

# Colorectal Cancer



Colorectal cancer is cancer of the colon and/or rectum. It is equally common in both men and women – 148,810 cases will be diagnosed in 2008, and an estimated 49,960 people will die from the disease. It is also one of the most easily prevented cancers because it can develop from polyps or lesions that can be removed before they become cancerous.

## Prevention

- Get regular screening tests.
- Exercise regularly, and maintain a healthy weight.
- Eat a diet rich in fruits, vegetables and whole grains.
- Don't smoke, and don't drink alcohol excessively.

## Risk

- Men and women age 50 and older
- People with a personal or family history of colorectal cancer or benign (not cancerous) colorectal polyps
- People with a personal or family history of inflammatory bowel disease - ulcerative colitis or Crohn's disease
- People with a family history of inherited colorectal cancer
- People who use tobacco, are obese and are sedentary

## Symptoms

In the early stages, there may not be any symptoms. Later, these symptoms may appear:

- Rectal bleeding and/or blood in or on the stool (bright red)
- Change in bowel habits and/or stools that are narrower than usual
- Stomach discomfort (bloating, fullness and/or cramps) and frequent gas pains
- Diarrhea, constipation or feeling that the bowel does not empty completely
- Weight loss for no apparent reason and/or constant tiredness
- Vomiting

# Colorectal Cancer, cont.

## Early Detection

Starting at age 50, men and women at average risk for colorectal cancer should begin routine screening tests. If you have a personal or family history of colorectal cancer, colorectal polyps, or inflammatory bowel disease, talk with your health care professional. You may need to get tested earlier or more frequently.

Use this guide to help you discuss screening options with your health care professional. Consider one of the following:

### Tests that Find Pre-Cancer AND Cancer:

- Colonoscopy \* every 10 years
- Flexible sigmoidoscopy \* every 5 years
- Virtual colonoscopy (CT colonography) \* every 5 years
- Double contrast barium enema \* every 5 years

### Tests that Mainly Find Cancer:

- Fecal occult blood test (FOBT) \* every year
- Fecal immunochemical test (FIT) \* every year
- Stool DNA test (sDNA) \* ask health care professional

All abnormal virtual colonoscopy and double contrast barium enema results as well as positive FOBT, FIT or sDNA tests should be followed up by a colonoscopy.

## Treatment

- Surgery is the most common treatment.
- Chemotherapy and/or radiation therapy when the cancer has spread.

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