



# Colorectal Cancer Screening

The American Cancer Society  
and  
Living Well

March Module

## **TOPIC: Colorectal Cancer Screening**



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## TOPIC: Colorectal Cancer Screening



### OVERVIEW

#### TALKING POINTS

- Colorectal cancer is the third most common cancer in both men and women. But the great news is that colorectal testing can save your life and even prevent colorectal cancer.
- Everyone 50 or older should have regular colorectal testing.
- The tests can keep you from getting colorectal cancer! Testing can find non-cancerous colorectal polyps when they can be easily removed. Polyps are small growths that may turn into cancer if not removed.
- Testing can find colorectal cancer early when it can be easily cured.
- People with a personal history of polyps, colorectal cancer, inflammatory bowel disease, or a family history of colorectal cancer or polyps are at higher risk for colorectal cancer. They may need to start being tested before age 50 and have the tests done more often.
- A family history of other cancers (breast, ovarian, or uterine) may also raise one's risk for colorectal cancer.
- African Americans and Ashkenazi Jews appear to have higher rates of colorectal cancer.
- Insurance, Medicare, and Medicaid usually pay for testing.

#### BULLETIN BOX

Colon cancer almost always starts with a polyp. Get the polyp early and stop colon cancer before it starts. Colon cancer. Get the test. Get the polyp. Get the cure.

For more information, call 1-800-ACS-2345 or visit [www.cancer.org](http://www.cancer.org).

#### RESOURCES

American Cancer Society Web site: [www.cancer.org](http://www.cancer.org)

American Cancer Society phone number: 1-800-ACS-2345

National Cancer Institute Web site: [www.cancer.gov](http://www.cancer.gov)

National Cancer Institute phone number: 1-800-4CANCER

Join us for an informative discussion on colorectal cancer screening.

Location:

Date:

Time:

For more information, contact:



# **Join Us for an Informative Discussion on Colorectal Cancer Screening**

**Learn about:**  
**Benefits of early detection**  
**How colorectal cancer can be prevented**  
**What tests are used to screen for colorectal cancer**

Location:

Date:

Time:

For more information, contact:

## **TOPIC: Colorectal Cancer Screening**



### **SAMPLE NEWSLETTER:**

#### **AMERICAN CANCER SOCIETY ENCOURAGES DIALOGUE ABOUT COLORECTAL CANCER**

The diagnosis of colorectal cancer in high-profile individuals, such as Supreme Court Justice Ruth Bader Ginsburg and baseball players Darryl Strawberry and Eric Davis, helped generate awareness of the disease. Yet, despite the recent national attention on colorectal cancer, people often are reluctant or embarrassed to talk about the disease.

Even though the exact cause of most colorectal cancer is not known, it is possible to prevent many colorectal cancers through regular screening and a healthy lifestyle. The hope is that, as more people speak publicly about this disease, it will encourage others to address the issue of colorectal cancer – leading to recommended screenings, early diagnosis, and ultimately, more lives saved.

Colorectal cancer, unlike other cancers, is a highly preventable disease and one that can be detected early through screening. To learn more about the disease, the American Cancer Society encourages people to use their resources — a toll-free information line at 1-800-ACS-2345 or visit [www.cancer.org](http://www.cancer.org) — to get accurate, unbiased colorectal cancer information and support.

**SAMPLE NEWSLETTER:**

**KNOWING COLORECTAL CANCER RISK FACTORS MAY SAVE YOUR LIFE**

One of the best ways to protect yourself from colorectal cancer is to know the risk factors of the disease. By knowing the risk factors, you can adjust your screening schedule so that you can detect the disease earlier and possibly save your life!

