



March is National
Colorectal Cancer Awareness Month

Conducting an Online Education Campaign

As more and more people seek their health information online, there is a tremendous opportunity to reach people through various Internet activities. The Web provides an inexpensive vehicle to deliver National Colorectal Cancer Awareness Month messages to a large audience.

- ***E-mail Newsletter:*** E-mail newsletters are a great way to send information to people who regularly visit your Web site. You can create a simple text-only e-mail through your e-mail software, or subscribe to an e-mail marketing service that will help you create an eye-catching HTML version. Such services include Constant Contact, and are very user-friendly, but will help you create a professional e-mail campaign and track the number of people who open the e-mail and click through to your Web site.
- ***Video Downloads:*** If you have video, you can digitize it for the Web. This is a great opportunity to show your Web site visitors what a colonoscopy looks like, showcase your public service announcements or other video. You'll want to make sure the file is compressed for easy download, or is in a streaming format. Your Web manager will be able to help you with this.
- ***Blogs & Podcasts:*** Two new trends in online communication are Blogs – short for Web log – and Podcasts – named after the increasingly popular iPod. Blogs are online journals. During National Colorectal Cancer Awareness Month, have a variety of people – health care providers, caretakers, survivors, etc. – write their own stories for your site's blog. These first person accounts will add another layer to reinforce that colorectal cancer is preventable, treatable and beatable.

Podcasts are audio versions of blogs. You can record a short audio story on your computer – it will already be in a digital format – and provide it to visitors to download. Again, hearing a story in the first person adds another element and depth to these very personal stories.

- **Banner and Pop-Up Ads:** Banner ads are advertisements that appear at the top or side of a Web site. They can be animated to attract attention and communicate the National Colorectal Cancer Awareness Month messages. Pop-up ads literally “pop-up” when you go to a Web site. Again, both these are eye catching and a great way to capture your Web site visitors’ attention. Some Web sites also offer public service announcement space for banner and pop-up ads.
- **Online Quiz:** Test your visitors’ knowledge about colorectal cancer. You can create a simple, multiple-choice quiz with facts about the prevention, diagnosis and treatment of colorectal cancer. Provide links so visitors can find additional information about the quiz topics so they can walk away educated consumers.

Conducting an “Ask the Expert” Forum

“Ask the Expert” forums are great ways to provide your target audience an opportunity to ask the questions that they want the answers to. It’s important to keep the questions and answers general. You don’t want to be in a position, or put your expert in a position, of providing medical advice.

The first step is to line up your experts. You might want to have experts that can provide information on prevention, diagnosis and treatment. For example, a dietician can provide information on healthy lifestyles, a gastroenterologist or nurse endoscopist can provide information on screening, and an oncologist can provide information on treatment. For the psycho-social aspects of colorectal cancer, a social worker and survivor can provide insight.

Once you have your experts lined up, assess your technical capabilities. If you are able to hold live Web chats on your Web site, then schedule several sessions throughout the month of March. People can ask the expert their questions directly in this format. The downside is that you cannot pre-screen the questions.

Another option is to ask your Web visitors to submit questions for a period of time. You can advertise the forum on your homepage and in newsletters. Once a number of questions have been submitted, pick the most popular questions, submit those to your experts and then post the responses throughout National Colorectal Cancer Awareness Month.

Conducting Colorectal Cancer Education Programs in Local Businesses

Area businesses are perfect venues for conducting colorectal cancer awareness initiatives during the month of March. Here are some ideas to help you develop a successful employee education program.

- Do your research. Work with Human Resources managers and/or Employee Health manager to understand the employee population and the employer benefits package and tailor your awareness programs to fit the employer's needs.
- Offer programs to fit varied schedules and in convenient venues, such as 20-minute lunch seminars, or 10-minute break-time seminars that provide a quick, easy to understand introduction to CRC screening and prevention.
- Consider a two-part seminar series: "Colorectal Cancer 101" featuring a local health care professional to review basics (see Self-help Guides for printed hand-outs):
 - Seminar 1: Everything You Need to Know About Colorectal Cancer
 - Seminar 2: Understanding CRC Risk and Your Family Medical History
- Expand the seminar learning experience by dissemination information through in-house mail, pay envelopes or e-mail campaign.
- Post articles in employee newsletters.
- Build on existing employee fitness or diet groups.
- Conduct your educational campaign entirely by e-mail during March. Provide a series of e-blasts with information on *Everything You Need to Know About Colorectal Cancer*; *5-Steps to Reducing Your Risk of Colorectal Cancer*; *Get Screened for Colorectal Cancer*; and *How to Create a Family Medical History Chart*.
- Send reminder e-mails to employees age 50 and older urging them to *get screened*.

- Provide Buddy Bracelets to employees who have had a colorectal cancer screening. Ask them to pass their bracelets along to fellow employees to encourage them to get screened, as well.
- Create a "Screening Challenge" within departments providing a prize to the winning department with the highest screening rate among employees age 50 and older who have never before been screened.
- Work with benefits managers to create a list of local health care providers for screening.
- Team with local laboratory or hospital to develop an FOBT screening program.
- Recruit an employee from each division to become the conduit of information, providing his or her co-workers with written information and the names of several "experts" who will visit each division at designated times during March to provide one-on-one education for those with questions.
- Develop exercise and healthy eating displays in heavy traffic areas; feature locally recruited experts who can provide tips, simple cooking demonstrations and exercise routines for employees; follow-up with handouts on the benefits of a healthy lifestyle – including regular screening – to CRC prevention and early detection.
- Feature "colon healthy" lunch offerings in employee cafeterias with handouts about *What You Need To Know About Colorectal Cancer*; add a "Get Screened" message for on-hold phone messages, parking garage receipts or in-house store receipts.

Tips for Media Outreach

Working with the media is a great way to spread colorectal cancer messages to a large number of people. When contacting the media it is important to know whom to contact. It is possible to send your information generically to "editor" or "producer," but you are much more likely to get a response if you personalize the information. Start by developing a media list of contacts that might be interested in writing about or reporting on your event or story. The list should include daily and weekly newspapers, radio and television stations, magazines, and any other media outlets in your area along with the reporter that covers your "beat" (subject matter of your story) at each outlet. Most reporters who cover colorectal cancer are health or science reporters. If you are holding a local event, the metro or community reporters may also cover it.

In larger metropolitan areas, media directories are generally available, and there are some nationwide directories as well. Most public libraries carry these directories in their reference sections. If you cannot find this information, call the station of publication and ask who might cover the story. Positions at media outlets change quite frequently, so you may want to call to make sure the contact listed in the directory is still current. You can also visit the media outlet's Web site to find out who has written or reported on colorectal cancer recently.

Your first communication with the contacts on your media list should take place about two weeks before the event or before you want the story to appear. E-mail every reporter a "media kit" with information about your organization, story or local event. Include a copy of a press release, localized for your specific story.

If you are holding an event, e-mail or fax a media advisory to all of the contacts on your list about one week before. Most reporters, especially in larger cities, prefer e-mailed information, though faxes are typically accepted. After a day or two, begin "pitching," or making calls to your contacts. Because most reporters have afternoon deadlines, it is best to pitch between 10am and 1pm. Also, avoid calling television stations when their news is on the air. Give the reporter the time and date of the event, the purpose of the event, and what local figures will be in attendance. If the reporter you call is not the correct contact, get the correct contact's name. Keep track of media calls.

If you are not having an event, but want to pitch a personal story, you can follow the same procedure using the date you would like to see your story published as the end point. For example, if you would like to see the story published the first week of National Colorectal Cancer Awareness Month, begin working a week or two before that.

Remember that broadcast media need visuals to tell their stories and the more visual you can make a story the better chance a print outlet will send a photographer. A doctor performing a colonoscopy or a survivor talking to people are good visuals. Be sure to tell any reporters what the photo opportunities may be.

Organizations and media outlets get information on many events in the community. By following up on your mailings, you remind them of your particular activities and add importance to the information. It seems less like "junk" mail when someone calls to ask if they have received the information. When following up with media remember to "put a face" on colorectal cancer, and give the reporter as much information as possible about how the disease affects your community.

The day before the event, fax media advisories to local media daybooks. The Associated Press and UPI maintain daybooks for most large cities. Many newspapers also have daybooks or "community calendars." The day of the event, send fax or e-mail the press release to all contacts on your media list. Even if a reporter is not able to attend the event, he or she may write a brief story based on the information provided in the press release. You may also want to make a pre-event "reminder call" to media that had expressed interest. This is especially true for television, who may not make a decision of whether or not to cover the event until a few hours before the event begins.

At the event, set up a press table where all media can sign in. This will help you keep track of media who attend the event.

In the few hours after the event, call the reporters who attended to see if they have any additional questions. It is also helpful to follow up with reporters who did not attend the event to see if they are interested in an colorectal story. If a media outlet covers your activities, follow up with a thank-you letter. A quick, sincere note of thanks can help build a long-term relationship.

About National Colorectal Cancer Awareness Month

National Colorectal Cancer Awareness Month is made possible by presenting sponsor sanofi-aventis; sustaining partner Amgen; premier benefactor Bristol Myers Squibb, and major benefactor Roche. The Cancer Research and Prevention Foundation together with its founding partners the American Society for Gastrointestinal Endoscopy, Foundation for Digestive Health and Nutrition and the National Colorectal Cancer Roundtable, joined forces to designate March as National Colorectal Cancer Awareness Month in 2000. The goals of this initiative are to generate widespread awareness about colorectal cancer and to encourage people to learn more about prevention of the disease through regular screening and a healthy lifestyle. For more information about colorectal cancer or National Cancer Awareness Month, please visit www.preventcancer.org/colorectal.



FACT SHEET

March is National
Colorectal Cancer Awareness Month

Colorectal Cancer

Colorectal cancer is cancer of the colon and/or rectum. In 2006, 148,610 people are estimated to be diagnosed with the disease, and men and women are diagnosed in nearly equal numbers. Of those diagnosed, 55,170 are estimated to die from colorectal cancer. However, it is one of the most preventable cancers, because it can develop from polyps 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.

RISKS

- 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
- People who are obese and/or sedentary

SYMPTOMS

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

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

EARLY DETECTION

Men and women at average risk should begin regular screening at age 50. If you are at greater risk, you may need to begin regular colorectal cancer screening at an earlier age. There are many options for screening:

- Have a Fecal Occult Blood Test (FOBT) annually
- Have a sigmoidoscopy every five years, a colonoscopy or double contrast barium enema every five to 10 years. Have all non-cancerous polyps removed to help prevent colorectal cancer before it starts.
- Have a digital rectal exam every five to 10 years at the time of each screening sigmoidoscopy, colonoscopy or barium enema.
- If you have a personal or family history of colorectal cancer, benign colorectal polyps, inflammatory bowel disease, or breast, ovarian or endometrial cancer, talk to your health care professional about earlier and more frequent screening.

TREATMENT

There are many treatment options available. If diagnosed with colorectal cancer, please talk with your oncology team about which is best for you.

- Surgery is the most common treatment.
- Chemotherapy and/or radiation therapy is given before or after surgery to most patients with colorectal cancer that has spread.

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FACT SHEET

Minorities and Colorectal Cancer

AFRICAN-AMERICANS AND COLORECTAL CANCER

- Colorectal cancer is the third most common cancer among African-Americans.
- In 2005, 16,000 African-Americans were estimated to be diagnosed with colorectal cancer, and 7,000 African-Americans were estimated to die from the disease. Death and incidence rates remain higher for African-Americans than those for other ethnic groups.
- Because African-Americans are less likely to have polyps detected in their earliest, most treatable stages than are Caucasians, they are less likely to live five or more years after being diagnosed with colorectal cancer. From 1995 to 2000, the five-year colorectal cancer survival rate was 55 percent for African-Americans-compared with 64 percent for Caucasians.
- Recent research indicates that African Americans are often diagnosed at an earlier age and experts suggest that they begin screening at age 45.

HISPANICS AND COLORECTAL CANCER

- Colorectal cancer is the third most commonly diagnosed cancer diagnosed among Hispanic Americans. Hispanic Americans are less likely to follow screening recommendations for the disease.
- Among Hispanics aged 50 and older surveyed by the Centers for Disease Control and Prevention, fewer than 12 percent reported having a fecal occult blood test in the preceding year. Only 25 percent of those surveyed underwent a sigmoidoscopy or proctoscopy in the last five years.
- Hispanics have the lowest rates for colorectal cancer screening, along with American Indian/Alaska Natives.

African-Americans and Hispanics are also more likely to be diagnosed with colorectal cancer in advanced stages. As a result, the percentage of minorities who die of colorectal cancer is higher than for Caucasians.

After Alaska Natives, the next highest rates in men are among Japanese, African-American and non-Hispanic white populations. These are followed by Chinese, Hawaiians and white Hispanics; then Filipinos, Koreans and Vietnamese. In women, Alaska Natives are followed by African-Americans, Japanese and non-Hispanic white Americans. Next are Chinese, Hawaiians and Vietnamese; and finally white Hispanics, Koreans and Filipinos.

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20 MOST FREQUENTLY ASKED QUESTIONS ABOUT COLORECTAL CANCER ANSWERED

1. What causes a polyp to form?

The exact causes of polyps are uncertain, but they appear to be caused by both inherited and lifestyle factors. Genetic factors may determine a person's susceptibility to the disease, whereas dietary and other lifestyle factors may determine which individuals at risk actually go on to form polyps (and later cancers). Diets high in fat and low in fruits and vegetables may increase the risk of polyps. Lifestyle factors such as cigarette smoking, a sedentary lifestyle, and obesity may also increase the risk.

2. How can you prevent polyps from forming?

Few studies have been able to show that modifying lifestyle reduces the risk of colon polyps or cancer. However, lifestyle modifications such as reducing dietary fat, increasing fiber, ensuring adequate vitamin and micro-nutrient intake, and exercise, may improve general health. Studies have shown that getting adequate calcium in the form of diet or supplement can reduce the risk of polyps.

