

Colorectal Cancer: What You Should Know About Screening and Diagnosis

More than 153,000 people will be diagnosed with colorectal cancer (cancers of the colon or rectum) this year. Both men and women develop colorectal cancer, and it is most common in people over the age of 50. **Screening for colorectal cancer is crucial because this disease is most treatable when it is found early.**

RISK FACTORS FOR COLORECTAL CANCER:

- **AGE:** The disease is most common in people over the age of 50.
- **POLYPS:** *Polyps* are grape-like benign (non-cancerous) growths on the inner walls of the colon. Finding and removing polyps may prevent the development of colorectal cancer.
- **PERSONAL HISTORY:** If you've had colorectal cancer in the past, you may be at risk for developing it again. Also, women who've had cancer of the breast, ovary or uterus are at a somewhat higher risk of developing colorectal cancer.
- **FAMILY HISTORY:** Family history has been shown to play a role in colorectal cancer.
- **INFLAMMATORY BOWEL DISEASE (IBD):** IBD, including ulcerative colitis and Chron's disease, is when the lining of the colon is inflamed over a long period of time. People with IBD may be at a higher risk of developing colorectal cancer.

These are just some of the risk factors for colorectal cancer.

Talk to your doctor about your personal risk.

There are four **SCREENING TESTS** for colorectal cancer. People over 50 or people who are at an increased risk may have these tests performed on a regular basis. You and your doctor should decide what is best for you.

- ❑ **Fecal Occult Blood Test (FOBT):**
This is a chemical test that finds blood in stool samples. While an FOBT tests for warning signs, the other three tests below look inside the body for *polyps*.
HOW OFTEN: Every year
- ❑ **Flexible Sigmoidoscopy:**
Performed in your doctor's office or in a hospital, a flexible sigmoidoscopy is a visual examination of the rectum and lower portion of the colon. Your doctor can search for *polyps* through the eyepiece of the tube.
HOW OFTEN: Every 5 years
- ❑ **Double Contrast Barium Enema:** Using an x-ray in a clinic or a hospital, your doctor injects a liquid called barium sulfate and air into the rectum in order to get a view of the large intestine.
HOW OFTEN: Every 5 years
- ❑ **Colonoscopy:** This procedure, similar to sigmoidoscopy, allows your doctor to see the lining of the entire colon instead of just the lower portion. Also, your doctor can remove polyps during a colonoscopy to prevent cancer.
HOW OFTEN: Every 10 years

Colorectal cancer can develop without symptoms. Consult your doctor if you experience the following WARNING SIGNS for colorectal cancer:

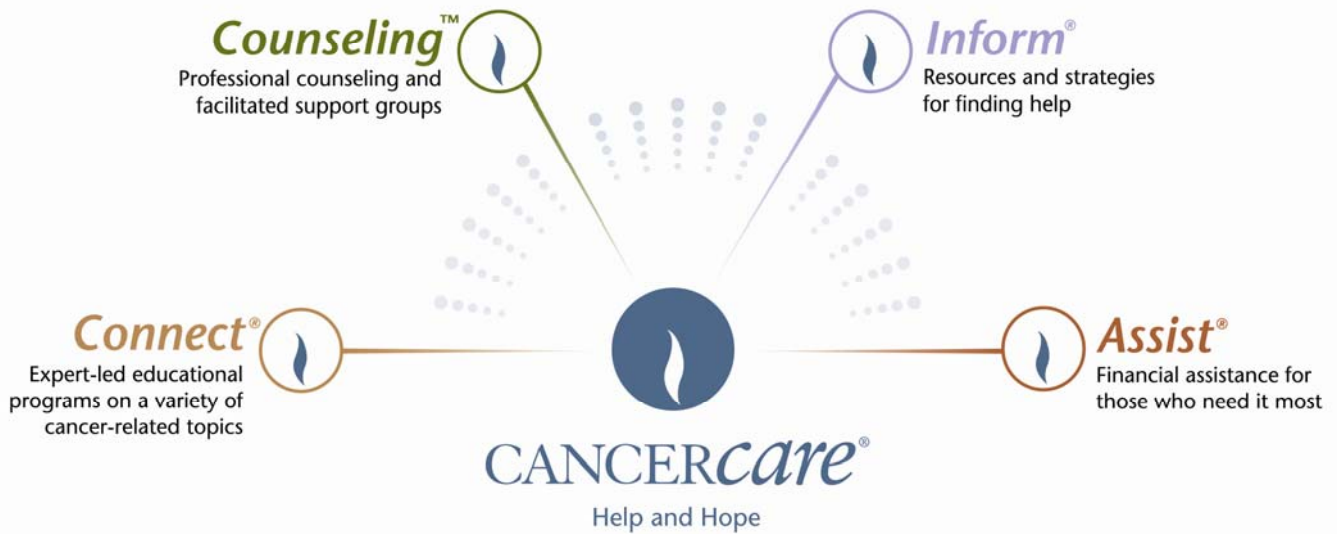
- ❖ Rectal Bleeding
- ❖ Blood in the stool
- ❖ A change in the shape of your stool
- ❖ Stomach discomfort, including bloating or steady abdominal pain
- ❖ Unexplained weakness or fatigue

* Risk factors, screening tests and warning signs adapted from the American Cancer Society.

CancerCare Can Help

CancerCare's staff of professional oncology social workers can help you cope with a diagnosis of colorectal cancer. We provide counseling and support groups by telephone, online, or in person for people with cancer and their loved ones. CancerCare also offers education, information and referrals to other resources that help with your concerns related to cancer.

The CANCERcare® Constellation of Services



CancerCare's services are provided free of charge to anyone affected by cancer

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National Office 275 Seventh Avenue New York, NY 10001