- **Family history of colorectal cancer:** Relatives of colorectal cancer patients are at an increased risk for developing the disease. Some doctors recommend that all people with colorectal cancer have an evaluation of their family history of the disease.
- **Personal history of colorectal cancer:** Even when a colorectal cancer has been completely removed, new cancers may develop in other areas of the colon and rectum.
- **Personal history of intestinal polyps:** Some types of polyps (hyperplastic polyps and inflammatory polyps) do not increase the risk of colorectal cancer. Other types, such as adenomatous polyps, or adenomas, do increase the risk of colorectal cancer, especially if they are large or there are many of them.
- **Personal history of chronic inflammatory bowel disease:** Chronic inflammatory bowel disease is a condition in which the colon is inflamed over a long period of time and may have ulcers in its lining. This increases a person's risk of developing colorectal cancer, so starting colonoscopy earlier and doing this test more often (every one to two years) is recommended.
- **Age:** About 90 percent of people found to have colorectal cancer are 50 years of age or older.
- **Diet mostly from animal sources:** A diet that consists mostly of foods that are high in fat, especially from animal sources, can increase the risk of colorectal cancer.
- **Physical inactivity and obesity:** People who are overweight and those who do not get at least a moderate degree of physical activity have an increased risk of developing colorectal cancer.
- **Familial colorectal cancer syndromes:** Familial adenomatous polyposis (FAP) is a hereditary condition in which people typically develop hundreds of polyps in the colon and rectum. Cancer nearly always develops in one or more of these polyps between the ages of 30 and 50 if preventive surgery is not done. Like FAP, Gardner's syndrome results in polyps and colorectal cancers that develop at a young age. It can also cause benign tumors of the skin, soft connective tissue, and bones. Hereditary nonpolyposis colorectal cancer (HNPCC) develops in people at a relatively young age without first having many polyps. Women with this condition also have an increased risk of developing cancer of the endometrium.

For more information on colorectal cancer, call the American Cancer Society at 1-800-ACS-2345 or visit [www.cancer.org](http://www.cancer.org).

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### SAMPLE NEWSLETTER:

#### COLORECTAL CANCER SCREENING

The American Cancer Society recommends that starting at age 50, men and women at average risk should follow one of the examination schedules for colorectal cancer below:

1. A fecal occult blood test (FOBT) or fecal immunochemical test (FIT) every year
2. A flexible sigmoidoscopy (FSIG) every five years
3. Annual FOBT or FIT and flexible sigmoidoscopy every five years\*
4. A double-contrast barium enema every five years
5. A colonoscopy every 10 years

*\*Combined testing of annual FOBT or FIT and FSIG every five years is preferred over either of these tests alone. People who are at an increased risk for colorectal cancer should talk with a doctor about a different testing schedule.*

Those with a strong family (parent or sibling) or personal history of colon or rectal cancer, or polyps and/or chronic inflammatory bowel disease, should talk with their doctor about a testing schedule appropriate for them.

Colorectal cancer can be treated successfully if caught early; however, symptoms may not appear until the disease has advanced. That is why open communication with your doctor and screening is so important, even if you do not have symptoms. See your doctor immediately if you have a change in bowel habits that last for more than a few days. This includes bleeding from the rectum, blood in the stool, cramping or gnawing stomach pains, and/or fatigue. While these symptoms may not necessarily point to colorectal cancer, it is better to be safe and seek treatment right away.

While the exact cause of colorectal cancer is not known, it occurs more often among men and women over 50. Other risk factors for colorectal cancer include those with a strong family history of the disease or polyps; people with a personal history of colon or rectal cancer or inflammatory bowel disease; physically inactive people; and those who eat high-fat, low-fiber diets without enough fruit or vegetables. Cigarette smoking has also been recently linked to colorectal cancer risk. If you or a loved one fall into a high-risk category, set a regular testing schedule with your doctor.

For more information on colorectal cancer, contact your American Cancer Society at 1-800-ACS-2345 or visit [www.cancer.org](http://www.cancer.org).

## TOPIC: Colorectal Cancer Screening



### FACT SHEET

- March is colorectal cancer awareness month.
- There are steps you can take to reduce your risk for colorectal cancer.
  - Ask relatives about your family's cancer history.
  - Exercise at least 30 minutes on most days.
  - Eat five or more servings of vegetables and fruits daily.
  - Avoid tobacco and drink alcohol in moderation if you drink at all.
  - Stay at your ideal weight.
- Talk to your doctor about your personal risk and testing options.
- It's not just a man's disease. Men and women are equally affected. Over 90% of colorectal cancers are diagnosed in people over age 50.
- Early colorectal cancer often has no symptoms. But, later on, colorectal cancer symptoms may include rectal bleeding, stomach cramps, weight loss, a change in bowel habits, or just feeling tired.
- Screening tests include:
  - Fecal occult blood tests (FOBT) – a test used to detect occult (hidden) blood in feces. This test can be done in the privacy of your own home.
  - Fecal immunochemical test (FIT) – a test used to detect occult (hidden) blood in feces. This test is done essentially the same way as FOBT.
  - Flexible sigmoidoscopy (FSIG) – a procedure using a hollow, lighted tube that detects cancer or polyps inside the rectum and lower third of the colon.
  - Colonoscopy – a procedure similar to flexible sigmoidoscopy except the colonoscope is long enough to view the entire colon.
  - Double-contrast barium enema – an x-ray examination that allows a radiologist to view the entire colon.
- Colorectal cancers can almost always be cured if they are detected early. Screening tests can detect colorectal polyps before they become cancerous, as well as early-stage colorectal cancers.
- Medicare and many other health insurance plans now cover routine tests for colorectal cancer. Contact your personal health insurance carrier for more information and don't forget to talk with you doctor about which test is right for you.
- Call the American Cancer Society at 1-800-ACS-2345 or visit [www.cancer.org](http://www.cancer.org) for questions to ask your doctor.