3. Exactly what is a “pre-cancerous” polyp? If the polyp is removed, does that mean I am cured?

The term "pre-cancerous" polyp can have two possible interpretations. One interpretation describes the evolution of the lining of the colon from normal colon cells to colon cancer. In this evolution, the patient first develops a polyp, the cells on the polyp then become atypical or dysplastic. Next, the polyp degenerates into an early cancer, still continued to the polyp itself, and finally there is an invasive colon cancer. Some people refer to all of the polyps up to the point of cancer as "pre-cancerous" polyps.

The other interpretation relates to classification of polyps and their malignant potential. There are two broad categories of polyps that are commonly found during cancer screening: adenomatous polyps and hyperplastic polyps. Adenomatous polyps are the type of polyps associated with an increased risk of colon cancer and are sometimes referred to as "pre-cancerous." Types of polyps in this category include villous adenomas, tubulo-villous adenomas, tubular adenomas, serrated adenomas and adenomatous polyps. Hyperplastic polyps,

on the other hand, are the other large category of polyps and are not associated with an increased risk of colon cancer.

If an adenomatous polyp is discovered on sigmoidoscopy, many physicians would recommend a full colonoscopy to examine the remainder of the bowel. Removal of a benign polyp does prevent a cancer from developing at that one location, but the patient is likely to develop polyps at other locations. Close follow up is indicated for these patients.

4. Can polyps "fall off" or take care of themselves without having them removed?

Polyps have a slow growth rate and studies show polyps that are 10 mm or less have a fairly stable size over a three-year interval. A true polyp will never "fall off" or take care of itself on its own.

5. What foods or what diet should I follow to prevent colorectal cancer from occurring? Are there any foods that actually cause colorectal cancer?

There are no foods that cause colorectal cancer. However, studies of different populations have identified associations that may affect your risk of developing colorectal cancer, or the precancerous lesions called polyps. There appears to be a slightly increased risk of developing colorectal cancer in countries with higher red meat or non-dairy (meat-associated) fat intake. For example, the U.S. and Canada have much higher rates of colorectal cancer than countries like Japan or Nigeria, and this correlates to meat and fat consumption. Similarly, there has been an association with decreased rates of colorectal cancer and increased fiber intake. Recent studies have questioned this association, but in general we recommend a diet high in vegetable fiber and low in fat and moderate to low in red meat. Finally, calcium and folic acid appear to have protective effects in the colon. There remain many unanswered questions in this area. No matter what your dietary intake is, don't forget to ask your doctor about the appropriate screening test to identify polyps and early cancers!

6. Can flax seed or green tea prevent colorectal cancer?

Cruciferous vegetables seem to convey some protection against colorectal cancer. There is an explosion of literature looking at the effect of green tea and colon cancer. Tea catechins and related polyphenols may have an inhibitor effect on colon cancer. Grape juice may have a similar inhibitory effect to green tea on human colon cancer cell lines. Clinical trials are needed to determine true efficacy. There is probably little harm in consuming green teas.

7. Does fiber play a protective role in colorectal cancer?

The question of whether fiber plays a protective role against colorectal cancer has become quite controversial. Early studies suggested that fiber is indeed protective, whereas more recent and highly publicized studies find no protective effect. Pending additional studies that may resolve this controversy, a high fiber diet is recommended because of its overall nutritional value and because it promotes good bowel function. Furthermore, fiber is also beneficial for individuals with diabetes, heart disease, hypertension and a variety of other medical conditions.

8. Does food intolerance or lactose intolerance increase your risk for colon or rectal cancer?

There is no hard data that consumption of lactose products or that lactose intolerance is a risk factor for colorectal cancer. However, there is a huge amount of new literature, suggesting probiotic therapy is healthy, and that microflora of the colon may be altered by dietary dairy products such that the risk for colon cancer is retarded.

9. What are early symptoms of this type of cancer?

Colorectal cancer can be associated with unexplained weight loss, change in bowel habits from what is considered normal for a given individual — either constipation or diarrhea — unexplained anemia (low blood count), visible blood in the stool, hidden blood in the stool (which is checked by smearing stool on a special piece of card called fecal occult blood test), and unexplained or sustained abdominal pain. It is also important to remember that colon cancer may be silent and not associated with any symptoms. That is why early detection through screening is so important.

10. Is it possible to have colon or rectal cancer without having polyps?

Colorectal cancer can occur without polyps, but it is an uncommon event. Individuals with long-standing inflammatory bowel diseases, such as chronic ulcerative colitis and Crohn's colitis, are at increased risk for developing colorectal cancer that occurs in the absence of polyps. The greater the extent of colonic involvement by inflammatory bowel disease and the greater the duration of the disease, the greater the risk of colorectal cancer. Colorectal cancers in individuals with chronic inflammatory bowel disease may appear as flat, plaque like lesions or may even be indistinguishable from the surrounding colon tissue. Large mass-like lesions with distinct margins seen with most colorectal cancers are uncommon in inflammatory bowel disease.

Colorectal cancer associated with inflammatory bowel disease accounts for less than 1 percent of all colorectal cancers diagnosed in the United States each year. There are also reports that suggest some tiny colon cancers may arise in flat colon tissue which is either entirely normal or contains a small flat area of adenomatous (precancerous) tissue. This type of colorectal cancer is the exception to the rule and is considered a rare event. The vast majority of colorectal cancers arise from pre-existing adenomatous (precancerous) polyps.

11. Is it possible to have blood in your stool, but not have colon cancer?

Yes, it is possible to have blood in your stool but not have colon cancer. Hemorrhoids, anal fissures or tears, infections of the colon (infectious diarrhea), inflammatory bowel disease (ulcerative colitis or Crohn's colitis), colonic diverticula and abnormal blood vessels (arteriovenous malformations or angiodysplasia) may all be associated with bleeding from the rectum or colon. Blood in the stool may also occur from lesions in the stomach and small intestine such as peptic ulcer disease, angiodysplasia and Crohn's disease of the small intestine. Rectal bleeding of any amount or blood in or on the stool is never normal and should not be ignored, as some causes of rectal bleeding and blood in the stool (colon cancer) are more serious than others. Speak with your gastroenterologist about any rectal bleeding and schedule a colonoscopy to get the bleeding properly checked out.

12. Are intestinal obstructions an early symptom of colon cancer?

Colonic obstruction is a late symptom of colon cancer. It occurs when the tumor has grown so large that it blocks the bowel. When it occurs, urgent surgery is required to relieve the blockage. Screening for colon cancer with colonoscopy can detect tumors long before they cause symptoms, let alone serious complications like obstruction.

13. Is a palpable lump in the side a symptom of colon cancer? Or is it only found as a polyp inside and can not be felt?

A palpable lump in the abdomen can be a symptom of colon cancer, but it could also be a symptom of other conditions. Your doctor would be able to examine you and give you a more personal opinion, ordering testing as appropriate to determine the cause of a lump. A polyp inside the colon can not be felt from the outside. Polyps are found by looking inside the colon with various procedures: a sigmoidoscopy (which only looks at a portion of the colon) or colonoscopy (which can look at the whole colon); a virtual colonoscopy is an X-ray technique with a barium enema. Colonoscopy is considered the gold standard test for this condition.

14. What is the best colon cancer screening test?

Colonoscopy is the only method that has a high sensitivity for all polyps, both small and large, and which presents the capability of removing them at the time of the procedure. Virtual colonoscopy is a possibility for screening, but it is not yet approved. Should virtual colonoscopy become an approved screening maneuver, there is a probability of missing small or flat lesions. In addition, any abnormality which is seen will require a colonoscopic examination to verify the finding or for polyp removal. Other, newer screening procedures include testing for abnormal DNA in the stool and the possible combination of a flexible sigmoidoscopy and a barium enema, which is currently suggested if colonoscopy is not generally available. However, for the removal of polyps, there is only one procedure that is currently useful, and that is colonoscopy.

15. What is a PET scan and can it be used for colon cancer detection instead of a colonoscopy?

PET scanning is still at an early stage of development in the detection and staging of gastrointestinal tumors. At the present time it is not replacing colonoscopy for diagnosing colon cancer.

16. Are colorectal screening tests done by your general practitioner or should they be done by gastroenterologists or other experts?

There are several types of colorectal cancer screening tests. Fecal occult blood tests are usually provided by your general practitioner for you to take home with instructions for the test and how to return them to the laboratory for development. Flexible sigmoidoscopy, which evaluates the lower 1/3 of the colon with an endoscope, is performed by some but not all general practitioners. General practitioners who do not perform flexible sigmoidoscopies in their office typically refer patients to a gastroenterologist or other specialist for the procedure. The colonoscopy is considered the gold standard procedure for colon cancer screening by the American Cancer Society and many more professional organizations, and it is highly recommended that your general practitioner refer you to a Board Certified gastroenterologist or endoscopist to have the test done.

17. Is there a correlation between the length of your colon and colon cancer?

There is no known correlation with the length of the colon and colon cancer. Cancer is at least as common in men as women, but women tend to have longer colons.

18. Is there a connection between stomach cancer and colorectal cancer?

There is no association between stomach (gastric) cancer and colorectal cancer, except in individuals with the hereditary non-polyposis colorectal cancer. This is a rare genetic syndrome in which affected individuals are at risk of colorectal cancer at a young age, as well as other cancers, including gastric cancer. Individuals with a strong family history (three or more affected relatives spanning two generations with at least one affected relative under age 50) of colorectal cancer, or colorectal cancer and endometrial (uterus) cancer, may have this syndrome and may warrant genetic testing and/or screening with colonoscopy. Patients with familial polyposis also have an increased risk of gastric cancer. It should be kept in mind that many individuals may claim a personal or family history of "stomach cancer" when they mean colorectal cancer.

19. Is Irritable Bowel Syndrome a risk factor for developing colorectal cancer?

Irritable bowel syndrome (IBS) is a chronic functional problem of the gut usually characterized by patterns of diarrhea and loose stools alternating with constipation. It may also be associated with abdominal cramping and pain. IBS is not associated with an increased risk of developing colorectal cancer. Patients with IBS have normal life expectancies. Although patients with IBS are not at increased risk for colorectal cancer, they are not at decreased risk either, and should follow the recommended screening guidelines like everyone else in the population. If your IBS symptoms change from their usual behavior or regular pattern, or if you see blood in your stool, please notify your physician and gastroenterologist.

20. Can young people get colorectal cancer? If there is no family history and if the person is under 30, should they be concerned about getting colorectal cancer?

In general, it is very uncommon for young people to get colorectal cancer. However, there are two well recognized hereditary syndromes in which cancer can develop in young people. The first is Familial adenomatous polyposis (FAP). This is a disease in which there is a mutation of a tumor suppressor gene and affected people develop hundreds to thousands of precancerous polyps in the colon. Unless the colon is removed, 100 percent of these patients will get colorectal cancer, usually by the late 30s. The disease is inherited directly from an affected parent (autosomal dominant inheritance), which means that each child has a 50 percent or 1 in 2 chance of inheriting the abnormal gene. If the gene is inherited, the child will eventually develop polyps. The average age for polyp development in this syndrome is the mid-teens, although children as young as eight or 10 have sometimes been found with polyps.

If a family is known to have FAP, the affected parent and at risk children may be screened for a gene mutation with a genetic test. Children from families who refuse or cannot have genetic tests start having sigmoidoscopies or colonoscopies at about 10 or 12 years old and every 6 to 12 months to look for the presence of polyps. Once numerous polyps start developing surgery is planned. The good news about this disease is that the surgical options are very good and now the colon can often be removed by a mini-or laparoscopic approach. The bowel is put directly back together and no bag is necessary. People move their bowels normally.

The other well recognized inherited disorder is hereditary non-polyposis colorectal cancer (HNPCC). In this syndrome cancers also occur early and develop from polyps. But here, there are not the hundreds of polyps seen in FAP. The disease presents at a later age, too. The standard recommendation is colonoscopy in at risk children of affected families beginning at age 25 and repeated every two years. Genetic testing may also be helpful here. So, there are specific recommendations for children in families with high rates of colorectal cancer. But the specific syndrome must be known. It is very important for kids from families like these to be seen by experts who have experience with these syndromes and in institutions where genetic counseling and testing services are available.

It is possible, although quite rare, for sporadic colon cancer to occur in young people outside of those affected by FAP or HNPCC.

Learn more about colorectal cancer prevention and National Colorectal Cancer Awareness Month at www.preventcancer.org/colorectal.

Why are Americans more afraid

Colorectal Cancer Screening

of the last word than the first two?

The test may seem awkward and embarrassing, but it's the disease that's the real threat. Last year 56,000 lives were lost to a cancer that's preventable and treatable—even beatable when caught early. So talk with your family. **Talk with your healthcare provider.** Talk with the folks at 1-877-35-COLON. Or visit www.preventcancer.org/colorectal. And learn that the test isn't anything to fear.



**March is National
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WHAT HISPANIC AMERICANS NEED TO KNOW ABOUT COLORECTAL CANCER

Colorectal cancer is cancer of the colon or rectum. It is the second leading cause of cancer death in the United States for men and women combined, and accounted for an estimated 56,290 deaths in 2005. All men and women are at risk for colorectal cancer.

Nine out of 10 colorectal cancer cases and deaths can be prevented. Exercise and eating healthy foods such as vegetables and fruits can help prevent colorectal cancer.

Screening tests are also important. These tests can help prevent colorectal cancer by finding polyps — grape-like growths on the lining of the colon and rectum. These polyps can be removed before they become cancer. Screening can also detect colorectal cancer early when it can be treated and cured.

