



**EMPLOYEE HEALTH INITIATIVE:  
MARCH IS NATIONAL COLORECTAL CANCER AWARENESS MONTH**

**Colorectal cancer is cancer of the colon or rectum. It's as common in women as it is in men. This year, over 142,500 people will be diagnosed with colorectal cancer and nearly 51,400 will die of the disease. With certain types of screening, this cancer can be prevented by removing polyps (grape-like growths on the wall of the intestine) before they become cancerous. Several screening tests detect colorectal cancer early, when it can be more easily and successfully treated.**



- ❖ Among cancers that affect both men and women, colorectal cancer—cancer of the colon or rectum—is the second leading cause of cancer-related deaths in the U.S.
- ❖ Colorectal cancer is cancer that occurs in the colon or rectum. Sometimes it is called colon cancer. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.
- ❖ Colorectal cancer also is one of the most commonly diagnosed cancers in the U.S.
- ❖ The risk of developing colorectal cancer increases with advancing age. More than 90% of cases occur in people aged 50 or older.

**At Risk**

- ☑ People age 50 and older;
- ☑ People who smoke;
- ☑ People who are overweight or obese, especially those who carry fat around their waists;
- ☑ People who aren't physically active;
- ☑ People who drink alcohol in excess, especially men;
- ☑ People who eat a lot of red meat (such as beef, pork or lamb) or processed meat (such as bacon, sausage, hot dogs or cold cuts);
- ☑ People with personal or family histories of colorectal cancer or benign (not cancerous) colorectal polyps;
- ☑ People with personal histories of inflammatory bowel disease (such as ulcerative colitis or Crohn's disease);
- ☑ People with family histories of inherited colorectal cancer or inherited colorectal problems.

**Symptoms**

Precancerous polyps and early-stage colorectal cancer don't always cause symptoms, especially at first. This means that someone could have polyps or colorectal cancer and not know it. This is why having a screening test is so important. Later on, people may have these symptoms:

- Bleeding from the rectum or blood in or on the stool;
- Change in bowel habits;
- Stools that are more narrow than usual;
- General problems in the abdomen, such as bloating, fullness or cramps;
- Diarrhea, constipation or a feeling in the rectum that the bowel movement isn't quite complete;
- Weight loss for no apparent reason;
- Being tired all the time;
- Vomiting.

If you have any of these symptoms, [talk to your doctor](#). These symptoms may be caused by something other than cancer. However, the only way to know what is causing them is to see your doctor.

**Reducing Your Risk Reduction and Early Detection**

- ✓ Be physically active for at least 30 minutes, at least five days a week.
- ✓ Maintain a healthy weight.
- ✓ Don't smoke. If you do smoke, quit.
- ✓ If you drink alcohol, have no more than one drink a day if you're a woman or two drinks a day if you're a man.
- ✓ Eat fruits, vegetables and whole grains to help you get and stay healthy.
- ✓ Eat less red meat and cut out processed meat.

Colorectal cancer screening saves lives. However, many people who are at risk for the disease are not being screened according to national guidelines. It is estimated that as many as 60% of colorectal cancer deaths could be prevented if all men and women aged 50 years or older were screened routinely. In most cases, colorectal cancer develops from precancerous polyps (abnormal growths) in the colon or rectum. Screening tests can find precancerous polyps, so that they can be removed before they turn into cancer. Screening tests also can find colorectal cancer early, when treatment works best.



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Some studies show that increased physical activity and maintaining a healthy weight may decrease the risk for colorectal cancer. Evidence is less clear about other ways to prevent colorectal cancer.

Currently, there is no consensus on the role of diet in preventing colorectal cancer, but medical experts recommend a diet low in animal fats and high in fruits, vegetables, and whole grain products to reduce the risk of other chronic diseases, such as coronary artery disease and diabetes.

