



ARE YOU AT INCREASED RISK FOR COLORECTAL CANCER??

Your risk may be higher than average if:

- ◆ You or a close relative have had colorectal polyps or colorectal cancer.
- ◆ You have inflammatory bowel disease such as Crohn's disease or ulcerative colitis.

◆ I wanted a perfect ending.
◆ Now I've learned, the hard
◆ way, that some poems don't
◆ rhyme, and some stories
◆ don't have a clear beginning,
◆ middle, and end. Life is about
◆ not knowing, having to
◆ change, taking the moment
◆ and making the best of it,
◆ without knowing what's
◆ going to happen next.

~Gilda Radner



Family History and Your Health

March Is Colorectal Cancer Awareness Month!

Colorectal cancer is cancer that occurs in the digestive tract (specifically in the large intestine and rectum). In 2007, colorectal cancer was the second leading cause of cancer-related deaths in the state of Michigan. And over 5,000 Michigan residents are diagnosed with colorectal cancer each year.

Both men and women can get colorectal cancer. The risk for this cancer increases with age. Although colorectal cancer is very common, it is also one of the most preventable and treatable cancers. Colorectal cancer usually starts from a growth called a polyp or an area of unusual colon tissue. Over time these polyps and other suspicious areas can turn into cancer. Screening tests, such as a colonoscopy can find suspicious areas and polyps and remove them **before** they turn into cancer. So, it is recommended that all individuals over age 50 get a screening colonoscopy.

Family history is an important risk factor for colorectal cancer. Family health history refers to medical information about you and your close blood-related relatives. It is important to discuss your family history; write it down; and share it with your doctor. If you have a family history of colorectal cancer, you may need to begin colonoscopy screening earlier than age 50. Now is the time to learn your family health history!

Colorectal Cancer Can Run in Families!!!

Some families have multiple individuals with colorectal cancer and they may be at risk for inherited (or genetic) forms of cancer. Talk to your family about their cancer history. And tell your doctor if you think you may be at risk for an inherited cancer syndrome! Here are some examples of inherited colorectal cancer conditions.

- ◆ Hereditary Non-Polyposis Colorectal Cancer (HNPCC or Lynch Syndrome): HNPCC is associated with an increased risk for colorectal, endometrial, ovarian, and stomach cancers. And younger ages at diagnosis can be seen.
- ◆ Familial Adenomatous Polyposis (FAP): FAP is associated with 100s to 1000s of polyps in the digestive tract. People with FAP have a nearly 100% risk of cancer and often have surgeries to remove their colon.
- ◆ MYH-Associated Polyposis (MAP): MAP is also associated with many colon polyps (10—100s), but people with this condition might not have any family history, making it difficult to diagnose.

The Evaluation of Genomic Applications in Practice and Prevention (EGAPP) working group has recommended that all individuals with colorectal cancer be screened for Lynch syndrome as approximately 3% of all colorectal cancer diagnoses are caused by Lynch-associated gene mutations.

A Message From the American Cancer Society (ACS)

March is Colorectal Cancer Awareness Month and the American Cancer Society is putting the word out about how to best protect yourself from the disease. The ACS promotes screening and says that men and women need to start getting their colon screened at the age of 50. The ACS stresses the need for good preventive measures including:

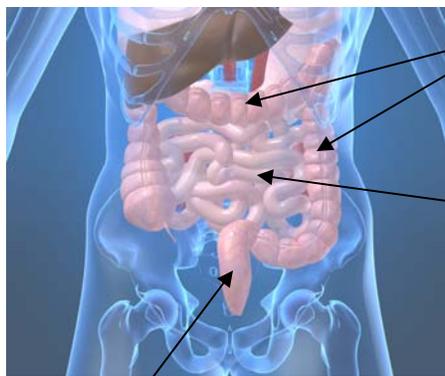
- ◆ Maintaining a healthy diet full of fruits and vegetables and low in fat
- ◆ Exercising regularly
- ◆ And getting your colon cancer screening!!

Once you begin to show symptoms, it is often too advanced to be stopped. Some symptoms include a change in bowel habits, bloating and fullness in the abdomen, or unexplained weight loss among others. And sometimes there are no symptoms.



For more information from the American Cancer Society, visit www.cancer.org.

Screening For Colorectal Cancer



Colon (Large Intestine)

Small Intestine

Rectum

Colon polyp—image from www.cdc.gov



Several types of screening tests can be used to find polyps or colorectal cancer. The US Preventive Services Task Force (USPSTF) recommends colorectal cancer screening for men and women aged 50-75 using high-sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy. Talk with your doctor to start your screening today!

High-Sensitivity FOBT (Stool Test)

- This test is typically performed at home using a kit from your healthcare provider's office. You return the test kit to the doctor or a lab, where your stool sample is checked for signs of cancer or polyps. **How often:** once per year.

Colonoscopy

- This is similar to the sigmoidoscopy, but the doctor uses a much longer tube. The doctor checks for polyps and cancer inside the rectum and throughout the entire colon and removes any suspicious polyps. **How often:** Every 10 years.

- ** Colonoscopy is used as the follow-up test if anything unusual is found on the other two tests.

Sigmoidoscopy

- For this test, the doctor puts a long, thin, flexible lighted tube into your rectum. During this test, the doctor checks for polyps or cancer inside the rectum and lower part of the colon. This test does not inspect the entire colon. **How often:** Every 5 years.

Want To Get Involved? Check Out What These Groups Are Up To!

- ◆ Colon Cancer Alliance (www.ccalliance.org)
- ◆ Centers for Disease Control (www.cdc.gov/cancer/colorectal)
- ◆ Prevent Cancer Foundation (www.preventcancer.org)
- ◆ American Cancer Society (www.cancer.org)
- ◆ MI Colorectal Cancer Awareness Network (www.michigancancer.org)
- ◆ Crohn's and Colitis Foundation of America (www.ccfca.org)