REMEMBER:

- Colorectal cancer is the third most commonly diagnosed cancer in Hispanic Americans, accounting for an estimated 2,300 deaths per year.
- Hispanic Americans are less likely to get screened for the disease than either Caucasians or African Americans. Starting at age 50, all men and women should begin having colorectal cancer screening tests. Some people are at higher risk for the disease because of age, lifestyle or personal and family medical history, but colorectal cancer affects men and women alike.
- Tell your health care professional if you have a personal or family history of colorectal cancer, colorectal polyps or inflammatory bowel disease. Then ask which test you should have and when you should begin colorectal cancer screening.
- There are many obstacles to colon screening, including reluctance to talk about colon cancer, and embarrassment about having procedures involving the colon or tests which require stool samples, and so many people are hesitant to be properly tested.
- Routine screening tests can help prevent colorectal cancer and can detect cancer at a treatable stage. There are several screening tests available including tests of your stool, sigmoidoscopy, colonoscopy, and barium enema. Talk with your health care professional to find out which test is right for you and how often you should be tested.



March is National Colorectal Cancer Awareness Month, founded by the Cancer Research and Prevention Foundation in collaboration with many partner organizations. Colorectal cancer is preventable, and is easy to treat and often curable when detected early. Talk with your health care professional about colorectal cancer today.

To learn more, visit our Web site at www.preventcancer.org/colorectal

Prepared with the assistance of The American Society for Gastrointestinal Endoscopy (ASGE) www.askasge.org

THE COLON AND RECTUM: WHAT THEY ARE, WHAT THEY DO, WHY THEY ARE IMPORTANT

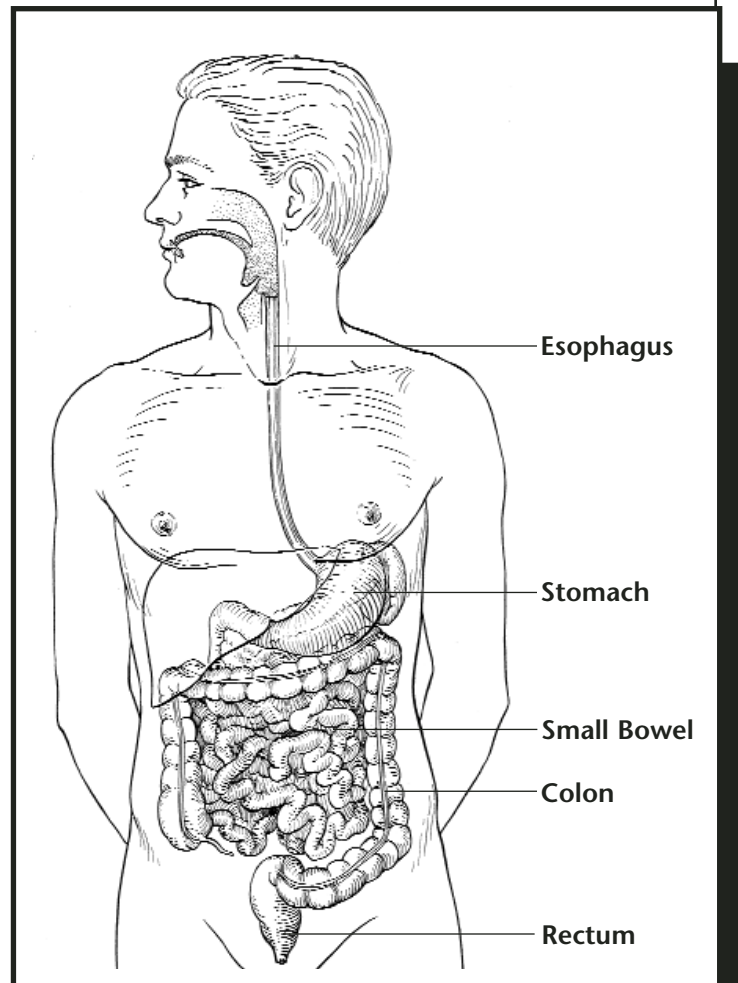
WHAT ARE THE COLON AND RECTUM?

The colon and rectum are part of the large bowel or large intestine, which is an organ that is part of the digestive system (also called the digestive tract). The digestive system is the group of organs that allow us to eat and to use the food we eat to fuel our bodies.

WHAT DO THE COLON AND RECTUM DO?

The colon and rectum play a very important role in how our bodies use the food we eat. Here is how food travels through the body:

- 1.** Food begins in the mouth where it is chewed by the teeth into smaller pieces. The salivary glands release juices to help, and the tongue and saliva turn the food into even smaller pieces that will fit into the esophagus. The esophagus is a 10-inch-long tube that connects to the stomach. Muscles in the esophagus move food into the stomach.
- 2.** In the stomach, gastric juices — protein substances called enzymes — break down the food into smaller bits. The stomach has powerful muscles that churn up the food until it's a creamy liquid. This material moves into the small bowel.
- 3.** In the small bowel (22 feet long), the food particles get even smaller. More juices from the pancreas, liver and gallbladder mix together in the small bowel. Here is where all the important vitamins and



nutrients in food move through the blood vessels that are in the lining of the small bowel. The blood takes the nutrients to other organs in the body. The nutrients are used to help repair cells and tissue.

4. What is left over, which is mostly liquid, then moves into the **colon** (5 feet long). The water is absorbed in the colon. Bacteria in the colon break down the remaining material. Then the colon moves the left-over material into the rectum.
5. The **rectum** is like a storage-holder for this waste. Muscles in the rectum move the waste, called stool, out of the body through the anus.

WHY ARE THE COLON AND RECTUM IMPORTANT?

Healthy eating is good for your overall health, but having a low-calorie, high-fiber diet that includes many fruits and vegetables is important to a healthy colon and rectum. A healthy colon and rectum will rid your body of the leftovers it no longer needs. Your stool is filled with bacteria, so it is important to pass this out of your body. If your colon or rectum aren't working the way they should, you will experience problems such as bloating, gas and pain.

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TALKING WITH YOUR HEALTH CARE PROFESSIONAL ABOUT COLORECTAL CANCER

Colorectal screening tests save lives. These tests not only detect colorectal cancer early, but can **prevent** colorectal cancer. Screening tests can find non-cancerous polyps (grape-like growths on the lining of the colon or rectum). Removing these polyps can prevent colorectal cancer from ever occurring. When you turn 50 years old, or younger if you are at higher risk, you need to talk with your health care professional about colorectal cancer. If you are not satisfied with the responses you hear, talk to another health care professional. Here are some questions to help you begin this important conversation:

- 1** I just turned 50 years old. Should I be tested for colorectal polyps or colorectal cancer?
- 2** I don't have any family history of colorectal cancer or of colorectal polyps. Should I still be tested?
- 3** Or ... My medical history and/or my family medical history put me at an increased risk for colorectal cancer; should I be tested at a younger age and more often?
- 4** I understand there are a number of screening tests available; would you tell me about each of these tests and the risks and benefits?
- 5** I don't know which screening test is appropriate for me now. Which test do you recommend and why?
- 6** Will you perform the test? If not, who will?
- 7** Will I be awake or asleep during the test?
- 8** What will happen during the test?
- 9** Will the test hurt?
- 10** How will I learn the results of the test?
- 11** What kind of follow-up care will I need if the tests show a problem?
- 12** If the tests show nothing wrong, when should I be tested again?
- 13** What is the cost of these tests? Will my insurance cover the cost?



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WHAT TO EXPECT FROM FLEXIBLE SIGMOIDOSCOPY

■ THE BASICS

Flexible sigmoidoscopy is a test that lets your health care professional examine the lining of the rectum and a part of the colon. It can be performed in a health care professional's office or in a clinic or hospital. A flexible tube, called a sigmoidoscope, which is about the thickness of your finger, is put into the anus and slowly moved into the rectum and lower part of the colon. Your health care professional can view the area looking through the eyepiece of the tube. Sometimes, he may use a special variation of the tube to allow him to see a picture on a TV screen.

■ BEFORE THE TEST

You will need to clean out your bowel before the test. Your health care professional will tell you what to use which may include laxatives or enemas. You may also be asked to make some changes in your diet before the test. Because the rectum and lower colon must be completely empty for the test to be accurate, it's important to follow your health care professional's instructions carefully.

Let your health care professional know what medications you're taking. While most medications can be continued as usual, you may be asked to stop taking your medications before the test.

■ DURING THE TEST

You will have a drape on from your waist down and will lie on your side while your health care professional moves the sigmoidoscope through the rectum and colon. As your health care professional slowly removes the instrument, he will carefully examine the lining of the colon and rectum.

If your health care professional sees an area that needs further testing, he might take a biopsy (sample of the colon or rectal lining) to be examined under a microscope. Biopsies are used to identify many conditions.

If your health care professional finds polyps (growths on the lining of the colon or rectum which can turn into colorectal cancer) he might take a biopsy of those, as well. A biopsy is taken to determine the type of polyp

and to find out if cancer is present. Your health care professional might ask you to have a colonoscopy (a complete examination of the colon) to remove any small or large polyps before they become cancer.

■ AFTER THE TEST

Your health care professional will explain the results to you when the test is finished. You might feel bloated or some mild cramping because of the air that was passed into the colon during the examination. This will disappear quickly when you pass gas. You should be able to eat and begin your normal activities after leaving your health care professional's office or the hospital.

■ COMPLICATIONS OF FLEXIBLE SIGMOIDOSCOPY

Flexible sigmoidoscopy and biopsy are safe when performed by health care professionals who are specially trained and experienced in these procedures. Complications or problems are rare, but it's important for you to recognize early signs of problems. Contact your health care professional if you notice severe stomach pain, fevers and chills, or rectal bleeding of more than one-quarter of a cup. Remember that rectal bleeding can occur several days after a biopsy.

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COLORECTAL CANCER: MYTHS AND REALITIES

MYTH: *There is nothing I can do about getting colorectal cancer.*

REALITY: Colorectal cancer can be prevented. Screening tests can detect polyps (grape-like growths on the lining of the colon or rectum) that can turn into cancer. Removing these polyps can prevent colorectal cancer from ever occurring. **Starting at age 50, men and women who are at average risk should be screened regularly for colorectal cancer. New research shows that African Americans should begin screening at age 45. Men and women who are at high risk of the disease because of personal and family medical history may need to be tested earlier and should talk with their health care professional about when.**

MYTH: *Colorectal cancer is usually fatal.*

REALITY: Colorectal cancer is usually curable when detected early. More than 90 percent of patients with localized colorectal cancer confined to the colon or rectum are alive five years after diagnosis.

MYTH: *Colorectal cancer is a disease of older, white men.*

REALITY: An equal number of women and men get colorectal cancer. An estimated 73,470 women and 71,820 men were diagnosed with colorectal cancer in 2005. African-Americans are more likely to be diagnosed with colorectal cancer at later stages of the disease, and at a younger age.

MYTH: *Screening tests are necessary only for individuals who have symptoms.*

REALITY: Since symptoms of colorectal cancer are often silent, it is important to get screened regularly. Screenings test for a disease even if the patient has no symptoms. About 75 percent of all new cases of colorectal cancer occur in individuals with no known risk factors for the disease, other than being 50 or older. If you have a personal or family history of colorectal cancer, polyps or inflammatory bowel disease you may need to be screened before age 50. Talk with your health care professional.



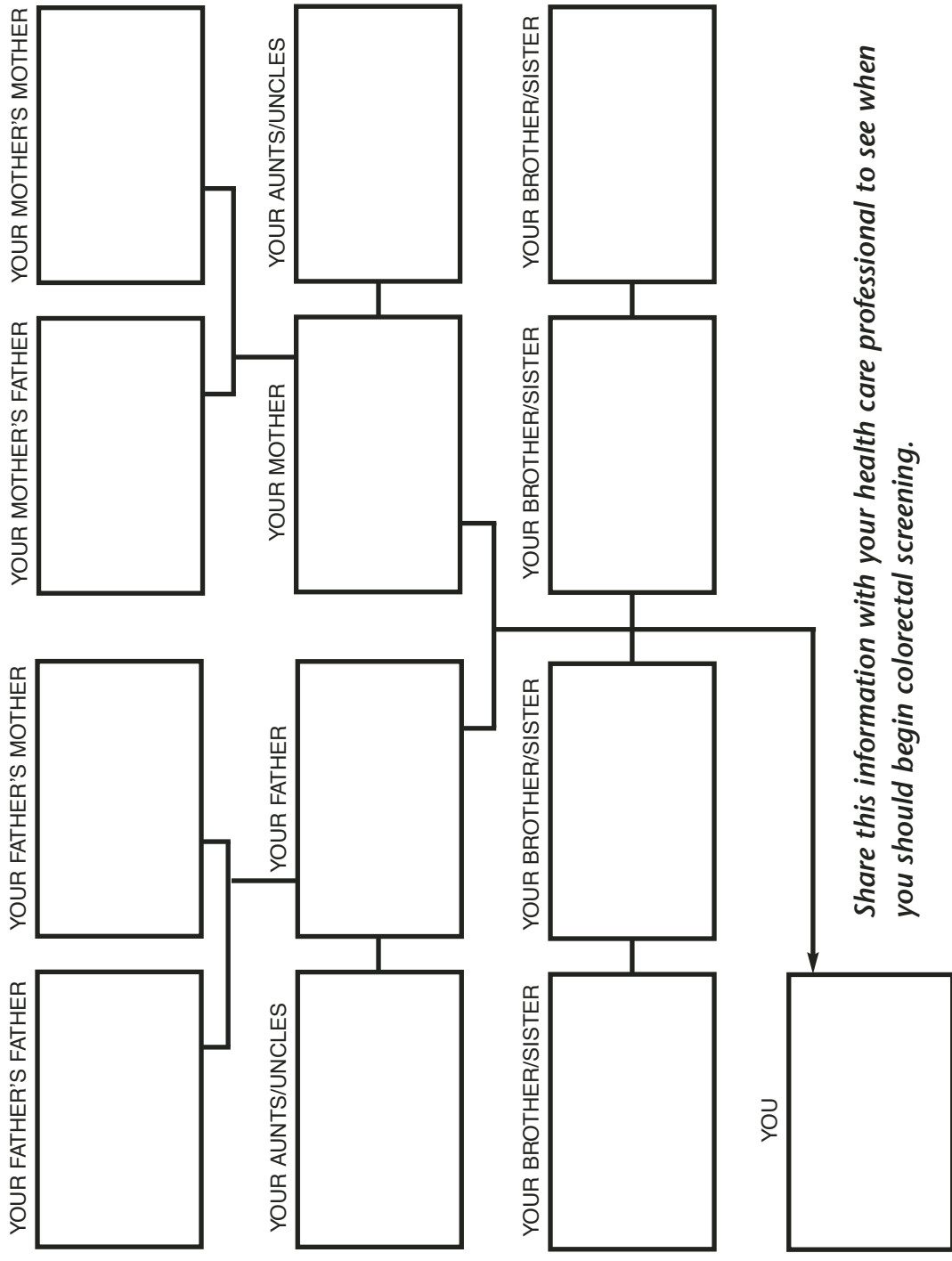
Preventable. Treatable. Beatable!

