

Colorectal Cancer



What is Colorectal Cancer?

Colorectal cancer is cancer occurring in the colon or rectum. The colon includes the large intestine or large bowel and the rectum is the passageway connecting the colon to the anus. Colorectal cancer occurs in both men and women and occurs most often in those age 50 and older.

Are you at Risk?

You may be at high risk for developing colorectal cancer if you have a family history of polyps or colon cancer, are African American (should start screening at age 45), or have been diagnosed with inflammatory bowel disease. If you believe you are at high risk, talk with your doctor about scheduling earlier (screening before age 50) or more frequent colorectal screenings.

What are the Symptoms?

People with polyps or colorectal cancer don't always experience symptoms, especially in early stages. A person could have polyps or colorectal cancer and not know it!

Symptoms may include:

- Blood in your stool (bowel movement)
- Abdominal pain or cramps that occur often for unknown reasons
- A change in bowel habits, such as having stools which are narrower than usual
- Losing weight for an unknown reason
- Diarrhea, constipation, or feeling that the bowel does not empty completely
- Constant tiredness
- Nausea or vomiting

If you experience any combination of these symptoms, visit your doctor. Although these symptoms may be caused by something other than cancer -- the only way to find out is to see your doctor.

Screening Saves Lives

If you have a family history of colon cancer, are over the age of 50, or are in the high risk category for developing colon cancer, don't wait to get screened! A screening test for colorectal cancer could save your life!

- Colorectal cancer usually begins as polyps in the colon and/or rectum.
- Untreated polyps have the potential to turn into cancer.
- Polyps can be found and destroyed before they turn into cancer.
- Screening tests can also detect colorectal cancer in its earliest stages, increasing the chance a person will live to defeat the cancer!

If caught early, colorectal cancer is 90% treatable!



Know the facts about. . .

Colorectal Cancer

How do I prevent Colorectal Cancer?

- **Get Screened**
 - ✓ Schedule regular colon cancer screening tests beginning at age 50 (or earlier if you have a family history, are African-American, and/or have been diagnosed with inflammatory bowel disease).
- **Eat Right**
 - ✓ Load your diet with fresh fruits, vegetables, and whole grains.
 - ✓ Eat a low-fat diet.
 - ✓ Eat foods containing folate/folic acid such as leafy green vegetables. (You may also supplement with a multivitamin.)
- **Exercise**
 - ✓ Exercise at least 20 minutes three to four days a week. Any physical activity such as walking, gardening, or climbing stairs helps reduce your risk of developing colorectal cancer!
- **Stay away from drugs you don't need**
 - ✓ Never use tobacco products.
 - ✓ Drink alcohol in moderation.

Where can I find more information about Colorectal Cancer?

The Iowa Department of Public Health

www.idph.state.ia.us

The American Cancer Society

www.cancer.org

The National Cancer Institute

www.cancer.gov

The Centers for Disease Control

www.cdc.gov

The Prevent Cancer Foundation

www.preventcancer.org

The Colorectal Cancer Coalition

www.fightcolorectalcaner.org

The Colon Cancer Alliance

www.ccalliance.org

The Entertainment Industry Foundation

www.eifoundation.org

**Schedule your screening today!
It could save your life!**



Brought to you by the Iowa Department of Public Health
Chronic Disease Prevention and Management Bureau
This material was adapted from the Nebraska Colon Cancer Screening Program.

Colorectal Cancer Screening



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Colorectal cancer is cancer occurring in the colon or rectum. The colon includes the large intestine or large bowel and the rectum is the passageway connecting the colon to the anus. Colorectal cancer occurs in both men and women and occurs most often in those age 50 and older.

What causes Colorectal Cancer?

Colorectal cancer usually begins from polyps (an abnormal growth) in the colon and/or rectum. If left untreated, some polyps have the potential to turn into cancer. Thankfully, screening tests have revolutionized how colorectal cancer is detected and treated. These tests have the ability to find and remove polyps before they have the chance to turn into a deadly form of cancer. Colorectal cancer screenings find the cancer early, increasing the chances of being cured.

Who gets Colorectal Cancer?

Both men and women are diagnosed with colorectal cancer. Most cases are diagnosed in patients over the age of 50. However, many cases occur earlier if a person has a family history of colorectal cancer, inflammatory bowel disease, or other genetic predispositions.

What are the Symptoms?

People with polyps or colorectal cancer don't always experience symptoms, especially in early stages. A person could have polyps or colorectal cancer and not know it!

Symptoms may include:

- Blood in your stool (bowel movement)
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Are you at High Risk?

You may be at high risk for colorectal cancer if you have had a close family member has been diagnosed, if you have inflammatory bowel disease, or have a genetic predisposition such as familial adenomatous polyposis (FAP) or hereditary nonpolyposis colorectal cancer. Talk to your doctor about when to begin your screenings and how often you should be tested.

Screening Saves Lives

If you have a family history of colon cancer, are over the age of 50, or are in the high risk category for developing colon cancer – don't wait to get screened!

A screening test for colorectal cancer could save your life!

Colorectal Cancer is the #2 cancer killer in the United States!





What are my screening options?

Home Tests

- **Fecal Occult Blood Test (FOBT)** – An FOBT test is an inexpensive home test-kit which requires strict dietary and drug restrictions for accurate test results. The patient must avoid any non-steroidal anti-inflammatory drugs for at least seven days before testing. Examples of these medications include ibuprofen, naproxen, or more than one daily aspirin. The patient also needs to avoid eating red meat (beef, lamb, liver), vitamin C supplements, and citrus fruits or juices at least three days prior to the test. Two samples from three different stool samples are smeared onto testing paper and mailed into laboratory for testing. Recommendation: This test is recommended every year for people age 50 and older.
- **Fecal Immunochemical Test (FIT)** – A FIT test can be performed at home and requires no dietary or medication restrictions. Stool samples are collected over 2-3 consecutive days and send into a lab for testing. Recommendation: This test is recommended every year for people age 50 and older.

Colonoscopy

A colonoscopy is conducted in a doctor's office, clinic, or hospital. The physician uses a long, thin, flexible, lighted tube to look inside the rectum and the entire colon. If polyps (abnormal growths) are found, the physician is able to remove them and collect samples of tissue for more testing. Recommendation: For clients over 50, this test is recommended every 5-10 years.

Flexible Sigmoidoscopy

A flexible sigmoidoscopy is conducted at the doctor's office, clinic, or hospital. The physician uses a short, thin, flexible, lighted tube to observe the inside of the rectum and lower third of the colon. If polyps or other abnormalities are found, a full colonoscopy may be required to remove the polyps. Recommendation: This test is recommended every 5 years for those unable to have a standard colonoscopy.

Other tests:

Double Contrast Barium Enema

A double contrast barium enema may be an option for patients who are medically unable to have a colonoscopy and/or sigmoidoscopy. At a radiology center or hospital, the patient is given an enema containing a barium solution and air. The combination of barium and air coats the lining of the intestines and makes polyps and other abnormalities visible on the x-ray. If polyps or other abnormalities are found during this procedure, a follow-up colonoscopy is typically recommended further examination and removal of polyps.

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