rectum, or inflammatory bowel disease is at higher risk for the disease and may need to be examined sooner and more often. If you are age 50 or older, or if you are at higher risk because of your personal or family history, talk to your doctor today about colorectal screening. Medicare and many private insurance plans pay for regular colorectal screening for all eligible patients.

Colorectal Cancer

Early Detection Saves Lives



1.800.ACS.2345
www.cancer.org

Hope. Progress. Answers.



What to Do

When colorectal cancer is detected early, the chances of successful treatment are greatest. Screening also finds many polyps before cancer develops. By removing these growths, cancer can actually be *prevented*. Colorectal cancer can be prevented or detected early and with little discomfort by using one or more of these procedures.

The fecal occult blood test is a simple at-home procedure that checks stool samples for hidden blood which can be a sign of cancer, polyps, or other internal disorders.

■ Flexible sigmoidoscopy is a procedure using a flexible, hollow, lighted tube that detects cancer or polyps inside the rectum and lower colon. The sigmoidoscope can view about one third of the colon.

Colonoscopy is a similar procedure, except that the colonoscope is long enough to view the entire colon.

The double-contrast barium enema is an x-ray examination that allows a radiologist to view the entire colon.

If a polyp or abnormality is discovered, a small tissue sample is removed through the colonoscope for examination. If cancer is found, surgery, ~~sometimes~~ sometimes combined with radiation therapy ~~and/or~~ and/or chemotherapy, is the most effective ~~method~~ method of treatment.

When

Most colorectal cancers begin as a polyp that later becomes cancerous. If polyps are found early, they can be removed before cancer develops. In this sense, colorectal cancer is a disease that can be prevented. Eating a diet that is low in fat and rich in fruits and vegetables may also lower the risk of colorectal cancer. The American Cancer Society recommends the following guidelines to detect colorectal cancer early:

Beginning at Age 50, Have One of the Following Tests:

- **Fecal occult blood test (FOBT) every year and flexible sigmoidoscopy every five years (the American Cancer Society prefers this option compared with FOBT only or flexible sigmoidoscopy only); or**
- **Flexible sigmoidoscopy every five years; or**
- **Fecal occult blood test (FOBT) yearly; or**
- **Colonoscopy every 10 years; or**
- **Double-contrast barium enema every five years.**

People at increased or high risk for colorectal cancer should talk with their doctor about a different screening schedule.

These guidelines apply to people without symptoms, who are at average risk for the disease. If you have symptoms such as a change in bowel habits, rectal bleeding, or stomach cramps that don't go away, see your doctor right away.

People with a higher risk for colon and rectum cancer (those who have had colorectal cancer or polyps, or who have inflammatory bowel disease such as ulcerative colitis, or with blood relatives who have had colorectal cancer or polyps) may need to have these tests done earlier and more often.

Remember, these tests are your best insurance for preventing or detecting colorectal cancer early when it may be successfully treated.

Early detection of small cancers also reduces the likelihood of major surgery. And today, permanent colostomies are rare in cases of colon cancer, and are required for only a small percentage of patients with rectal cancer.