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CREATING YOUR FAMILY MEDICAL HISTORY CHART

Instructions: You may have a greater risk for colorectal cancer if you have a personal or family history of certain diseases, colorectal cancer, or of polyps in the colon or rectum. To help determine your risk, complete this family medical history. For each blood relation, mark in the box if they have had any of the following medical problems and their age at diagnosis:
colorectal cancer; inflammatory bowel disease (Crohn's or colitis); stomach or bowel problems; or colorectal polyps.



Share this information with your health care professional to see when you should begin colorectal screening.



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ALL YOU NEED TO KNOW ABOUT COLORECTAL CANCER

WHAT IS COLORECTAL CANCER?

- ◆ Colorectal cancer is cancer of the colon and rectum. The colon and rectum are parts of your body's digestive system. The digestive system uses the food you eat to help your body work well. What your body doesn't use is called waste. This becomes a bowel movement.
- ◆ Cancer of the colon and rectum happens to men and women.
- ◆ It is very easy to prevent. If you get this type of cancer, it can often be treated and cured.

CAN YOU PREVENT COLORECTAL CANCER?

- ◆ You *can* help prevent colorectal cancer. Exercise and eat healthy foods like fruits and vegetables.
- ◆ There are medical tests that can prevent colorectal cancer. These tests can also help find the cancer early when it may be cured.
- ◆ The medical tests are called screening tests. They can show if you have growths in your colon or rectum called polyps. Polyps are about the size of grapes. If they are found, they can be removed. Then you will not get colorectal cancer.

TALK TO YOUR HEALTH CARE PROFESSIONAL ABOUT COLORECTAL CANCER

- ◆ Tell your health care professional if you have any of these problems:
 - Bleeding from your rectum when you wipe yourself after you go to the bathroom
 - Blood in or on the bowel movements
 - Bowel movements that are different than normal for you
 - Bowel movements that are skinnier than normal for you
 - Feeling bloated or full in the stomach and having stomach pain
 - Going to the bathroom more often or less often
 - Having gas pains
 - Losing weight when you are not trying to
 - Feeling tired all the time
 - Vomiting

- ◆ Talk to your family. Ask your grandparents, parents, sisters or brothers if they know if they have ever had a polyp, colorectal cancer, a bowel disease or some other type of cancer. Tell your health care professional if you or anyone in your family has had these problems. He or she may tell you to have the screening tests before age 50. If you are African American you may need to begin screening at age 45. Colorectal cancer is often diagnosed at a younger age in African Americans.
- ◆ If neither you, nor anyone in your family, have had these problems, then you should have a screening test when you turn 50 years old.

WHAT KINDS OF TESTS CAN HELP PREVENT OR FIND COLORECTAL CANCER?

- ◆ There are several types of tests including:
 - FOBT — a test of your stool for blood
 - Sigmoidoscopy — a test that looks at the right side of your colon
 - Colonoscopy — a test that uses a camera to look at the whole colon
 - Barium enema — a test that uses an X-ray machine to look at the whole colon
- ◆ Ask your health care professional which test you should have and when
- ◆ Ask what will happen during the test and who will give you the test
- ◆ Ask how you will feel after the test is done
- ◆ Ask when he will tell you what was found
- ◆ Ask what will happen if something is found

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GET SCREENED FOR COLORECTAL CANCER

Colorectal cancer is preventable, treatable and often curable when detected early. Screenings tests can detect polyps (grape-like growths on the colon or rectum) that can be removed before they become cancer. Make screening tests part of your healthy life. Talk with your health care professional about the colorectal screening options available using this list as a guide.

Beginning at age 50 (or age 45 if you are African American):

- Have a fecal occult blood test yearly.
- Have a sigmoidoscopy every five years, or a colonoscopy or double contrast barium enema every 5 to 10 years.
- Have a digital rectal exam every 5 to 10 years at the time of each screening sigmoidoscopy, colonoscopy or barium enema.
- If you have a personal or family history of colorectal cancer, colorectal polyps or inflammatory bowel disease, talk with your health care professional about earlier screening.
- Two new tests are becoming available in some areas of the country. One technique checks for genetic material in the stool that may signal colorectal cancer. Another test, called virtual colonoscopy, uses computers in a CT scan to create three-dimensional pictures of the colon. Talk to your health care professional to determine if these tests are right for you.

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WHAT TO EXPECT FROM A FECAL OCCULT BLOOD TEST (FOBT)

■ THE BASICS

A Fecal Occult Blood Test or FOBT is a test to see if there is blood in your bowel movements (stool). Sometimes blood is hidden, and you will not see a red color in or on your stool. Many things can cause blood in your stool, including colorectal cancer.

The FOBT can also let your health care professional know that there may be bleeding in your colon or rectum. Bleeding may come from polyps (growths on the lining of your colon or rectum). You can perform a FOBT yourself at home with a kit that you can get from your health care professional.

■ BEFORE THE TEST

Seven days before you take the FOBT, you will need to tell your health care professional what medications you take. You may have to stop taking these medications on the days that you are taking the test. Some medications, such as non-steroidal anti-inflammatory drugs, pain relievers and blood thinners, and even some vitamins, can change the results of the test.

Three days before the test, your health care professional will ask you not to eat certain foods: red or rare meat, cantaloupe, radishes, horse radish, raw beets, turnips, broccoli, cauliflower and parsnips. You will not be able to eat these foods until you have finished the test.

■ DURING THE TEST

During the test, you will take samples of your stool from three bowel movements and put them on the special area provided on a card in the kit your health care professional has given you.

Some kits contain wooden sticks or other devices to collect stool. During the days that you are collecting stool, do not use any cleansers or deodorizers in your toilet bowl and tank. If you use colored cleansers in your toilet bowl, flush the toilet until the water is clear.

Collecting Stool

You will be asked to collect stool samples from three different bowel movements. There are several ways to collect stool:

1. You may scoop the stool sample out of the toilet bowl with a paper cup or plastic spoon.
2. You may collect the stool sample by putting a paper cup under your rectum while you move your bowels.

3. You may use a piece of plastic wrap or a paper plate over the bowl to catch the stool. Do not flush these down the toilet.
4. You may use collection tissue that may be provided in your FOBT kit. Unfold the tissue and float in on the top of the water in your toilet bowl. Let your stool fall on this tissue. Take a stool sample off the tissue with a paper cup or plastic gloves. Flush the tissue down the toilet after you take the sample.

Placing the Stool on the Slides

Take two samples from each bowel movement. Use one end of the wooden stick to take a small sample from the outside of the stool. Put a thin amount of this on the area on the card marked A.

Use the other end of the stick to take a small sample from the inside of the stool. Place a thin amount of this on the area on the card marked B. Close the cover over the area and label it with the date you took the sample. Put this into the envelope that is in the kit. Keep it away from heat, sun, light and household items like iodine, bleach and cleaners.

Put all the supplies you use to collect samples in a plastic bag with a twist tie and throw it away.

■ AFTER THE TEST

After you have put stool samples on all the slides in your kit, return the FOBT in its envelop to your health care professional or the laboratory, according to the instructions. Ask your health care professional for the results. If your test is positive for blood in your stool, you will need to have follow-up tests.

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WHAT TO EXPECT FROM COLONOSCOPY

■ THE BASICS

Colonoscopy is a test using a scope and video that lets your health care professional examine the lining of your colon and rectum. Colonoscopy can detect polyps (growths on the lining of the colon or rectum) and early cancers. Removal of polyps, which generally can be performed during colonoscopy, can prevent colorectal cancer.

Colonoscopy is an outpatient screening test performed at a hospital or a clinic. Health care professionals receive special training to perform the test.

■ BEFORE THE TEST

Your health care professional will tell you what foods you can and can't eat before you take the test. He will also ask you to clean out your colon and rectum by drinking a special cleansing liquid or by taking oral laxatives. The colon and rectum must be completely clean for the test to be accurate, so be sure to follow your health care professional's instructions carefully.

You must tell your health care professional about medications you are taking. You may be asked to stop taking some of your medications several days before the test.

■ DURING THE TEST

Colonoscopy rarely causes much pain. You might feel pressure, bloating or cramping during the test. Your health care professional will give you a sedative — a medication to help you relax. Some people fall asleep after they have had the sedative.

You will be wearing a drape and will lie on your side. Your health care professional may put some air into your anus to help him view the colon and rectum. Then he will slowly move the tube, called a colonoscope, into your anus and through your colon. A picture of your colon and rectum appears on a TV screen so that your health care professional can see if you have any problems. He will look at the lining of your colon and rectum as the colonoscope moves through your colon, and again as it is slowly removed. The test usually takes 15 to 30 minutes. But plan on two to three hours total for waiting, preparing and recovery.

■ WHAT IF THE COLONOSCOPY SHOWS SOMETHING ABNORMAL?

If your health care professional thinks something in your colon or rectum needs to be looked at more closely, he might pass an instrument through the colonoscope to obtain a biopsy — a sample of the rectal or colon lining to be examined under a microscope. Biopsies are used to identify many conditions, and your health care professional might order one even if he doesn't suspect cancer.

If you are having a colonoscopy to find areas that are bleeding, your health care professional might inject the area with medications or seal off the bleeding with heat treatment. He might also find polyps during the test, and will most likely remove them during the examination. These procedures don't usually cause any pain.

■ REMOVING POLYPS

Polyps are abnormal growths in the rectum or colon lining that are usually benign — that means they are not cancerous. They can be the size of a tiny dot to several inches big. Your health care professional can't

always tell a benign polyp from a cancerous polyp by the way it looks. That's why he might send the removed polyps to be examined. **Because most cancers begin as polyps, removing them is an important way to prevent colorectal cancer.**

Tiny polyps can be destroyed by burning or by removing them with wire loops, called snares, or with biopsy tools. A method called "snare polypectomy" may be used to remove larger polyps. This involves passing a wire loop through a colonoscope and removing the polyp from the colon or rectal lining using an electrical current.

■ AFTER THE TEST

Your health care professional will explain the results of the test to you. You will probably have to wait several days for the results of the colonoscopy and of a biopsy, if one was performed.

Immediately after the test, you will be allowed time to recover before going home. If you have been given sedatives, someone must drive you home and stay with you. Even if you feel awake and alert, your ability to make decisions and your body's reflexes may not work as they do normally for the rest of that day. You might have some cramping or bloating because of the air put into the colon during the test. This should disappear quickly when you pass gas.

You should be able to eat after the examination, but there may be foods your health care professional will ask you not to eat. And he may tell you not to do some of your normal activities, especially after having polyps removed.

■ COMPLICATIONS OF THE TEST

Colonoscopy and polypectomy are generally safe when performed by health care professionals who have been specially trained and have experience with these surgery techniques.

One complication or problem is perforation, or a tear, through the colon wall that could require surgery. Bleeding might occur at the place a biopsy is taken or a polyp is removed. The bleeding is usually not serious, and may stop without treatment. Some patients might have a reaction to the sedatives or problems because they have heart or lung disease.

Although serious problems are not common, it's important to know warning signs. Call your health care professional if you notice very bad pain, fever and chills, or rectal bleeding of more than one-quarter of a cup. Remember bleeding can occur several days after the removal of a polyp.

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HOW TO CHOOSE A GASTROENTEROLOGIST TO PERFORM A COLONOSCOPY

A gastroenterologist is a physician with special training in diseases of the gastrointestinal tract — the system that helps you digest and eliminate food. Many of these physicians are trained to perform procedures such as *colonoscopy*. This is a test that uses a long, thin tube that moves through the colon and rectum to produce images of the entire colon viewed on a TV and/or computer screen. This is called an endoscopic procedure and health care professionals who perform these are called *endoscopists*.

Colonoscopy is used to detect non-cancerous polyps — grape like growths on the lining of the colon or rectum. These doctors can also perform a procedure called *polypectomy* to remove these polyps before they become cancer. When you are looking for the gastroenterologist to perform a colonoscopy, use these questions as a guide. The answers to all of these questions should be **yes**. This will assure you that you are seeing a trained endoscopist who will safely perform your procedure.

1. Are you a licensed medical doctor?
2. Have you had formal training in gastrointestinal endoscopy — more than a course of several days or self-taught instruction?
3. When you perform the procedure, are you able to move through the entire colon? (This is called *cecal intubation*. Your doctor should have a cecal intubation rate of at least 90 percent.)
4. Do you perform more than 100 colonoscopies annually?
5. Do you have privileges to perform the procedure at a licensed health care facility or hospital?
6. If I have a polyp, will you remove it during the colonoscopy?
7. Do you offer intravenous sedation for colonoscopy (a needle is put into a vein and delivers medication that makes you sleepy)?
8. Do you monitor blood pressure, pulse and blood oxygen levels while patients are sedated?
9. Will a trained endoscopic assistant or nurse be there during the procedure?

