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ROBERT WOOD JOHNSON MEDICAL SCHOOL
University of Medicine & Dentistry of New Jersey

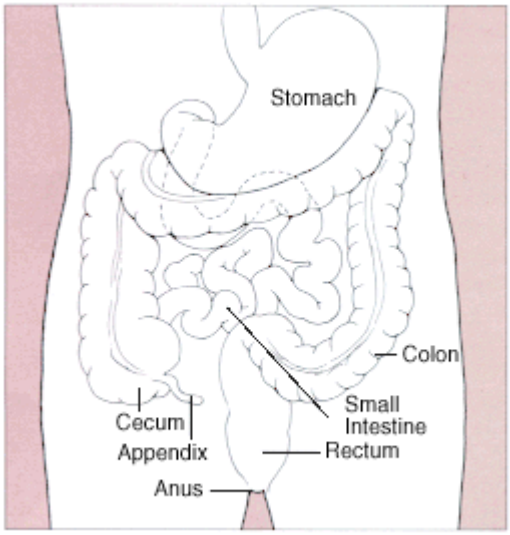
The Cancer Institute of New Jersey℠
NCI CCC
A Comprehensive Cancer Center Designated by the National Cancer Institute

March Is National Colorectal Cancer Awareness Month

Emblem introduced in 2004 for Nation's Second-Leading Cancer Killer.
Colon Cancer is the Most Preventable Form of Cancer.

What Is Colorectal Cancer?

The colon and rectum are parts of the body's digestive system. They remove water and salts from food and store stool (feces) until it passes out of the body. Colorectal cancer occurs in the colon or rectum when the cells become abnormal and divide without control or order, forming a mass called a tumor.



Colon, rectum, and other parts of digestive system

What Are the Key Statistics About Colorectal Cancer?

Colorectal cancer is the third most common type of cancer in men and women. It is the third leading cause of cancer-related deaths in the United States when men and women are considered separately, and the second leading cause when both sexes are combined. In 2013, it is estimated that 142,820 new cases will be diagnosed, and 50,830 people will die from colorectal cancer.

Who's At Risk for Colorectal Cancer?

The exact causes of colorectal cancer are not known. However, studies show that certain factors are linked to an increased chance of developing colorectal cancer:

- **Age**—Colorectal cancer is more likely to occur as people get older. Although the disease can occur at any age, most people who develop colorectal cancer are over the age of 50.

- **Polyps**—Polyps are growths that stick out from the inner wall of the colon or rectum. They are quite common in people over age 50. Most polyps are benign (noncancerous). Experts believe that most colorectal cancers develop in certain polyps, called adenomas. Finding and removing these growths may help prevent colorectal cancer.

- **Personal history**—A person who has already had colorectal cancer is at an increased risk of developing colorectal cancer a second time. Research shows that some women with a history of ovarian, uterine, or breast cancer have a higher-than-average chance of developing colorectal cancer.

- **Family history**—People who have a close relative (parent, sibling, child) or several family members with a history of colorectal cancer are more likely to develop this type of cancer. This is especially true if these family members were diagnosed at a younger age. Most cases of colorectal cancer are not hereditary, only about 10% are caused by inheriting certain genes. Two types of hereditary colon cancer are Hereditary nonpolyposis colorectal cancer (HNPCC) and Familial adenomatous polyposis (FAP).

  - **Hereditary nonpolyposis colorectal cancer**, or HNPCC, is caused by a change in the genes that help repair cells. People with HNPCC tend to develop colon cancer on the right side of the colon. Most people with HNPCC will develop colorectal cancer around the age of 45, and typically only have few polyps in the colon. Women with HNPCC are also at a higher risk for endometrial, or uterine and ovarian cancers.

  - **Familial adenomatous polyposis**, or FAP, is a rare, inherited condition in which hundreds of polyps develop in the colon and rectum. The people with FAP will develop colorectal cancer by the age of 40. Adolescents as young as 10-13 years old will develop colorectal cancer by age 40. Because this condition is very likely to lead to colorectal cancer, it is usually treated with surgery to remove the colon and rectum.

  If you are concerned about your family history of colon cancer, genetic counseling is available through The Hereditary Risk Assessment Program at The Cancer Institute of New Jersey. To schedule an appointment, please call 732-235-7110.

- **Ulcerative colitis or Crohn's colitis**—Ulcerative colitis is a condition that causes swelling and sores (ulcers) in the lining of the colon. Crohn's colitis (also called Crohn's disease) can cause swelling of the entire gastrointestinal tract, but most often affects the end portion of the small intestine (the part of the digestive tract that is located between the stomach and the large intestine) and the colon. People who have ulcerative colitis or Crohn's colitis may be more likely to develop colorectal cancer than people who do not have these conditions.

