



## Digestive and Liver Center of Florida, P.A.

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*Yale Trained Physicians*

# Colon Cancer... You **Can** Prevent It

### America's #2 Cancer Killer

Colorectal cancer is the number 2 cancer killer in the United States, yet it is one of the most preventable types of cancer. Colorectal cancer is often curable when detected early.

### Risk Factors

- Lifetime risk of colorectal cancer is roughly equal in men and women.
- Colorectal cancer is most common after age 50, but it can strike at younger ages. The risk of developing colorectal cancer increases with age.

### Symptoms

Most early colorectal cancers produce no symptoms. This is why screening for colorectal cancer is so important. Some possible symptoms, listed below, do not always indicate the presence of colorectal cancer, but should prompt a visit with your physician and a check-up:

- New onset of abdominal pain
- Blood in or on the stool
- A change in stool caliber or shape
- A change in typical bowel habits, constipation, diarrhea



### Who is Considered High Risk and Who Should Act Now?

- Men and women age 50 and older.
- African Americans of age 45 and higher
- 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, such as long standing ulcerative colitis or Crohn's disease
- People with a family history of inherited colorectal cancer



### Colonoscopy: Preferred Screening Strategy

Colonoscopy is the preferred method of screening for colorectal cancer. The American College of Gastroenterology considers colonoscopy the "gold standard" for colorectal screening because colonoscopy allows physicians to look directly at the entire colon and to identify suspicious growths. Colonoscopy is the only test that allows a biopsy or removal of a polyp at the very same time it is first identified.

### Colorectal Screening for African Americans

African Americans are diagnosed with colorectal cancer at a younger age than other ethnic groups, and African Americans with colorectal cancer have decreased survival compared with other ethnic groups.

Physician experts from the American College of Gastroenterology in 2005 issued new recommendations to healthcare providers to begin colorectal cancer screening in African Americans at age 45 rather than 50 years.

Data support the recommendation that African Americans should begin screening at a younger age because of the higher incidence of colorectal cancer and a greater prevalence of proximal or right-sided polyps and cancer in this population. The recommendations were published in the March 2005 issue of the *American Journal of Gastroenterology*.

## The Anatomy of Colorectal Cancer

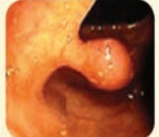
### Progression from Polyp to Cancer

Screening tests can find polyps so they can be removed *before* they turn into cancer

- Most colorectal cancers develop from polyps, which are abnormal growths in the colon. If polyps grow unnoticed and are not removed, they may become cancerous.



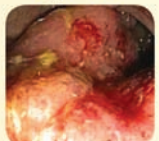
Small Polyps



Medium Polyps



Polyp on Stalk



Colon Cancer

- Screening tests can find precancerous polyps so they can be removed before they turn into cancer.

- The development of more than 75-90 percent of colorectal cancer can be avoided through early detection and removal of precancerous polyps.\*

### WHAT ARE THE SCREENING OPTIONS?

Talk to your doctor about what screening tests are right for you.

#### Colonoscopy

For normal risk individuals, the American College of Gastroenterology recommends colonoscopy screening every 10 years beginning at age 50 (see new recommendations for African Americans).

#### Flexible Sigmoidoscopy & Fecal Occult Blood Test

An alternative strategy for average risk individuals is an annual stool test for blood, and a flexible sigmoidoscopy exam every 5 years. Unlike colonoscopy, this approach does not allow identification and removal of polyps in the entire colon.

Call today to schedule your appointment with one of our physicians.

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[\* Winawer S.J. et al. Prevention of colorectal cancer by colonoscopic polypectomy. The National Polyp Study Workgroup. N Engl J Med. 1993 Dec 30;329(27):1977-81]