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WHAT TO EXPECT FROM A BARIUM ENEMA

■ THE BASICS

A barium enema, also known as a lower GI (gastrointestinal) exam, uses an X-ray to look at the colon and rectum (also known as the large bowel or large intestine). There are two types of this test. A single-contrast technique uses a liquid called barium sulfate, which is injected into the rectum in order to get a view of the colon and rectum. A double-contrast (or “air-contrast”) technique uses air that is also inserted into the rectum.

The double-contrast barium enema can more effectively show if you have any polyps (growths on the lining of your colon or rectum) or other problems. Polyps can become cancerous. Colorectal cancer can be prevented by removing polyps before they become cancer.

■ BEFORE THE TEST

You should let your health care professional know if you have any health problems or if you have allergies before you schedule the test.

Before the test, your health care professional will ask you to clean out your colon by drinking a special cleansing liquid, taking oral laxatives or giving yourself an enema.

■ DURING THE TEST

Your health care professional will ask you to put on a drape or gown during the test. You will lie on your back on a tilting X-ray table. The health care professional will insert a well-lubricated rectal tube into your anus. This tube allows the physician or assistant to slowly fill your colon with the barium and water. The barium is a metal material that helps to produce clear images of the colon on a TV screen and in the X-rays. Air will be put into your colon. As the barium and air are injected into your colon, you may have cramping or feel the need to move your bowels. You may be asked to take slow, deep breaths through the mouth to ease any discomfort.

As the barium fills the colon, X-ray pictures are taken. You may be asked to move into different positions for special views. The table may be put into a different position. Sometimes pictures will be taken once the barium has been released. The test should take about 30 to 60 minutes.

■ AFTER THE TEST

You will be asked to follow several steps right after having a barium enema, including:

- Drink plenty of fluids.

- Take time to rest. A barium enema and the bowel preparation taken before it can make you tired.
- You may take another enema to get rid of any remaining barium. You may have lightly colored stools for the next 24 to 72 hours following the test.

The test will be reviewed by a radiologist and the results sent to your health care professional. You should ask your health care professional for the results and whether you will need any further tests.

■ COMPLICATIONS OF THE BARIUM ENEMA

A barium enema is a safe screening test, but it can cause complications or problems in certain people. Complications may include perforation or tearing of the colon or allergic reactions. These are all very rare.

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ARE YOU AT RISK FOR COLORECTAL CANCER?

Starting at age 50, men and women who are at average risk of colorectal cancer should be screened regularly. Nearly 90 percent of all cases of colorectal cancer are diagnosed in people older than 50. Some men and women are at higher risk of the disease and may need to be tested earlier. Those at higher risk include:

- People with a personal or family history of benign colorectal polyps.
- People with a personal or family history of colorectal cancer.
- People with a personal or family history of inflammatory bowel disease — ulcerative colitis or Crohn's.
- Men and women who use tobacco, drink too much alcohol, are overweight or do not lead an active life.
- African Americans appear to be at higher risk for the disease and are often diagnosed at a younger age — they may need to begin screening at age 45.

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WHAT AFRICAN AMERICANS NEED TO KNOW ABOUT COLORECTAL CANCER

Colorectal cancer is cancer of the colon or rectum and is the second leading cause of cancer death in the United States for men and women combined. It will account for 56,290 deaths in 2005. But 90 percent of all colorectal cancer cases and deaths are preventable by removing polyps (grape-like growths) before they become cancer. Colorectal cancer can be successfully treated — and often cured — when detected early. That is why screening for prevention and early detection is so important.

All men and women are at risk for colorectal cancer. Some people are at higher risk for the disease because of age, lifestyle or personal and family medical history. According to studies, African Americans are at a higher risk for the disease than other populations.

Starting at age 50, men and women at average risk for colorectal cancer should begin routine screening tests. Due to new research findings that African Americans are often diagnosed at a younger age than any other population, experts suggest that African Americans get screened beginning at age 45. 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 be tested earlier or more frequently.

REMEMBER THESE IMPORTANT FACTS:

- 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, with an estimated 14,100 cases expected to occur among this population per year. Of these, an estimated 6,800 deaths will result.
- 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. Learn your family's medical history and tell you 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.
- There are several screening tests available for colorectal cancer including tests of the stool, sigmoidoscopy, colonoscopy and barium enema. Talk with your health care professional to determine which test is right for you and how often you should be tested.



March is National Colorectal Cancer Awareness Month, founded by the Cancer Research and Prevention Foundation in collaboration with many partner organizations. Colorectal cancer is preventable, and is easy to treat and often curable when detected early. Talk with your health care professional about colorectal cancer today.

To learn more, visit our Web site at www.preventcancer.org/colorectal

5 STEPS TO LOWERING YOUR RISK OF COLORECTAL CANCER

- 1** Get regular colorectal screening tests beginning at age 50. If you have a personal or family history of colorectal cancer, or colorectal polyps, or a personal history of inflammatory bowel disease, you may need to be tested earlier and should talk with your health care professional about when. If you are African American, you may need to begin screening at age 45.
- 2** Maintain a healthy weight by eating a low-fat diet rich in fruits and vegetables and whole grains from breads, cereals, nuts and beans.
- 3** If you use alcohol, drink only in moderation.
- 4** If you use tobacco, quit. If you don't use tobacco, don't start.
- 5** Exercise moderately for 30 to 60 minutes a day, five days a week. Try walking, gardening, or climbing steps — or any activity that burns 150 calories of energy a day.

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WHAT YOU NEED TO KNOW ABOUT COLORECTAL CANCER

- Colorectal cancer is highly preventable, treatable and often curable.
- Colorectal cancer affects men and women equally — more than an estimated 145,000 people were diagnosed with the disease in 2005.
- The number of cases of colorectal cancer diagnosed each year is declining and so are death rates, most likely because more people are having regular screening tests.
- Regular exercise and a low-fat diet high in vegetables and fruits can help reduce your risk of colorectal cancer by helping you maintain a healthy weight.
- Regular screening tests may detect precancerous polyps (grape-like growths on the lining of the colon and rectum). Removing these can prevent cancer from developing.
- Screening tests can also help detect colorectal cancer in its earliest most curable stages.
- When detected and treated early, the five-year survival rate for colorectal cancer is over 90 percent.
- Starting at age 50, men and women who are at average risk should be screened regularly for colorectal cancer. African Americans may need to begin screening at age 45. Men and women who are at high risk of the disease because of personal or family medical history may need to be tested earlier and should talk to their health care professional about when. Screening tests are not painful and are often covered by Medicare and many health insurers.

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LO QUE LOS HISPANO AMERICANOS NECESITAN SABER ACERCA DEL CÁNCER COLORECTAL

El cáncer colorectal es el cáncer del colon y del recto. Es la segunda causa mayor de muertes por cáncer en los Estados Unidos entre las mujeres y los hombres. Todos los hombres y las mujeres están en riesgo de contraer cáncer colorectal.

Nueve de cada diez casos de cáncer colorectal y muertes se pueden prevenir. Los ejercicios físicos y una dieta saludable basada en vegetales y frutas pueden prevenir el cáncer colorectal.

Los chequeos también son muy importantes. Estos chequeos pueden ayudar a prevenir el cáncer colorectal encontrando pólipos, que son unos tumores del tamaño de una uva y que están en las paredes del colon y del recto. Estos pólipos pueden ser extirpados antes que se transformen en cáncer. Los chequeos también pueden detectar al cáncer en su etapa inicial cuando se puede tratar y curar.

RECUERDE:

- El cáncer colorectal es el tercer tipo de cáncer más común diagnosticado entre los hispanos, y se estima que 2,300 muertes ocurren cada año.
- Los hispano-americanos son menos propensos a chequearse para ésta enfermedad comparados con los blancos y los afro-americanos. Comenzando a los 50 años, todos los hombres y las mujeres deben empezar a hacerse los chequeos para el cáncer colorectal. Algunas personas tienen un riesgo más alto por su edad, su estilo de vida o por antecedentes médicos personales o familiares, pero el cáncer colorectal afecta a mujeres y a hombres por igual.
- Dígale a su profesional de cuidado de salud si usted tiene algún antecedente médico personal o familiar de cáncer colorectal, pólipos colorectales o enfermedades inflamatorias intestinales. Luego hable

con su profesional de cuidado de salud para averiguar qué chequeo usted debe hacerse y cuándo debería comenzar a chequearse.

- Existen varios obstáculos en cuanto a los chequeos, incluyendo el hecho de no querer hablar acerca del cáncer de colon, y también tener vergüenza a hacerse exámenes que tengan que ver con muestras de materia fecal y el colon. Muchas personas dudan y no quieren chequearse.
- Los exámenes de rutina pueden ayudar a prevenir el cáncer colorectal y pueden detectar el cáncer en una etapa temprana. Existen varios exámenes incluyendo a: análisis de materia fecal, la sigmoidoscopia, la colonoscopia, y la enema de bario. Hable con su profesional de cuidado de la salud para averiguar qué tipo de chequeo es el indicado para usted y con qué frecuencia debe chequearse.



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**Para aprender más, visite nuestra página en el internet
www.preventcancer.org/colorectal**

HABLANDO CON SU MÉDICO ACERCA DEL CÁNCER COLORECTAL

Los chequeos para el cáncer colorectal pueden salvar vidas. Éstos chequeos no solo detectan el cáncer colorectal temprano, sino que lo pueden prevenir. En uno de los chequeos, los pólipos no cancerosos son extirpados antes de convertirse en cancerosos. Cuando usted cumple los 50 años, o si es más joven pero está a más alto riesgo, necesita hablar con su médico acerca de los diferentes chequeos disponibles. Si usted no está satisfecho con las respuestas que le dan, hable con otro profesional de salud. Aquí hay una lista de algunas preguntas que pueden ayudarle a comenzar ésta conversación tan importante:

- 1** Recién cumplí los 50 años. No debería chequearme para el cáncer colorectal o para ver si tengo pólipos?
- 2** No tengo antecedentes familiares de cáncer colorectal o de pólipos. Debería chequearme igual?
- 3** O... Mis antecedentes familiares o la historia médica de mi familia me pone a un riesgo más alto de contraer cáncer colorectal; no debería chequearme a una edad más temprana y más a menudo?
- 4** Estoy al tanto de que hay varios chequeos disponibles; me podría hablar de cada uno de ellos y los riesgos y beneficios de cada uno?
- 5** No sé cuál es el examen apropiado para mí ahora. Cuál me recomienda? Qué pasa durante cada chequeo?
- 6** Usted será el que me haga el chequeo? Sino, quién lo hará?
- 7** Estaré despierto o dormido durante el chequeo?
- 8** Qué pasará durante el examen?
- 9** Será doloroso?
- 10** Cómo me enteraré de los resultados?
- 11** Qué tipo de cuidado a seguir necesitaré si los resultados reflejan un problema?
- 12** Si los resultados muestran que está todo bien, cuándo deberé chequearme nuevamente?
- 13** Cuánto cuestan éstos chequeos; mi seguro médico cubrirá los gastos?



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QUÉ SE PUEDE ESPERAR DE UNA SIGMOIDOSCOPIA FLEXIBLE

■ LO BÁSICO

La sigmoidoscopia flexible es un chequeo que le permite a su profesional de cuidado de salud examinar el recto y parte del colon (el intestino grueso). Se puede hacer en la oficina de un profesional, en un hospital o en una clínica. Se introduce un tubo flexible llamado sigmoidoscopio, del grosor de un dedo en el ano y se mueve lentamente dentro del recto y la parte inferior del colon. Su médico puede ver toda el área a través de una punta del tubo. A veces se utiliza una variación especial del tubo que le permite ver todo en una pantalla de televisión.

■ ANTES DEL CHEQUEO

Usted necesitará ir al baño antes del chequeo. Su médico le dirá lo que necesitará usar, que puede incluir laxantes o enemas. También se le puede pedir que haga unos cambios en su dieta antes del chequeo. Como el recto y el colon deben estar completamente vacíos para que el chequeo sea exacto, es importante seguir las instrucciones del médico cuidadosamente.

Infórmele a su médico si toma algunas medicinas. Aunque varias medicinas no influyen en los resultados, el médico le puede pedir que deje de tomarlas antes del chequeo.

■ DURANTE EL CHEQUEO

Usted puede tener una sensación de presión, hinchazón o dolores de estómago durante la sigmoidoscopia flexible. Usted estará recostado sobre un costado, y estará cubierto con una manta desde la cintura hacia abajo, mientras el médico moverá el sigmoidoscopio dentro del recto y el colon. El tubo examina la parte inferior del colon y del recto. A medida que el médico le quita lentamente el tubo, le estará examinando el contorno de los intestinos.

Si el médico encuentra un área que necesita más chequeos, quizás le haga una biopsia, (tomar una muestra del colon), para examinarla bajo el microscopio. Las biopsias se hacen para identificar muchas condiciones diferentes.

Si su médico encuentra pólipos, (tumores en el contorno del colon o del recto), quizás le haga una biopsia de ellos también. La biopsia se hace para determinar el tipo de pólipo y para averiguar si hay cáncer. El médico quizás le pida que se haga una colonoscopia, (un examen completo del colon), para extirpar todos los pólipos, sean grandes o pequeños.

■ DESPUÉS DEL CHEQUEO

Su médico le explicará los resultados del chequeo una vez que haya terminado de examinarlo. Quizás usted se sienta hinchado o con pequeñas molestias estomacales debido al aire que entró en el colon durante el chequeo. Ésto se le irá rápido una vez que elimine los gases. Usted podrá comer y hacer sus actividades normales una vez que se vaya de la oficina del médico o del hospital.