In addition, researchers are examining the role of certain medications and supplements, including aspirin, calcium, vitamin D, and selenium, in preventing colorectal cancer. While these supplements may reduce the risk of colorectal cancer, the most effective way to reduce your risk is by having regular colorectal cancer screening tests beginning at age 50.

**What African-Americans Need to Know**

- ❖ The rate of being diagnosed with colorectal cancer is higher among African Americans than among any other population group in the United States.
- ❖ Death rates from colorectal cancer are higher among African Americans than any other population group in the United States.
- ❖ Colorectal cancer is the third most common cancer among African Americans; an estimated 14,100 cases were expected to occur among this population in 2005. Of these, an estimated 6,800 deaths occurred.
- ❖ There is evidence that African Americans are less likely than Caucasians to have screening tests for colorectal cancer.
- ❖ African Americans are less likely than Caucasians to have colorectal polyps detected when they can easily be removed. Polyps are grape-like growths on the lining of the colon or rectum that may become cancer, but can be removed to prevent cancer from ever occurring.
- ❖ African Americans are more likely to be diagnosed with colorectal cancer in advanced stages when there are fewer treatment options available. They are less likely to live five or more years after being diagnosed with colorectal cancer than other populations.
- ❖ Diet, tobacco use and a lack of access to equal medical treatment options may increase African Americans' risk of developing colon cancer.
- ❖ There may also be genetic factors that contribute to the higher incidence of colorectal cancer among some African Americans. Understanding a family's medical history is important. All men and women should tell their health care professional if a relative - parent, brother, sister or child - has had colorectal cancer or colorectal polyps.
- ❖ African American women have the same chance of getting colorectal cancer as men, and are more likely to die of colorectal cancer than are women of any other population group.
- ❖ African American patients experience a larger number of polyps on the right side of the colon, versus the left. A sigmoidoscopy (one screening test for colorectal cancer) can see only the left side of the colon; colonoscopy (another colorectal cancer screening test) can see the entire colon.



**What's Your Risk for Colorectal Cancer?**

To determine whether you are at risk of developing polyps or colorectal cancer, print this test and respond to the following questions by choosing either "yes" or "no".

**Are you 50 years old or older?** \_\_Yes \_\_No  
Age is a very significant risk factor for colorectal cancer: The older you are, the higher the risk. With each decade past 40, colorectal polyps and cancers become more common. Cancers are very rare in people under 40 years of age, except where there is a strong family history.

**Have you had a colorectal polyp or cancer in the past?** \_\_Yes \_\_No  
If you've had colorectal polyps or cancer in the past, you have a greater risk of getting more polyps or having a recurrence of cancer.

**Has anyone in your family had polyps or colorectal cancer?** \_\_Yes \_\_No  
Sometimes the abnormal genes in the cells lining the colon which allow polyps and cancers to develop are inherited. The more family members who have colorectal polyps or cancers, the higher your risk. But in most cases, the genes become abnormal by chance or because of cancer-producing chemicals (carcinogens) in the foods we eat.

**Do you eat more fats than fiber?** \_\_Yes \_\_No  
Many lifestyle factors have been associated with a higher risk for colorectal cancer. These include eating too much red meat and animal fats, and not eating enough fiber or fresh vegetables. Obesity and a sedentary lifestyle may also increase your risk.



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**Have you had inflammatory bowel disease, such as ulcerative colitis?** \_\_Yes \_\_No

A long history (more than eight years) of ulcerative colitis or, to a lesser extent, Crohn's disease may contribute to the risk of colorectal cancer.

**Have you noticed persistent changes in your bowel habits?** \_\_Yes \_\_No

The presence of symptoms means that you may need attention beyond screening. The most important of these symptoms is rectal bleeding, while a noticeable change in your bowel patterns is also of concern. If you develop these symptoms, or you have one or more risk factors, don't delay in seeking medical attention.