- **Diet**—Research suggests that the development of colorectal cancer may be linked with a diet that is high in fat, red meats, calories, and low in fiber, fruits, and vegetables. Researchers are looking at what role these and other parts of the diet play in the growth of colorectal cancer.

- **Exercise**—Some research suggests that an inactive lifestyle may be linked with an increased risk of colorectal cancer. In contrast, people who exercise regularly may have a decreased risk of getting colorectal cancer.

Can Colorectal Cancer Be Found Early?

Yes!!!! Screening means checking for health problems before they cause symptoms or signs. Screening can find polyps that may in time become cancerous (precancerous polyps), as well as some cancers in an early stage, before they spread to other parts of the body.

Colorectal cancer screening is used to detect cancer and precancerous polyps. If screening detects an abnormality, diagnosis and treatment can occur quickly. Finding and removing early colon cancers (before the cancer cells have crept deep into the wall of the colon) is almost always curative. Cancers that have entered deeper into the layers of the bowel wall are much more difficult to cure.

Beginning at age 50, the American Cancer Society recommends men and women follow one of the following testing options **(note:** people who are at an increased risk for colorectal cancer need to begin screening at an earlier age and may need more frequent screening.):

- Yearly fecal occult blood tests (FOBT)
- Yearly fecal immunochemical test (FIT)
    - For FOBT or FIT, the take-home multiple sample method should be used. A FOBT or FIT done during a digital rectal exam in the doctor's office is not adequate for screening
- Stool DNA test (sDNA), interval uncertain
- Flexible sigmoidoscopy every 5 years
- Double contract barium enema every 5 years
- CT colonography (virtual colonoscopy) every 5 years
- Colonoscopy every 10 years

What are Signs and Symptoms of Colorectal Cancer?

See your doctor if you have any of these warning signs:

- Bleeding from your rectum.
- Blood in the stool or in the toilet after you have a bowel movement.
- A change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts for more than a few days.
- Cramping pain in your lower stomach.
- A feeling that you still need to have a bowel movement that doesn't go away after you have one.
- A low red blood count (anemia) without another obvious explanation.

Other conditions can cause these symptoms. You should be checked by your doctor to find the reasons for your symptoms.

Can Colorectal Cancer Be Prevented?

The current American Cancer Society recommendations for nutrition and physical activity are important to colorectal cancer prevention.

- Eat a variety of healthful foods, with emphasis on plant sources.
- Adopt a physically active lifestyle.
- Maintain a healthful weight throughout life.
- Limit use of alcoholic beverages.

Cancer Prevention Clinical Trials

If you would like information about clinical trials (available in New Jersey) for preventing cancer, please call The Cancer Institute of New Jersey at 732-235-8675. For additional information about nationwide cancer prevention trials, you can call the National Cancer Institute at 1-800-4 CANCER or visit their Web site at www.cancer.gov.

Expert Advice from The Cancer Institute of New Jersey

Elizabeth Poplin, MD, is the co-director of the Gastrointestinal/Hepatobiliary Oncology Program at The Cancer Institute of New Jersey and a professor of medicine at UMDNJ-Robert Wood Johnson Medical School. Here are her thoughts about preventing colorectal cancer:

> "Colorectal cancer is highly preventable with the appropriate screening measures and lifestyle changes. Many unnecessary deaths occur each year because people are

unaware of the need for screening or they avoid it for one reason or another. As colorectal cancer awareness month, March is a reminder to everyone to make an appointment for colorectal cancer screening. The method you chose for screening is up to you and your doctor. It is far better to get some type of screening than none at all. Also try to remember everyday that a diet rich in fruits and vegetables, regular exercise, and maintaining a healthy weight can also prevent colorectal cancer. These tips also are important for maintaining overall health."

Where Can I Find Further Information?

The Resource and Learning Center 732-235-9639 www.cinj.org/rlc Provides reliable, relevant and current information about all aspects of cancer.	RLC website QR code
National Cancer Institute 1-800-4-CANCER www.cancer.gov	NCI website QR code
The American Cancer Society 1-800-ACS-2345 www.cancer.org	ACS website QR code
American Institute for Cancer Research 1-800-843-8114 www.aicr.org	AICR website QR code
National Institute of Health 301-496-4000 www.nih.gov	NIH website QR code
MedlinePlus www.medlineplus.gov	MedlinePlus website QR code
Colon Cancer Alliance (CCA) 877-422-2030 http://www.ccalliance.org/	CCA website QR code

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