■ COMPLICACIONES DE LA SIGMOIDOSCOPIA FLEXIBLE

La sigmoidoscopia flexible y las biopsias son seguras cuando son hechas por profesionales de salud entrenados especialmente para ésto y con la experiencia necesaria en éstos procedimientos. Las complicaciones o problemas son muy poco frecuentes, pero es importante que usted reconozca los síntomas. Llame a su médico si usted nota dolor estomacal intenso, fiebre y escalofríos, o sangramiento por el recto que llega a ser de un cuarto de taza. Recuerde que el sangramiento puede ocurrir varios días después de la biopsia.



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Preparado con la ayuda de la Sociedad Americana de Endoscopia Gastrointestinal (ASGE) www.askasge.org

CÁNCER COLORECTAL: MITOS Y REALIDADES

MITO: *No hay nada que yo pueda hacer para evitar el cáncer colorectal.*

REALIDAD: El cáncer colorectal se puede prevenir. Los diferentes chequeos pueden detectar y quitar los pólipos ANTES que se transformen en cancerosos. Si se extirpan los pólipos se puede prevenir que se desarrolle el cáncer colorectal. **Comenzando a los 50 años, las mujeres y los hombres que están en riesgo moderado deben chequearse regularmente para el cáncer colorectal. Aquellos con alto riesgo quizás deban chequearse más temprano y deben hablar con sus médicos acerca de cuándo.**

MITO: *El cáncer colorectal es generalmente letal.*

REALIDAD: El cáncer colorectal es generalmente curable cuando se detecta temprano. Más del 90 por ciento de los pacientes con cáncer colorectal localizado (confinado al recto o al colon) siguen vivos después de cinco años de ser diagnosticados.

MITO: *El cáncer colorectal es una enfermedad que tienen los hombres blancos, y mayores de edad.*

REALIDAD: Un mismo número de hombres y mujeres contraen cáncer colorectal. Se estima que unas 73,470 mujeres y unos 71,820 hombres fueron diagnosticados con cáncer colorectal en el año 2005.

Los afroamericanos están a mayor riesgo de ser diagnosticados con cáncer colorectal en sus etapas más avanzadas.

MITO: *Los chequeos son necesarios solamente para aquellos individuos con síntomas.*

REALIDAD: Como los síntomas del cáncer colorectal son a menudo silenciosos, es importante hacerse chequeos regularmente. Los exámenes de prevención se hacen aunque la persona no tenga síntomas. Cerca de un 75 por ciento de todos los casos nuevos de cáncer colorectal ocurren en personas que no tienen un factor de riesgo evidente, salvo el haber cumplido 50 años o ser mayor. Si usted tiene antecedentes personales o familiares de cáncer colorectal, de pólipos, o de enfermedades inflamatorias del intestino, debería chequearse antes de los 50 años. Hable con su profesional de cuidado de salud.

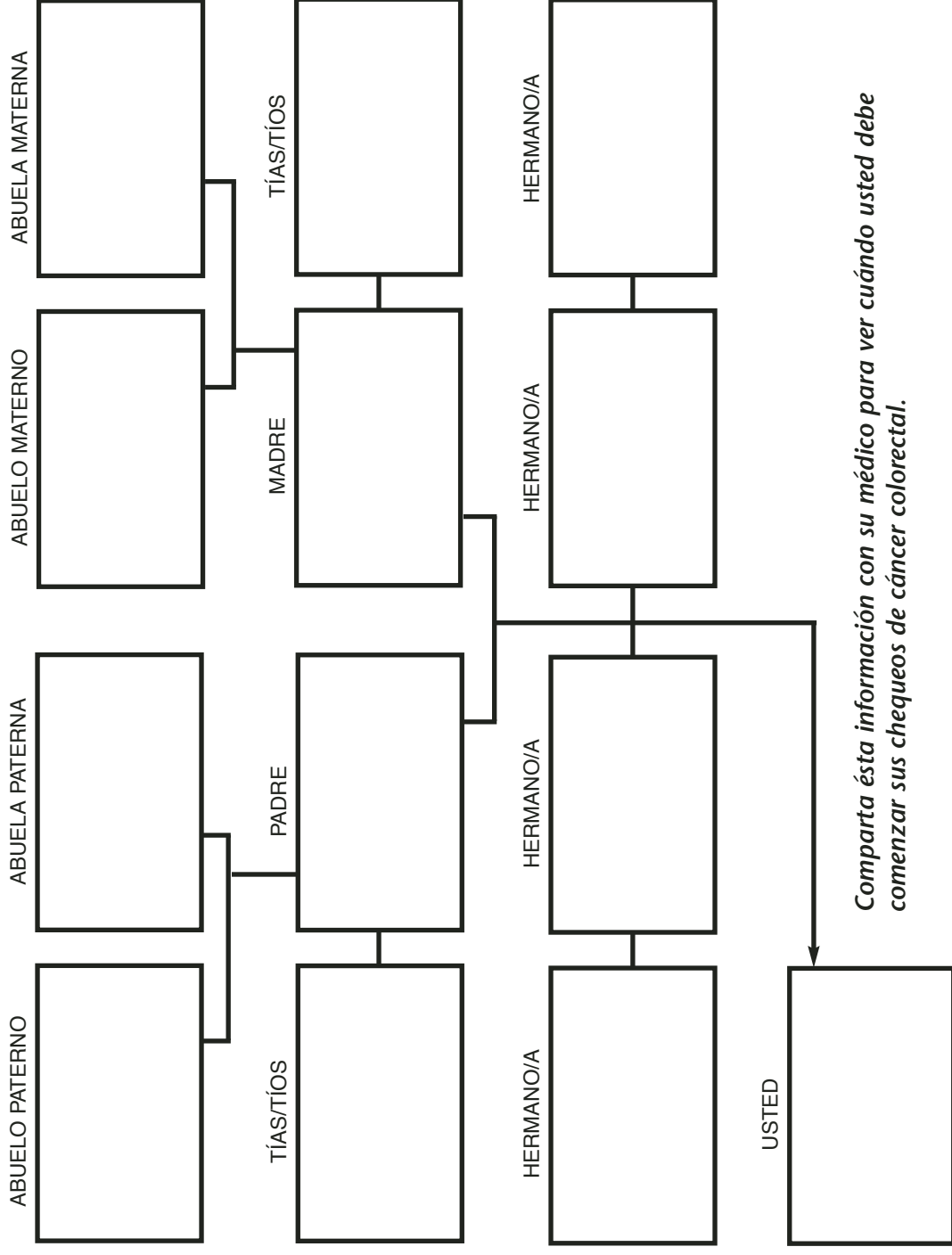


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CREANDO SU HISTORIA FAMILIAR MÉDICA

Instrucciones: Usted podría tener un riesgo más alto de contraer cáncer colorectal si usted tiene un antecedente familiar de ciertas enfermedades, de cáncer o de pólipos en el cólon o el recto. Para ayudarlo a determinar su riesgo, complete éste cuadro de antecedentes. Por cada pariente directo, marque en el cuadro correspondiente si ha tenido alguno de los siguientes problemas y la edad de diagnóstico: **cáncer colorectal; enfermedad inflamatoria de los intestinos (Crohns o Colitis); problemas del estómago o intestinos, cáncer colorectal.**



Comparta ésta información con su médico para ver cuándo usted debe comenzar sus chequeos de cáncer colorectal.



COLORECTAL CANCER

Preventable. Treatable. Beatable!

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LO QUE USTED DEBE SABER SOBRE EL CÁNCER COLORECTAL

QUÉ ES EL CÁNCER COLORECTAL?

- El cáncer colorectal es cáncer del colon y el recto. El colon y el recto son partes del aparato digestivo de su cuerpo que utiliza la comida que come para ayudar al cuerpo a que funcione bien. Lo que el cuerpo no usa se llama desechos. Esto se transforma en materia fecal.
- El cáncer del colon y el recto puede aparecer en mujeres y hombres.
- Es muy fácil de prevenir. Si usted contrae este cáncer, muchas veces se puede tratar y curar.

USTED PUEDE PREVENIR EL CÁNCER COLORECTAL?

- Usted puede prevenir el cáncer colorectal. Haga ejercicios y coma frutas y vegetales que son saludables.
- Hay chequeos médicos que pueden prevenir el cáncer colorectal. Estos chequeos también pueden ayudar a encontrar el cáncer temprano cuando se puede curar.
- Estos chequeos son de detección. Pueden decirle si tiene bolitas en el colon y el recto que se llaman pólipos. Los pólipos son del tamaño de una uva. Si se encuentran, se pueden quitar. Así no tendrá cáncer colorectal.

HABLE CON SU DOCTOR SOBRE EL CÁNCER COLORECTAL

Dígale a su doctor si tiene alguno de estos problemas:

- Sangre en el recto o en la materia fecal.
- Materia fecal diferente a lo normal para usted.
- Materia fecal más angosta que de costumbre.
- Sensación de hinchazón o de estómago lleno y dolor de panza.
- Va al baño más veces que de costumbre.
- Tiene dolores de gas.
- Adelgaza sin querer hacerlo.
- Se siente siempre cansado.
- Vomita.

Hable con su familia. Pregúntele a sus abuelos, padres, o hermanos si ellos alguna vez tuvieron pólipos, cáncer colorectal, problemas del intestino o algún tipo de cáncer. Dígale a su doctor si algún familiar o si usted tuvo alguno de éstos problemas. Su doctor quizás le pida que se chequee antes de los 50 años.

Si usted o nadie en su familia tuvo éstos problemas, entonces deberá chequearse cuando cumpla los 50 años.

QUÉ TIPO DE CHEQUEOS PUEDEN AYUDAR A ENCONTRAR CÁNCER COLORECTAL?

Hay varios tipos de chequeos incluyendo:

- FOBT, un chequeo de sangre en la materia fecal.
- Sigmoidoscopia, chequea el lado derecho del colon.
- Colonoscopia, usa una cámara para ver todo el colon.

Enema de Bario, es un chequeo que usa radiografías para ver todo el colon.

- Pregúntele a su doctor qué chequeo debe hacerse y cuándo.
- Pregúntele que pasará durante el chequeo y quién se lo hará.
- Pregúntele cómo se sentirá después del chequeo.
- Pregúntele cuándo le dará los resultados.

La Fundación para la Investigación y la Prevención del Cáncer se unió con muchos grupos para ayudar a prevenir el cáncer. Nosotros sabemos que el cáncer colorectal se previene, y es fácil de tratar y curar cuando se encuentra temprano. Hable con su doctor sobre el cáncer colorectal hoy.



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CHEQUÉESE PARA EL CÁNCER COLORECTAL

El cáncer colorectal se puede prevenir, es tratable y muy a menudo curable cuando se detecta temprano. Los diferentes chequeos pueden detectar pólipos (tumores del tamaño de una uva en el colon o el recto) que pueden ser extirpados antes de transformarse en cancerosos. Los chequeos deben formar parte de su vida saludable. Hable con su profesional de cuidado de salud acerca de las diferentes opciones disponibles y utilice ésta lista como guía. Comenzando a los 50 años:

- Hágase un examen de sangre oculta en las heces cada año.
- Hágase una sigmoidoscopia cada cinco años, o una colonoscopia o una enema de bario de doble contraste cada cinco o diez años;
- Hágase un examen dígito-rectal cada cinco a diez años al mismo tiempo que se hace su sigmoidoscopia, colonoscopia o la enema de bario;
- Si usted tiene antecedentes personales o familiares de cáncer colorectal, pólipos colorectales o enfermedades inflamatorias del intestino, hable con su profesional de cuidado de salud para chequearse más temprano.
- Hay dos nuevos chequeos que están siendo utilizados en algunas áreas del país. Una de las técnicas busca sustancias magnéticas en la materia fecal que podrían sugerir la presencia del cáncer colorectal. Otro examen, llamado colonoscopia virtual, utiliza computadoras en una tomografía para crear fotografías tridimensionales del colon. Hable con su profesional de cuidado de salud para determinar si alguno de estos exámenes son recomendables para usted.



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QUÉ SE PUEDE ESPERAR DEL ANÁLISIS DE SANGRE OCULTA EN LAS HECES

■ LO BÁSICO

El análisis de sangre oculta en las heces se hace para averiguar si hay sangre en la materia fecal. A veces la sangre está oculta, y no se puede ver a simple vista. Muchas cosas pueden causar que haya sangre en la materia fecal, incluyendo al cáncer colorectal.

Este análisis le hace saber a su profesional de cuidado de salud que podría haber sangramiento en el colon o en el recto (intestino grueso). El sangramiento puede provenir de los pólipos (tumores en el colon y el recto). Usted puede hacer éste análisis en su casa con un equipo que le puede dar su médico.

■ ANTES DEL ANÁLISIS

Siete días antes de hacerse éste análisis, usted necesita decirle a su profesional de cuidado de salud qué medicinas está tomando. Quizás sea necesario dejar de tomarlas el día en que se haga el análisis. Algunas medicinas, como los anti-inflamatorios no esteroideos, drogas para combatir dolores y anticoagulantes, y hasta algunas vitaminas, pueden cambiar el resultado de los análisis.

Tres días antes del análisis, su profesional de cuidado de salud le pedirá que no coma ciertas comidas: carne roja o no muy cocida, cantaloupe, brócoli, coliflor, rábano, remolacha. No podrá comer ninguna de éstas comidas hasta que haya finalizado el análisis.

■ DURANTE EL ANÁLISIS

Durante el análisis, usted deberá tomar unas muestras de tres veces que haya movido los intestinos y deberá ponerlas en el área específico dentro del equipo que le suministró su profesional de cuidado de salud.

Algunos equipos contienen palitos de madera o algún otro instrumento para recolectar la materia fecal. Durante los días que se hace éste análisis no utilice ningún desodorizante ni limpiador en el inodoro ni en el tanque de agua. Si usted utiliza limpiadores de color en el inodoro, tire de la cadena hasta que el agua aparezca transparente.