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### COLORECTAL CANCER QUIZ – ARE YOU AT RISK?

In 2005, colon and rectum cancer will affect more than 145,000 people and their families. Individual risk varies, but knowing your risk for developing the disease and getting tested at the right time could save your life. Can you answer **yes** to any of the following questions?

- Are you 50 or older?
- Are you of African American heritage?
- Has a doctor ever told you that you have inflammatory bowel disease, ulcerative colitis, or Crohn's disease?
- Has one of your parents or your brother, sister, or child had colorectal cancer or colon polyps?
- Do you smoke or use other tobacco products?
- Are you physically inactive – not getting regular exercise?
- Do you often eat red meat?

If you answered yes to **any** of these questions, you are at an increased risk for colorectal cancer. Talk to your doctor to make informed decisions about the best testing method and timing for you. For more information on colorectal cancer, call the American Cancer Society at 1-800-ACS-2345 or visit [www.cancer.org](http://www.cancer.org).

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### COLORECTAL CANCER QUIZ –

#### Can You Reduce Your Risk for Colorectal Cancer?

Approximately 90 percent of all colorectal cancer cases and deaths are thought to be preventable. What can you do to lower your risk for the disease or prevent it altogether? From the list below, circle which behaviors can decrease your colorectal cancer risk.

- A. Healthy diet
- B. Physical activity
- C. Regular checkups, including appropriate cancer screenings
- D. Maintaining a healthy weight
- E. Eating less red meat
- F. Not smoking
- G. Limiting alcohol, if you drink at all

**Answer: All!**

All of these factors decrease your colorectal cancer risk. By eating a diet high in vegetables, fruits, and grains and low in red meat and alcohol, you can decrease your risk and help maintain a healthy weight. Regular exercise and not smoking are important to living healthy, too. Get regular checkups with your doctor to discuss your health and which cancer screening tests are right for you. Colorectal cancer may be prevented with tests that can find polyps and remove them before they become cancer.

For more information, contact the American Cancer Society at 1-800-ACS-2345 or visit [www.cancer.org](http://www.cancer.org).

**TOP COLORECTAL CANCER MISCONCEPTIONS  
AND THE TRUTHS YOU SHOULD KNOW**

- 1. Myth:** Colorectal cancer cannot be prevented.  
**Truth:** By getting tested for it, you can prevent colorectal cancer. Colorectal cancer usually starts with a polyp. Get the polyp early and stop colorectal cancer before it starts. You can also help reduce your risk of colorectal cancer by exercising regularly and eating a diet that is low in fat and rich in fruits and vegetables.
- 2. Myth:** African Americans are not at risk for colorectal cancer.  
**Truth:** All races are affected by colorectal cancer. African American men and women tend to be at higher risk of getting and dying of colorectal cancer than men and women of other racial and ethnic groups.
- 3. Myth:** Age doesn't matter when it comes to getting colorectal cancer.  
**Truth:** Most colorectal cancers are diagnosed in individuals 50 or older. The American Cancer Society recommends beginning screening tests at age 50 for people of average risk. You should talk to your doctor about getting tested.
- 4. Myth:** It's better not to get tested for colorectal cancer because it's deadly anyway.  
**Truth:** Colorectal cancer is highly treatable. If colorectal cancer is found early and treated, the five-year survival rate is 90 percent; however, only 38 percent of cases are diagnosed at this early stage.

**Get Tested**

The American Cancer Society recommends one of these five testing options for all people of average risk beginning at age 50.

1. A fecal occult blood test (FOBT) or fecal immunochemical test (FIT) every year
2. A flexible sigmoidoscopy (FSIG) every five years
3. Annual FOBT or FIT and flexible sigmoidoscopy every five years\*
4. A double-contrast barium enema every five years
5. A colonoscopy every 10 years

*\*Combined testing of annual FOBT or FIT and FSIG every five years is preferred over either of these tests alone. People who are at an increased risk for colorectal cancer should talk with a doctor about a different testing schedule.*

For more information about colorectal cancer and how you can prevent it or stop it early, contact your American Cancer Society at 1-800-ACS-2345 or visit [www.cancer.org](http://www.cancer.org). If this disease has touched you or someone you love, we can help.