**Did you answer YES to more than one of these questions?** \_\_Yes \_\_No

***Having a combination of risk factors significantly increases your overall risk of developing colorectal polyps and cancer. For example, if you have already had a polyp, and find out a close relative has also had one, your risk status is increased. Risk status can change, therefore, and should be updated.***

**The Results**

If you answered yes to one or more of the questions above, you are at risk for developing colorectal polyps or cancers.

**If You Are at Risk, What Do You Do?**

First, pat yourself on the back! By taking the time to determine your risk for colorectal cancer, you have taken an important step toward preventing it. Make an appointment with your primary care doctor, a gastroenterologist, or a colorectal surgeon.

**When Should You Begin to Get Screened?**

You should begin screening for colorectal cancer soon after turning 50, and then continue getting screened at regular intervals. However, you may need to be tested earlier or more often than other people if:

- You or a close relative have had colorectal polyps or colorectal cancer; or
- You have inflammatory bowel disease.
- You have a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary nonpolyposis colorectal cancer.

If you are aged 50 or older, or think you may be at increased risk for colorectal cancer, speak with your doctor about getting screened. The U.S. Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer for all people until they reach 75 years old and for some people when they are older than 75. If you are in this age group, ask your doctor if you should be screened.

**Screening Saves Lives**

Colorectal cancer almost always develops from precancerous polyps (abnormal growths) in the colon or rectum. [Screening tests](#) can find precancerous polyps, so that they can be removed before they turn into cancer. Screening tests can also find colorectal cancer early, when treatment works best.

**What Is Colorectal Cancer Screening?**

A screening test is used to look for a disease when a person is not experiencing any symptoms. Cancer screening tests, including those for colorectal cancer, are effective when they can detect disease early. Detecting disease early can lead to more effective treatment. In some cases, screening tests can detect something that shouldn't be there, such as a polyp in the colon or rectum, before it has a chance to turn into cancer. Removing polyps in the colon and rectum prevents colorectal cancer from developing. (A diagnostic test differs from a screening test because it is used when a person has symptoms. A diagnostic test is used to find the cause of the symptoms.)

**Colorectal Cancer Screening Tests**

Several tests are available to screen for colorectal cancer. Some are used alone; others are used in combination with each other. Talk with your doctor about which test or tests are best for you. These screening tests are recommended by the USPSTF:

- Colonoscopy (every 10 years).
- High-sensitivity fecal occult blood test (FOBT) (every year).
- Flexible sigmoidoscopy (every 5 years).

In addition to these tests, some groups also recommend the double contrast barium enema as a screening test (every 5 years). Other tests are being evaluated and may be recommended by the USPSTF for use in colorectal cancer screening in the future, including CT colonography (also known as "virtual colonoscopy") and stool DNA testing.

Several screening tests can be used to find polyps or colorectal cancer. Each can be used alone. Sometimes they are used in combination with each other.

**Recommended Screening Tests**

**The U.S. Preventive Services Task Force [recommends](#) colorectal cancer screening for men and women aged 50–75 using high-sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy.**



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(The decision to be screened after age 75 should be made on an individual basis. If you are older than 75, ask your doctor if you should be screened.) [Talk to your doctor](#) [PDF-178KB] about which of the following tests are right for you.

- ✓ **High-Sensitivity FOBT (Stool Test)** - There are two types of FOBT. One uses the chemical guaiac to detect blood. The other, a fecal immunochemical test (FIT), uses antibodies to detect blood in the stool. You receive a test kit from your health care provider. At home, you use a stick or brush to obtain a small amount of stool. You return the test kit to the doctor or a lab, where the stool samples are checked for the presence of blood. **How often: Once a year.**
- ✓ **Flexible Sigmoidoscopy** - For this test, the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer inside the rectum and lower third of the colon. **How often: Every 5 years.**
- ✓ **Colonoscopy** - This is similar to flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers. Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening tests. **How often: Every 10 years.**

**Other Screening Tests in Use or Being Studied**

Although these tests are not recommended by the U.S. Preventive Services Task Force, they are used in some settings and other groups may recommend them. Many insurance plans don't cover these tests, and if anything unusual is found during the test, you likely will need a follow-up colonoscopy.