Recolectando la materia fecal

Usted deberá recolectar la materia fecal de tres veces diferentes en que mueva los intestinos. Hay diferentes maneras de recolectar materia fecal:

1. Usted puede tomar la muestra del inodoro con un vasito de papel o una cuchara de plástico.
2. Usted puede recolectar la materia fecal poniendo un vasito de papel fuera del recto mientras está moviendo los intestinos.
3. Usted puede poner un poco de papel de cocina plástico o un plato de papel sobre el inodoro para recoger la materia fecal. No los tire por el inodoro.
4. Usted puede utilizar el papel tisú que viene con el equipo listo para usar. Desdoble el papel y hágalo flotar sobre el agua del inodoro. Deje que la materia fecal caiga sobre el papel. Tome una muestra del papel ayudándose con un vasito de papel o guantes de plástico. Luego de tomar la muestra, tire de la cadena.

Poniendo la materia fecal en las placas

Tome dos muestras cada vez que mueva los intestinos. Utilice una punta del palito de madera para tomar una pequeña muestra de la parte exterior de la materia fecal. Ponga una pequeña cantidad en el área de la tarjeta marcada A.

Utilice la otra punta del palito para tomar una pequeña muestra de la parte interior de la materia fecal. Ponga una pequeña muestra en el área de la tarjeta marcada B. Cierre la tapa sobre el área y escriba la fecha de cuando tomó la muestra. Ponga esto en el sobre que viene con el equipo. Manténgalo fuera del calor, el sol, la luz y lejos de los productos como limpiadores, blanqueadores y el yodo.

Todos los materiales que utilizó para recolectar las muestras deben guardarse en una bolsa de plástico bien cerradas y descartadas a la basura.

■ DESPUÉS DEL ANÁLISIS

Luego de haber puesto todas las muestras en las placas, mande todo en el sobre que incluye el equipo a su profesional de cuidado de salud o al laboratorio, de acuerdo a las instrucciones. Pregúntele a su profesional de cuidado de salud cuáles son los resultados. Si el análisis resultó positivo con sangre en la materia fecal, usted necesitará algunos exámenes de seguimiento.



El mes de marzo es el Mes Nacional de Concientización sobre el Cáncer Colorectal, creado por la Fundación para la Investigación y la Prevención del Cáncer junto con la colaboración de varias organizaciones asociadas. El cáncer colorectal se puede prevenir, y es fácilmente tratable y hasta curable cuando se detecta temprano. Hable hoy con su profesional de cuidado de la salud acerca del cáncer colorectal.

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¿CORRE USTED EL RIESGO DE CONTRAER CÁNCER COLORECTAL?

Comenzando a los 50 años, los hombres y las mujeres que tienen un riesgo moderado de contraer cáncer colorectal deben chequearse regularmente. Aproximadamente el 90 por ciento de todos los casos de cáncer colorectal son diagnosticados en personas mayores de 50 años. Algunos hombres y algunas mujeres con mayor riesgo de desarrollar ésta enfermedad quizás necesiten chequearse más temprano. Aquellos con más alto riesgo son:

- Personas con antecedentes personales o familiares de pólipos colorectales benignos.
- Personas con antecedentes personales o familiares de cáncer colorectal.
- Personas con antecedentes personales o familiares de enfermedades inflamatorias de los intestinos, como Colitis Ulcerativa o Enfermedad de Crohn.
- Mujeres y hombres que usan productos de tabaco, beben demasiado alcohol, tienen sobrepeso o no mantienen una vida activa.



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EL COLON Y EL RECTO: QUÉ SON, QUÉ HACEN, POR QUÉ SON IMPORTANTES

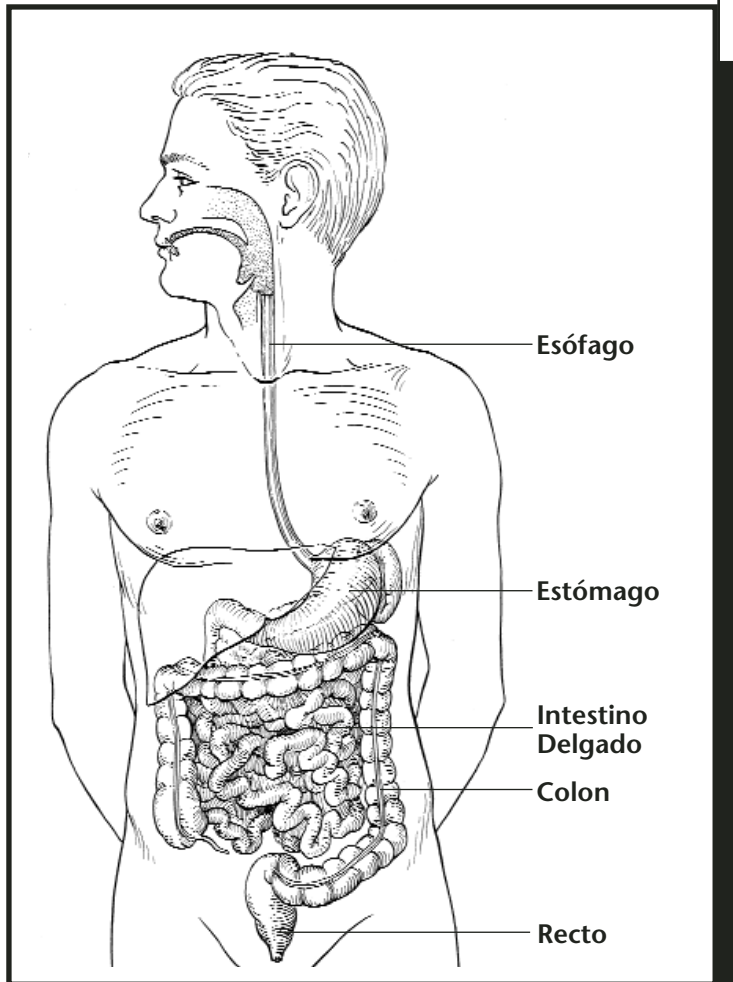
¿QUÉ SON EL COLON Y EL RECTO?

El colon y el recto son parte del intestino grueso, un órgano que forma parte del aparato digestivo. El sistema digestivo es el grupo de órganos que nos permite comer y utilizar la comida como combustible para nuestros cuerpos.

¿QUÉ HACEN EL COLON Y EL RECTO?

El colon y el recto cumplen un papel muy importante en cómo nuestros cuerpos utilizan la comida que comemos. Así viaja nuestra comida por todo nuestro cuerpo:

1. La comida entra por la boca, donde es masticada por nuestros dientes en pedacitos chiquitos. Las glándulas salivares despiden jugos para ayudar, y la lengua y la saliva hacen que la comida se despedace en partes más pequeñas que puedan pasar por el esófago. El esófago es un tubo de 10 pulgadas de largo que se conecta con el estómago. Los músculos del esófago mueven la comida hacia el estómago.
2. En el estómago, jugos gástricos, (sustancias proteínicas llamadas enzimas), deshacen la comida en partículas más pequeñas. El estómago tiene músculos tan fuertes que transforman la comida en un líquido cremoso. Éste material viaja hasta el intestino delgado.
3. En el intestino delgado, las partículas de la comida se hacen todavía más pequeñas. Se mezclan con más jugos del páncreas, del hígado y de la vesícula. Aquí es donde las vitaminas y los nutrientes de la comida pasan a la sangre a través de las paredes del intestino delgado. La sangre toma los nutrientes y los lleva a otros órganos del cuerpo. Los nutrientes se usan para ayudar a reparar células y tejidos.



4. Lo que sobra, que es más líquido, se mueve hacia el colon. El agua se absorbe en el colon. Las bacterias del colon deshacen lo que resta del material. Luego el colon mueve los desechos hacia el recto.
5. El recto es como un área de depósito para éstos desechos. Los músculos del recto mueven los desechos, o materia fecal, fuera del cuerpo, a través del ano.

¿POR QUÉ EL COLON Y EL RECTO SON IMPORTANTES?

El comer saludablemente es bueno para la salud en general, pero el seguir una dieta baja en calorías y alta en fibra que incluya muchas frutas y vegetales es importante para tener un colon y un recto sanos. Un colon y un recto sanos despedirán las sobras que su cuerpo ya no necesita. La materia fecal está llena de bacteria, por eso es importante sacarla del cuerpo. Si su colon y su recto no funcionan como deberían, usted puede tener problemas como dolores, gases, y también hinchazón.



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QUÉ SE PUEDE ESPERAR DE UNA COLONOSCOPIA

■ LO BÁSICO

La colonoscopia es un chequeo en el cual se utiliza una cámara y un video que le permite al profesional de cuidado de salud examinar el colon, también llamado intestino grueso. La colonoscopia puede detectar pólipos, tumores en el colon o el recto, y cáncer en etapas primarias. Si se extirpan los pólipos, que generalmente puede hacerse durante el chequeo, se puede prevenir el cáncer colorectal. La colonoscopia es un chequeo que se puede hacer en un hospital o una clínica. Los técnicos reciben un entrenamiento especial para poder hacer éstos chequeos.

■ ANTES DEL EXAMEN

Su profesional de cuidado de salud le dirá lo que usted puede o no comer antes del examen. También le pedirá que trate de limpiar sus intestinos tomando un líquido especial o tomando unos laxantes orales. El colon debe estar completamente limpio para obtener resultados exactos, así que siga las instrucciones del médico cuidadosamente. Usted debe avisarle al médico si toma medicamentos regularmente. Quizás le pida que deje de tomarlos por unos días antes del examen.

■ DURANTE EL EXAMEN

La colonoscopia generalmente no causa dolor. Quizás sienta un poco de presión, hinchazón o molestias durante el examen. Su médico le dará un sedante, una medicina para relajarlo un poco. Algunas personas duermen luego de haber tomado un calmante.

Usted estará cubierto con una bata y se acostará de costado. El médico le introducirá un poco de aire en el ano para ayudarlo a tener una mejor vista del colon. Luego moverá lentamente un tubo llamado colonoscopio en su ano y a través del colon. Una fotografía de su colon y el recto aparecerá en una pantalla de televisión así el médico puede ver si hay algún problema. Él podrá ver el colon a medida que el tubo pasa por el colon y el recto, y también mientras lo quita lentamente. El examen dura entre 15 y 30 minutos. Pero planee estar entre una y dos horas antes para esperar, prepararse y recuperarse.

■ QUÉ PASA SI LA COLONOSCOPIA MUESTRA ALGO ANORMAL?

Si su médico piensa que algo en su colon necesita más atención, quizás introduzca un instrumento a través del tubo para hacer una biopsia, (tomar una muestra del colon para ser examinada bajo el microscopio). Las biopsias se usan para identificar muchas condiciones, y quizás su médico le ordene hacerse una aunque no sospeche que hay cáncer.

Si se hace una colonoscopia para encontrar áreas donde haya pérdidas de sangre, el médico le podría inyectar una medicina en esa área o cerrarla con un tratamiento de calor. También podría encontrar pólipos durante el examen, y seguramente los quitará durante el chequeo. Éstos procedimientos generalmente no causan dolor.

■ EXTIRPANDO PÓLIPOS

Los pólipos son tumores anormales en el colon y el recto que por lo general son benignos, quiere decir que no son cancerosos. Pueden tener el tamaño de un puntito chiquito o varios centímetros de grande. El médico no puede saber siempre si el pólipo es benigno o canceroso a simple vista. Por eso él los extirpa y los manda a examinar. **Como la mayoría de los cánceres comienzan con pólipos benignos, el extirparlos es una manera muy importante de prevenir el cáncer colorectal.**

Los pólipos pequeños se pueden eliminar quemándolos o extirpándolos con instrumentos de biopsia. Hay otro método para extirpar los pólipos más grandes donde se introduce un instrumento a través del colonoscopio y se extirpa el pólipo utilizando una corriente eléctrica.

■ DESPUÉS DEL EXAMEN

Su profesional de cuidado de salud le explicará los resultados del examen. Probablemente usted deba esperar algunos días para recibir los resultados de la colonoscopia y de la biopsia, si es que le hicieron una.

Inmediatamente luego del examen, le otorgarán un tiempo para recuperarse antes de volver a su casa. Si le dieron sedantes, alguien lo debe llevar a su casa y hacerle compañía. Aunque usted se sienta despierto y alerta, su habilidad de tomar decisiones y sus reflejos quizás no funcionen como de costumbre el resto del día. Usted podría sentir hinchazón o molestias estomacales debido al aire que entró en el colon durante el examen. Ésto desaparecerá rápidamente una vez que se libre de los gases.

Usted podrá comer después del examen, pero quizás haya comidas que su médico le pida que no coma. También le podría recomendar que no haga ciertas actividades, especialmente si le extirparon pólipos.

■ COMPLICACIONES DEL EXAMEN

La colonoscopia es generalmente segura cuando se efectúa por profesionales de salud entrenados y con experiencia en éste tipo de procedimientos.

Una complicación o un problema es la perforación, o una ruptura a través de la pared del colon, que requiere cirugía. Puede haber sangramiento donde se hizo la biopsia o donde estaba el pólipo. El sangramiento no es generalmente un serio problema, y puede parar sin ningún tratamiento. Algunos pacientes pueden tener una reacción alérgica a los sedantes, o problemas por tener enfermedades del pulmón o del corazón.

Aunque los problemas serios no son muy comunes, es importante conocer las señales de peligro. Llame a su médico si tiene muy fuertes dolores, fiebre y escalofríos, o sangramiento por el recto de más de un cuarto de taza. Recuerde que el sangramiento puede ocurrir algunos días después de haber extirpado los pólipos.