## TOPIC: Colorectal Cancer Screening



### SPEAKER'S NOTES FOR PRESENTATION

- Slide 1: Welcome to this presentation on Colorectal Cancer. My name is \_\_\_\_\_. I appreciate the opportunity to share this information with you and hope that you will find it useful.
- Slide 2: none
- Slide 3: none
- Slide 4: Approximately 90 percent of colorectal cancer cases and deaths are thought to be preventable, based on existing approaches for early detection.
- Slide 5: none
- Slide 6: These symptoms may occur in later, more advanced stages of the disease.
- Slide 7: Diet: A diet made up of mostly foods that are high in fat, especially from animal sources, can increase the risk of colorectal cancer.
- Slide 8: People who have a history of either colorectal cancer or polyps in any first degree relative (e.g. father, mother, brother, or sister) before age 60, or in two or more relatives at any age, have an increased risk of developing colorectal cancer.  
FAP – A hereditary condition resulting in a person having hundreds or even thousands of polyps in the colon or rectum. The polyps usually first appear during the teenage years. Between the ages of 30 – 50, cancer nearly always develops in one or more of these polyps.  
HNPCC – People with this hereditary condition tend to develop cancer at a young age without first having polyps.  
Gardner's Syndrome – Like FAP, this hereditary condition results in polyps and colorectal cancer that develops at a young age. It can also cause benign tumors of the skin, connective tissue, and bones.
- Slide 9: none
- Slide 10: Early detection is critical to surviving colorectal cancer.
- Slide 11: Fecal Occult Blood Test (FOBT): A test that can be conducted at home and is low cost. It must be performed every year in order to be valid. Multiple stool samples are examined for blood.  
Fecal Immunochemical Test (FIT): A test used to detect occult (hidden) blood in feces. This test is done essentially the same way as FOBT. This test uses 2 stool samples while the FOBT requires 3.  
Flexible sigmoidoscopy: Performed in a doctor's office with limited preparation. A slender, lighted, flexible tube is placed in the rectum. Will only screen the lower part of the colon.

Double contrast barium enema: An enema of a chalky substance is used to partly fill up and open the colon. Air is then added to expand the colon. X-ray films are taken. Can usually view entire colon; extensive preparation.

Colonoscopy: A long, flexible tube placed through the rectum into the colon. The tube is linked to a video camera and display. Views entire colon, can biopsy and remove polyps, can diagnose other diseases; extensive preparation.

Slide 12: A consequence of the low screening rate is that only 38 percent of cases are diagnosed when the disease is still localized. Later diagnosis results in a substantially lower survival rate.

Slide 13: Surgery: If colorectal cancer is detected at an early stage, the patient can undergo a polypectomy (removal of the cancerous polyp) or a local excision (removal of the cancer and a small margin of tissue). If the cancer is large, or invades surrounding tissue or lymph nodes, the individual will most likely have a segmental resection (removal of the cancer, some colon tissue, and the lymph nodes). A colostomy (an opening in the abdomen to allow the elimination of body wastes) is performed if the physician is unable to reconnect the parts of the colon after surgery.

Radiation: Used primarily to treat rectal cancers.

Chemotherapy: Even though nearly 80 percent of colorectal cancer patients experience complete clearance of their disease after surgery, approximately 40 percent will develop recurrence. Chemotherapy is used to eradicate any remaining cancer cells and to prevent recurrent disease.

Slide 14: Localized: Cancer is confined to the colon or rectum.

Regional: Cancer has spread to the lymph nodes.

Distant: Cancer has metastasized – spread to distant sites.

Unfortunately, most people are not being diagnosed when the cancer is localized. This is because few people aged 50 years and older are following the American Cancer Society's screening guidelines for colorectal cancer.

Slide 15: Colorectal Cancer Awareness – Many activities occur in communities in every state. Check with your local office to get involved!

I Can Cope – Facing cancer can be one of the most significant challenges a person faces. I Can Cope helps people meet this challenge by clarifying facts and myths through a series of educational classes.

Cancer Survivors Network – This program is a virtual community created by and for cancer survivors to connect with one another, share experiences, and provide support. It is available 24 hours a day, seven days a week, by calling 1-800-ACS-2345 or by linking through [www.cancer.org](http://www.cancer.org).

Slide 16: none

Slide 17: none

Slide 18: none