OUR JOURNEY of HOPE

What You Should Know About COLORECTAL CANCER

Colorectal cancer is the fourth most common cancer in both men and women in the United States. Most colorectal cancers grow slowly over several years. Due to a combination of early screening and improved treatments, survivorship has increased over the past 20 years.

IN 2017...

1 in 21 men & **1 in 23** women will develop colorectal cancer at some point in life

An estimated **135,430 cases** of colorectal cancer will be diagnosed in the United States

93,520 new cases of colon cancer

39,910 new cases of rectal cancer

About **50,260** people are expected to die from colorectal cancer

More than **1 million+** colorectal cancer survivors live in the United States.

More than 95% of colorectal cancers are diagnosed as adenocarcinomas, which develop in glands that make mucus to lubricate the inside of the colon and rectum.

RISK FACTORS

- Diet high in **red meats and processed meats**
- **Physical inactivity**
- **Obesity** (especially for men)
- **Smoking tobacco**
- **Heavy alcohol use**
- **Age** (About 9 in 10 diagnoses are in people at least 50 years old.)
- **Racial and ethnic background** (African Americans have the highest colorectal cancer rates of all racial groups in the United States.)
- **Type 2 diabetes**

PREVENTION

Get regular colorectal cancer screenings.
This is one of the most powerful **weapons for prevention**.

AVOID RED MEAT

A diet high in **vegetables, fruits and whole grains** has been linked to a decreased risk of colorectal cancer.

EXERCISE

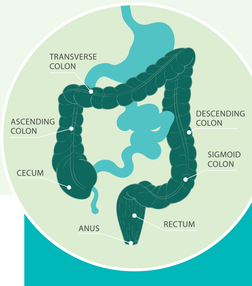
Increasing physical activity may help reduce your risk.

LIMIT ALCOHOL CONSUMPTION

Avoid binge drinking, and have no more than two drinks a day for men and one drink a day for women.

KNOW YOUR FAMILY HISTORY

Learning whether your relatives have had colorectal cancer or polyps *(growths in the colon or rectum that can be precursors to the disease)* can help you better **understand your genetic risks and prevention options.**



TREATMENT OPTIONS

SURGERY

- **Colectomy:** All or part of the colon is removed, in addition to nearby lymph nodes.
- **Colostomy:** A surgeon attaches a section of the colon to the skin in the lower abdomen, creating an artificial opening (called a stoma) to allow the body to eliminate waste.
- **Partial hepatectomy:** Because colorectal cancer commonly spreads to the liver, some patients may undergo an operation to remove the cancerous portion of the liver.
- **Protectomy:** Also known as a rectum resection, the cancerous portion of the rectum is removed.

RADIATION THERAPY

- **External beam radiation therapy:** A machine outside the body directs radiation at cancerous cells within the body. (Examples: 3D conformal radiation therapy, IMRT, IGRT, stereotactic radiosurgery)
- **Internal radiation therapy:** Radioactive material is placed directly into or near a tumor, via a catheter or other carrier. (Example: high-dose rate brachytherapy)
- **Systemic radiation therapy:** A radioactive substance is swallowed or injected, traveling via the bloodstream throughout the body, where it searches for and destroys cancerous cells. (Example: radioactive iodine therapy)

CHEMOTHERAPY

- **Hyperthermic intraperitoneal chemotherapy (HIPEC):** A treatment that delivers a highly concentrated, heated form of chemotherapy directly to the abdomen during surgery.
- **Systemic chemotherapy:** Drugs that are injected into a vein or given by mouth. Since the drugs enter the bloodstream and reach all areas of the body, this treatment is typically reserved for cancers that have spread beyond the organ in which they originated.
- **Regional chemotherapy:** Drugs are injected directly into an artery leading to the location of the tumor. By limiting the amount of chemotherapy extending beyond the tumor site, this treatment may have fewer side effects than standard chemotherapy.

TARGETED THERAPY

Medical oncologists are using the following monoclonal antibodies to help treat metastatic colorectal cancer:

- **Bevacizumab (Avastin®)** is designed to prevent the growth of new blood vessels reaching tumors, helping to cut off a tumor's blood supply and starving it of the nutrients it needs to grow.
- **Cetuximab (Erbitux®) and Panitumumab (Vectibix®)** bind to a protein called the epidermal growth factor receptor, which exists on the surface of cells. This helps block growth signals from reaching the inside of colorectal cancer cells, stopping them from dividing and growing.

SCREENING

Tests used to screen for colorectal cancer include:

STOOL DNA TEST

A sample stool is checked for abnormalities in DNA strains that indicate the presence of cancer cells.

SIGMOIDOSCOPY

A flexible, lighted tube is inserted in the rectum and lower colon to check for cancer.

COLONOSCOPY

A longer, flexible tube is used to look at the entire colon and rectum.

DOUBLE CONTRAST BARIUM ENEMA

X-rays of the colon and rectum are taken after a liquid containing barium is inserted into the rectum. Barium is a silver-white metallic compound that helps show abnormalities.

WARNING SIGNS

- A change in bowel habits, such as diarrhea, constipation or narrowing of the stool
- A feeling that your bowel doesn't empty completely
- Rectal bleeding or blood in the stool
- Abdominal bloating, cramps or discomfort
- Weakness and fatigue
- Nausea or vomiting
- Unexplained weight loss or loss of appetite

To learn more, call 1-800-296-9333.

SOURCES
cancer.org

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