

Colorectal cancer (CRC), also called bowel or colon cancer, occurs in the colon or rectum. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.

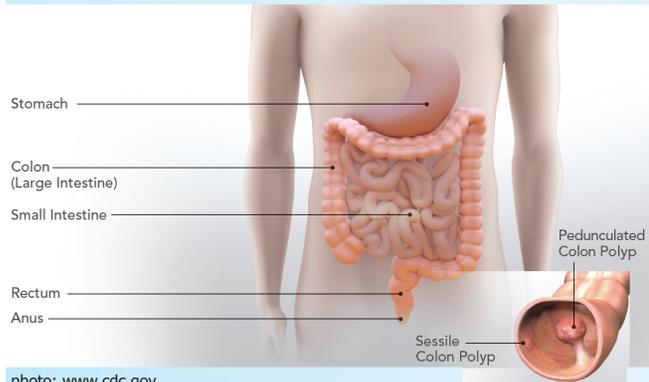
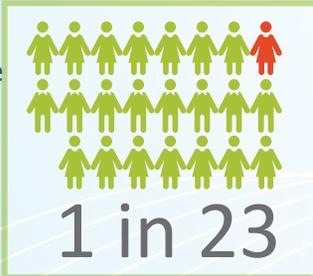


photo: www.cdc.gov

STATS

- In 2012, there were nearly 1.4 million new cases of colon cancer.
- On average, in the US, the lifetime risk of developing colon cancer is about 1 in 23. This varies widely depending on individual risk factors.
- Worldwide, colon cancer is the third most commonly diagnosed cancer and the third leading cause of cancer death in men and women combined.
- CRC is most often found in people 50 years or older, but is becoming increasingly common among younger ages.
- The incidence of CRC is expected to double by 2035.



The voice for millions of colorectal patients worldwide

GlobalCCA.org



About Colorectal Cancer



brochure sponsored by
Bristol-Myers Squibb
 Together we can prevail.®

GlobalCCA.org

RISK FACTORS

Am I at risk?

- Age 50 or older
- Family history of polyps or colon cancer
- Genetic risk factors
- Ulcerative colitis or Crohn's disease
 - Conditions that cause inflammation of the colon may increase the risk of developing colon cancer
- Personal history of cancer
 - Particularly colon cancer
 - Women with a history of ovarian, breast, or uterine cancer are at a slightly higher risk of developing colon cancer
- Diet and lifestyle
 - Diets high in red meat and fat, and low in calcium, folate, and fiber may increase risk of colon cancer
 - Diets very low in fruits and vegetables may increase risk
 - Inactivity and obesity are linked to higher risk
- Cigarette smoking

How can I prevent colon cancer?

- **Exercise regularly**
- **Avoid alcohol and cigarettes**
- **Reduce red meat**
- **Increase dietary fiber**
- **Increase calcium and vitamin D intake**
- **Eat more foods with polyphenols (often found in fruits, vegetables, & nuts)**
- **Know your family health history if possible**
- **Get SCREENED!**



SCREENING

What is cancer screening?

Screening is looking for cancer before a person has any symptoms. With colon cancer, screening can also PREVENT cancer by finding and removing polyps which can eventually become cancer. Screening can help find cancer at an early stage and can help avoid the disease entirely. When abnormal tissue or cancer is found early, it may be easier to treat. By the time symptoms appear, cancer may have begun to spread.

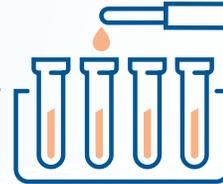
Routine colorectal screening is recommended for all people aged 50 and older. Screening may be recommended to begin earlier for patients with a family history of colorectal cancer or other risk factors.

Why is screening important?

Almost all colorectal cancers begin as precancerous polyps (abnormal growths) in the colon or rectum. Such polyps can be present in the colon for years before invasive cancer develops, and they may not cause any symptoms.

Screening can find precancerous polyps so they can be removed before they turn into cancer. In this way, colorectal cancer is prevented.

Screening can also find colorectal cancer early, when there is a greater chance that treatment will be most effective and lead to a cure.



How can I get screened?

Colonoscopy

- A long, lighted tube is inserted into the rectum and examines the entire colon; patient is under sedation
- Finds and removes pre-cancerous growths/polyps before they come cancer
- Must completely empty the bowel with prep beforehand
- Small risk from procedure and medication

Fecal Immunochemical Test (FIT or iFOBT)

- Tests for blood; swab bowel movement and place on card
- May not detect blood from further up the digestive tract (such as the stomach)
- More specific to finding blood from the lower gastrointestinal tract
- Done at home with no prep
- Colonoscopy required if blood is detected

Guaic Fecal Occult Blood Test (FOBT)

- Tests for blood; swab bowel movement and place on card
- Restricted diet and multiple days of stool collection
- Done at home
- Must be repeated frequently
- Colonoscopy required if blood is detected

Virtual Colonoscopy

- Uses x-rays and computers to take 2-D or 3-D images of your colon and rectum
- Every 5 years
- Quicker and less invasive than colonoscopy
- No sedation is needed
- Dietary restrictions 1-3 days before the procedure, full bowel prep is required
- If a polyp is found, will need a colonoscopy

Stool DNA Tests for abnormal DNA.

- Swab bowel movement and take to lab
- Every 1-3 years
- Done at home with no prep or dietary restrictions
- Greater accuracy than FIT
- Need a colonoscopy if results indicate cancerous or precancerous cells