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Preparado con la ayuda de la Sociedad Americana de Endoscopia Gastrointestinal (ASGE) www.askasge.org

CÓMO ELEGIR A UN GASTROENTERÓLOGO PARA QUE LE HAGA LA COLONOSCOPIA

El gastroenterólogo es un médico entrenado especialmente en enfermedades relacionadas al aparato gastrointestinal, que es el sistema que le ayuda a usted a digerir y eliminar los alimentos. Muchos de estos médicos están entrenados para hacer estos procedimientos o chequeos como la colonoscopia. Éste es un examen que utiliza un tubo largo y delgado que se mueve a través del colon y del recto para captar imágenes de todo el colon que se pueden ver en la pantalla de un televisor y/o de una computadora. A esto se le llama un procedimiento endoscópico, y los profesionales de salud que hacen estos exámenes son llamados endoscopistas.

La colonoscopia es utilizada para detectar pólipos no cancerosos, tumores del tamaño de una uva en la pared del colon y del recto. Éstos médicos también pueden realizar otro chequeo llamado polipsectomía para extirpar estos pólipos antes que se desarrolle el cáncer.

Cuando usted esté en la búsqueda de un gastroenterólogo para hacerle la colonoscopia, utilice esta lista de preguntas como guía. Las respuestas a todas estas preguntas deben ser Sí. Esto le asegurará que usted está hablando con un endoscopista experto que le hará el examen de forma segura.

1. Es usted un médico con licencia?
2. Ha tenido usted algún entrenamiento formal en endoscopia gastrointestinal, más que un curso de varios días o aprendiendo usted solo?
3. Cuando usted hace el examen, puede mover el tubito por todo el colon? (A esto se le llama intubación cecal. Su doctor debe tener un porcentaje de intubación cecal de por lo menos 90 por ciento.)
4. Usted hace más de 100 colonoscopias al año?
5. Usted tiene algún privilegio para hacer el examen en un hospital o en alguna otra localidad licenciada?
6. Si tengo un pólipo, me lo extirpará durante la colonoscopia?
7. Usted ofrece a los pacientes sedación intravenosa, (una aguja que se le pone en la vena y le suministra un medicamento que lo hace dormir) para una colonoscopia?
8. Usted monitorea la presión arterial, el pulso y los niveles de oxígeno en la sangre mientras el paciente está sedado?
9. Habrá alguna asistente o enfermera durante el examen?



La Fundación para la Investigación y la Prevención del Cáncer se ha unido a muchos otros grupos para ayudar a prevenir el cáncer colorectal. Sabemos que el cáncer colorectal se puede prevenir, y es muy fácil tratarlo y muchas veces curable cuando se descubre temprano. Hable hoy con su profesional de cuidado de salud sobre el cáncer colorectal.

Ésta guía ha sido desarrollada con la ayuda de la Sociedad Americana de Endoscopia Gastrointestinal (www.askasge.org)

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QUÉ SE PUEDE ESPERAR DE UNA ENEMA DE BARIO

■ LO BÁSICO

La enema de bario, también conocida como examen gastrointestinal, utiliza una radiografía para observar el colon y el recto. Hay dos variaciones de éste examen. La técnica de contraste simple utiliza un líquido llamado sulfato de bario, que es inyectado en el recto para obtener una buena vista del colon y del recto. La técnica de doble contraste o de contraste de aire, utiliza aire que también es inyectado en el recto.

La enema de bario de doble contraste puede mostrar más efectivamente si hay pólipos, (una bolita en el colon y en el recto), o algún otro problema. Los pólipos pueden convertirse en cancerosos. El cáncer colorectal puede prevenirse si se extirpan los pólipos antes que éstos se transformen en cancerosos.

■ ANTES DEL EXAMEN

Usted debe comunicarle a su profesional de cuidado de salud si usted tiene problemas de salud o alguna alergia antes de hacer la cita para el examen.

Antes del examen, su profesional de cuidado de salud le pedirá que vacíe su colon tomando un líquido especial, un laxante o tal vez le pedirá que se haga una enema.

■ DURANTE EL EXAMEN

Su profesional de cuidado de salud le pedirá que se cubra el cuerpo con una bata durante el examen. Usted estará acostado boca arriba sobre una camilla de radiografías. El profesional de cuidado de salud le insertará un tubo rectal bien lubricado en su ano. Éste tubo le permite al médico o a su asistente llenar su colon con agua o con bario. El bario es un elemento metálico que ayuda a producir imágenes claras del colon en una pantalla de televisión y en las radiografías. Le pondrán aire en el colon. A medida que el aire y el bario entran en su colon, usted podría sentir una molestia estomacal o la sensación que necesita mover los intestinos. Quizás le pidan que respire profundo y lento por la boca para ayudar al dolor de estómago.

Mientras el bario entra en el colon, se toman unas radiografías. Probablemente usted deba cambiar de posición para obtener diferentes ángulos en las radiografías. También la camilla puede ser movida. A veces las radiografías se toman una vez que el bario ya no está en su cuerpo. El examen puede durar entre 30 y 60 minutos.

■ DESPUÉS DEL EXAMEN

Le pedirán que haga lo siguiente después del examen de enema de bario:

- Tome mucho líquido.
- Descanse. La enema de bario y la preparación antes del examen pueden cansarlo.
- Puede hacerse otra enema para librarse del bario que le quedó dentro. Quizás cuando mueva los intestinos durante las próximas 24 a 72 horas, las heces tengan otro color.

El examen será revisado por un radiólogo y los resultados serán enviados a su profesional de cuidado de salud. Usted debe preguntarle cuáles son los resultados y si es necesario hacerse más exámenes.

■ COMPLICACIONES DE LA ENEMA DE BARIO

La enema de bario es un chequeo bastante seguro, pero podría causar complicaciones o problemas en algunas personas. Algunas de las complicaciones podrían incluir la perforación o desgarro del colon o alguna reacción alérgica. Todas éstas complicaciones no son muy comunes.



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5 PASOS PARA REDUCIR SU RIESGO DE CÁNCER COLORECTAL

- 1** Hágase chequeos regularmente para el cáncer colorectal comenzando a los 50 años. Si usted tiene antecedentes personales o familiares de cáncer colorectal, pólipos colorectales, o antecedentes de inflamaciones intestinales, quizás necesite chequearse antes y hablar con su médico acerca de cuándo debería hacerlo.
- 2** Mantenga un peso saludable con una dieta baja en grasas y rica en frutas y vegetales y granos enteros que se pueden encontrar en pan, cereales, nueces, y habichuelas.
- 3** Si usted bebe alcohol, hágalo con moderación.
- 4** Si usa tabaco, déjelo. Si no usa tabaco, no comience.
- 5** Haga ejercicios moderados de 30 a 60 minutos por día, cinco veces por semana. Trate de hacer ejercicios moderados como caminar, practicar la jardinería, subir escalones, o cualquier actividad que queme 150 calorías al día.



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www.preventcancer.org/colorectal.htm**

LO QUE USTED NECESITA SABER ACERCA DEL CÁNCER COLORECTAL

- El cáncer colorectal es altamente prevenible, tratable y muy a menudo curable.
- El cáncer colorectal afecta a mujeres y a hombres por igual, más de 145,000 personas fueron diagnosticadas con ésta enfermedad en el año 2005.
- El número de casos de cáncer colorectal diagnosticados cada año está bajando, así como el número de muertes, seguramente esto se debe a que más personas se chequean regularmente.
- Los ejercicios hechos con regularidad y una dieta baja en grasas y alta en vegetales y frutas, pueden ayudar a reducir su riesgo de cáncer colorectal y a mantener un peso saludable.
- Los chequeos hechos con regularidad podrían detectar pólipos precancerosos, (tumores del tamaño de una uva) que crecen en el colon y el recto. Si se extirpan esos pólipos se puede prevenir el desarrollo del cáncer.
- Los chequeos también pueden ayudar a detectar el cáncer colorectal en sus etapas más tempranas y curables.
- Cuando se detecta y se trata temprano, el 90 por ciento de las personas sobrevive más de 5 años.
- Comenzando a los 50 años, las mujeres y los hombres que tienen un riesgo moderado deben chequearse regularmente para el cáncer colorectal. Los hombres y las mujeres que tienen un riesgo mayor deberían comenzar a chequearse más temprano y hablar con sus médicos acerca de cuándo deberían hacerlo. Los chequeos no son dolorosos y están generalmente cubiertos por Medicare y otros seguros de salud.



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**March is National
Colorectal Cancer Awareness Month**

For Immediate Release

[YOUR ORGANIZATION CONTACT INFO]

“Buddy Bracelets” Pass Along Message of Hope, Survival
[ORGANIZATION] Uses Bracelets to Educate About Colorectal Cancer

{DATELINE} — This March, health care providers, educators and advocates will be armed with a powerful tool against colorectal cancer, the Buddy Bracelet, a wristband that encourages people to “Wear it, Share it, Because You Care.” The blue bracelet – emblazoned with “Colorectal Cancer: Preventable, Treatable, Beatable” – reminds those who wear it to get screened for colorectal cancer. After they are screened, they pass the bracelet on to a family member, friend or colleague to encourage them to talk with a health care professional about colorectal cancer. The bracelet is then passed along from that person to another person and so on, creating a chain reaction that could save thousands of lives.

Colorectal cancer is 90 percent preventable and 90 percent treatable when detected early, yet it continues to be the *second leading cause of cancer deaths* for men and women combined. This bracelet reminds those who wear it and others that colorectal cancer can be prevented through screening and that it is treatable and beatable, when detected and treated in its earliest stages. “The Buddy Bracelet is a great way to literally pass along a message of hope and survival,” says [SPOKESPERSON]. “Our hope is that everyone who is at risk for colorectal cancer will wear it and encourage those around them to wear it, and to have that important conversation about risk factors with their health care professional.”

Current colorectal cancer screening guidelines suggest that people at average risk should get screened for the disease starting at age 50. However, younger people can help support the Buddy Bracelet effort by knowing their family history, starting a dialogue about colorectal cancer with their health care professional and reminding their loved ones to get screened – and by wearing the blue bracelet. For more information about recommended methods of screening, please visit www.preventcancer.org/colorectal.

About National Colorectal Cancer Awareness Month

National Colorectal Cancer Awareness Month is made possible by presenting sponsor sanofi-aventis; sustaining partners Bristol Myers-Squibb and Amgen; and premier benefactor Roche. The Cancer Research and Prevention Foundation together with its founding partners the American Society for Gastrointestinal Endoscopy, Foundation for Digestive Health and Nutrition and the National Colorectal

-- more --

Cancer Roundtable, joined forces to designate March as National Colorectal Cancer Awareness Month in 2000. The goals of this initiative are to generate widespread awareness about colorectal cancer and to encourage people to learn more about prevention of the disease through regular screening and a healthy lifestyle. The 57 collaborating partner organizations that help make the month possible. For more information about colorectal cancer or National Cancer Awareness Month, please visit www.preventcancer.org/colorectal.

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**March is National
Colorectal Cancer Awareness Month**

For Immediate Release

[YOUR ORGANIZATION CONTACT INFO]

[YOUR ORGANIZATION] Celebrates March as National Colorectal Cancer Awareness Month

[DATELINE] – More than 148,000 men and women will be diagnosed with colorectal cancer. Of those, more than 55,000 will die from the disease, which is preventable, treatable and beatable if diagnosed in its earliest, most curable stages. March is National Colorectal Cancer Awareness Month and organizations nationwide including [YOUR ORGANIZATION] are determined to change these alarming statistics.

“Although much progress has been made in the prevention, diagnosis and treatment of colorectal cancer,” said [YOUR SPOKESPERSON], “much more work needs to be done. We believe that education is the first step toward action, and this nationwide campaign will educate Americans about the importance of regular screening and, if they are diagnosed, their treatment options.”

The centerpiece of the education effort is the Buddy Bracelet™, a wristband that encourages people to “Wear it, Share it, Because You Care.” The bracelet reminds those who wear it to get screened for colorectal cancer. After the person is screened, they pass the bracelet on to a family member, friend or colleague to encourage them to talk with a health care professional about colorectal cancer. The bracelet is then passed along from that person to another person and so on, creating a chain reaction that could save thousands of lives.

The bracelet is branded with the phrase “Colorectal Cancer: Preventable, Treatable, Beatable”™ to emphasize that the disease can be prevented through screening, and that it is treatable and beatable, when detected and treated in its earliest stages.

“The Buddy Bracelet is a great way to literally pass along a message of hope and survival,” said [SPOKESPERSON]. “Our hope is that everyone who is at risk for colorectal cancer will wear it and encourage those around them to wear it, and to have that important conversation about risk factors with their health care professional.”

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Those who are at risk for colorectal cancer include:

- Men and women who are 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
- People who are obese and/or sedentary

Men and women at average risk should begin regular screening at age 50. If you are at greater risk, you may need to begin regular colorectal cancer screening at an earlier age. Options for screening include:

- Annual Fecal Occult Blood Test (FOBT) annually;
- Flexible sigmoidoscopy every five years, a colonoscopy or double contrast barium enema every five to 10 years. Non-cancerous polyps – grape-like growths on the lining of the colon or rectum – should be removed to help prevent colorectal cancer before it starts;
- Digital rectal exam every five to 10 years at the time of each screening sigmoidoscopy, colonoscopy or barium enema.

If there is a personal or family history of colorectal cancer, benign colorectal polyps, inflammatory bowel disease, or breast, ovarian or endometrial cancer, talk with a health care professional about earlier and more frequent screening. And if you are African American, experts suggest that you begin screening at age 45.

About National Colorectal Cancer Awareness Month

The Cancer Research and Prevention Foundation together with its founding partners the American Society for Gastrointestinal Endoscopy, Foundation for Digestive Health and Nutrition and the National Colorectal Cancer Roundtable, joined forces to designate March as National Colorectal Cancer Awareness Month in 2000. The goals of this initiative are to generate widespread awareness about colorectal cancer and to encourage people to learn more about prevention of the disease through regular screening and a healthy lifestyle. For more information about colorectal cancer or National Cancer Awareness Month, please visit www.preventcancer.org/colorectal.

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