

WHY IS IT SO IMPORTANT?

Colorectal cancer — cancer of the colon and rectum — is the second leading cause of cancer-related deaths in the United States for both men and women combined. The general population faces a lifetime risk for developing the disease of about 5 percent, while someone whose family has a history of colorectal cancer has a 10 to 15 percent chance of developing the disease. The risk rises to over 50 percent in people with ulcerative colitis and those whose family members harbor specific genetic mutations.

Approximately 140,000 new cases of colorectal cancer will be diagnosed and 56,000 people will die from the disease this year. Surpassing both breast cancer and prostate cancer in mortality, colorectal cancer is second only to lung cancer in numbers of deaths in the United States. Colorectal cancer strikes men and women with almost equal frequency.

WHO IS AT RISK?

The risk of developing colorectal cancer increases with age. All men and women aged 50 and older are at risk for developing colorectal cancer, and should be screened. Some people are at a higher risk and should be screened at an age younger than 50, including those with a personal or family history of inflammatory bowel disease; colorectal cancer or polyps; or ovarian, endometrial or breast cancer.

African Americans and Hispanics are more likely to be diagnosed with colorectal cancer in advanced stages. Incidence rates for colorectal cancer in these groups have been on the rise — colorectal cancer has increased 46 percent among African-American men and 10 percent among African-American women.

Alaska Native women have the highest mortality from colorectal cancer of any other racial and ethnic group in the United States.

CAN IT BE PREVENTED?

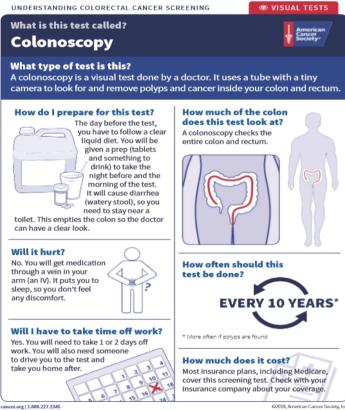
YES! Polyp-related colorectal cancer can be prevented. The disease develops from benign polyps (mushroom-like growths on the lining of the colon and rectum). Removing these polyps before they become cancerous may prevent cancer from developing.

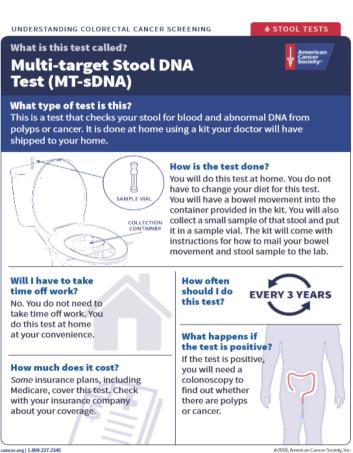
A low-fat diet, high in vegetable and fruit intake, and regular exercise can also lower your risk of developing colorectal cancer. Colorectal cancer can be cured in up to 90 percent of people when it is discovered in its early stages. It is estimated that approximately 40,000 lives a year could be saved through widespread adoption of colorectal cancer screening and early treatment in men and women.

HOW DO I GET CHECKED FOR COLORECTAL CANCER?

Current screening methods include; colonoscopy (a visual examination of the entire colon), Cologuard (a stool DNA Test done in the home, and fecal occult blood testing (a simple chemical test that can detect hidden blood in the stool. Colorectal cancer screening, including colonoscopies, costs are covered by Medicare and many commercial health plans.

Colon Cancer Screening Options





Colonoscopy: This procedure is considered the gold standard for detection of colon cancer. During a colonoscopy, your gastroenterologist uses a scope to look at the inside of your colon for polyps or evidence of cancer. Your doctor will talk with you about sedation options to make the procedure as comfortable as possible. If polyps are found, they are removed during the exam and sent to a lab for further examination. The exam takes about 30 minutes to complete, and requires a full colon cleansing on the day before the test. The colon prep is considered to be the most difficult part of the procedure. Colonoscopies are also used as a follow-up test if anything unusual is found during another screening test.

At Home Tests: These tests detect abnormalities in your stool and can be done in the privacy of your home. Return the test kit to your health care provider where samples are checked for the presence of blood or cancer cells. If evidence of blood or cancer cells are found, further testing (including a colonoscopy) becomes necessary.

DNA Stool Test. (i.e. Cologuard): This relatively new athome test detects hemoglobin (proteins in blood) in stool samples. The FDA approved test can also detect certain DNA mutations in cells shed by advanced adenomas as stool moves through the large intestine and rectum.

Fecal Immunochemical Test (FIT): FIT tests uses antibodies to detect blood in the stool.