- ☑ **Double-Contrast Barium Enema** - You receive an enema with a liquid called barium, followed by an air enema. The barium and air create an outline around your colon, allowing the doctor to see the outline of your colon on an X-ray.
- ☑ **Virtual Colonoscopy** - Uses X-rays and computers to produce images of the entire colon which are displayed on a computer screen.
- ☑ **Stool DNA Test** - You collect an entire bowel movement and send it to a lab to be checked for cancer cells.

**Related Links** - From the National Digestive Diseases Information Clearinghouse:

- ❖ [Flexible Sigmoidoscopy](#)
- [Colonoscopy](#)
- [Virtual Colonoscopy](#)

**Treatment**

Surgery is the most common treatment. When the cancer has spread, chemotherapy or radiation may be given before or after surgery. For more information about colorectal cancer, visit [www.PreventCancer.org](http://www.PreventCancer.org).

**Free or Low-Cost Screening**

CDC launched the [Colorectal Cancer Control Program \(CRCCP\)](#) by providing funding to 26 states and tribes across the United States. The program supports population-based screening efforts and provides colorectal cancer screening services to low-income men and women aged 50–64 years who are underinsured or uninsured for screening, when no other insurance is available. In addition to colorectal cancer screening, the program sites also provide diagnostic follow-up. If you live in one of the CRCCP-funded states, you may be eligible for free or low-cost colorectal cancer screening. **In Florida, it is the Florida Colorectal Cancer Control Program, Bureau of Chronic Disease Prevention, Florida Department of Health, 4052 Bald Cypress Way; HSFCD, Bin#A-18, Tallahassee, FL 32399-1723, 850-245-4330.** If you are not eligible for the program, or live outside the areas in which the CRCCP operates, please call 1 (800) 4-CANCER or 1 (800) ACS-2345 to learn more about screening options in your community. You also may be able to find information about free or low-cost screening by calling your local department of health.

**Health Initiative Resources and Sources:**

- ☑ **Centers for Disease Control and Prevention, Division of Cancer Prevention and Control, 800-CDC-INFO; (800-232-4636); TTY: (888) 232-6348; 24 Hours - [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov), <http://www.webmd.com/colorectal-cancer/guide/colorectal-cancer-overview-facts>**
- ☑ **American Cancer Society. Cancer Facts & Figures, 2010. American Cancer Society. Detailed Guide to Colorectal Cancer. <http://www.cancer.org/Cancer/ColonandRectumCancer/DetailedGuide/index>.**
- ☑ **American College of Gastroenterology. "Facts about Colorectal Cancer Screening. <http://www.acg.gi.org/patients/crcfactsheet.asp>.**
- ☑ **American Institute of Cancer Research (AICR) and World Cancer Research Fund (WCRF) Expert Report. Food, Nutrition, Physical Activity and the Prevention of Cancer: a Global Perspective. <http://www.dietandcancerreport.org/>. "Adherence to Lifestyle Recommendations/Risk of Colorectal Cancer: A Pros Danish Cohort Study." *British Med Jour.* 10/26/10.**
- ☑ **Cancer Trends Progress Report—2009/2010 Update. National Cancer Institute, National Institutes for Health. Colorectal Cancer PDQ®. <http://www.cancer.gov/cancertopics/pdq/prevention/colorectal/healthprofessional>.**
- ☑ **National Cancer Institute, National Institutes of Health. "Physical Activity and Cancer Fact Sheet." <http://www.cancer.gov/cancertopics/factsheet/prevention/physicalactivity>.**
- ☑ **Prevent Cancer Foundation - [www.preventcancer.org](http://www.preventcancer.org).**