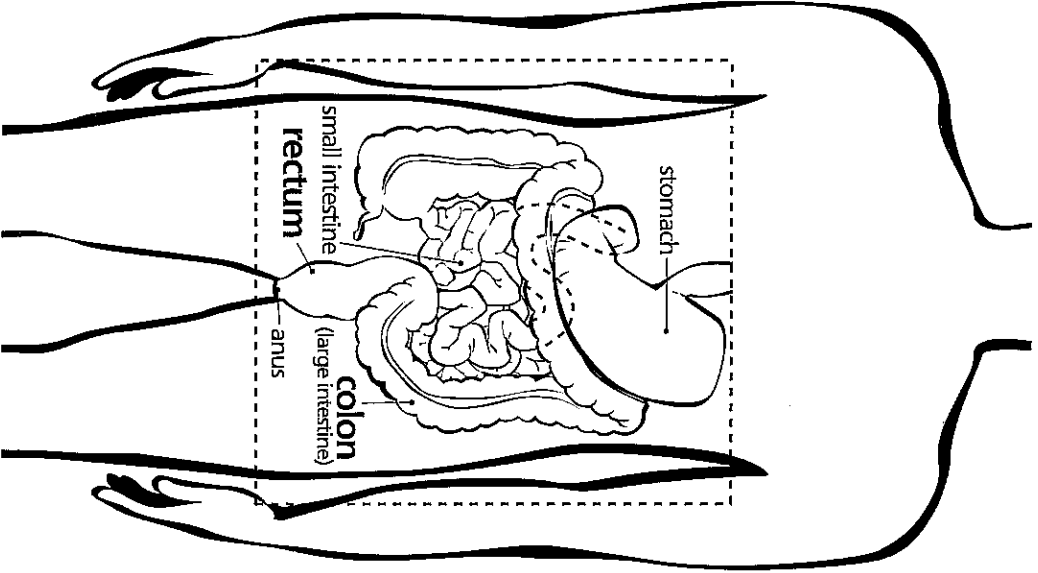


Diagram of the Colon and Rectum



Source: Centers for Disease Control and Prevention

Colorectal Cancer: Let's Break The Silence

Resource ID#: 4788

Colorectal Cancer



Let's Break the Silence

For more information about colorectal cancer, contact:
NCI's Cancer Information Service

1-800-4-CANCER

or contact:

Division of Cancer Prevention and Control
National Center for Chronic Disease
Prevention and Health Promotion

Centers for Disease Control and Prevention
4770 Buford Highway, Mailstop K48
Atlanta, Georgia 30341

Voice information service

1-888-842-6355

or visit

www.cdc.gov/cancer/screenforlife

www.medicare.gov



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www.cdc.gov/cancer/screenforlife

Colorectal Cancer Screening and Early Detection

Colorectal cancer causes more deaths than you might think.

Colorectal cancer, or cancer of the colon or rectum, is the second-leading cause of cancer-related deaths in the United States, claiming over 56,000 lives this year. An estimated 129,400 men and women will be diagnosed with colorectal cancer this year alone.

Many colorectal cancer deaths can be prevented.

Screening tests can find polyps, which are tiny growths that can become cancerous. Removing polyps early can prevent cancer. Screening tests also can find colorectal cancer early, when there may not be any symptoms and when treatment can be most effective.

Colorectal cancer can develop with no symptoms at first.

While early colorectal cancer often may have no symptoms, sometimes symptoms do occur. Symptoms to watch for include blood in or on the stool, a change in bowel habits, stools that are narrower than usual, general stomach discomfort, frequent gas pains, or weight loss. If you have any of these symptoms, discuss them with your doctor. Only he or she can determine the cause of the symptoms.

Who is at risk?

Both men and women are at risk for colorectal cancer. The disease is most common among people aged 50 and older and the risk increases with age. A family history of colorectal cancer or colorectal polyps also increases the risk of developing colorectal cancer.

There are steps you can take.

If you are age 50 or older and have never been screened, start now.

Screening is the best way to find polyps before they become cancerous, or to find an early cancer, when treatment can be most effective.

Talk with your doctor or health care professional.

Talk with your doctor about the screening options that are right for you.

There are several screening tests from which you and your doctor can choose.

Find out about insurance coverage of colorectal cancer screening.

Check with your health insurance provider to determine your colorectal cancer screening benefits. If you are 50 or older and are covered by Medicare, you may be eligible to receive colorectal cancer screening benefits.

Terms you may hear in the doctor's office

Colon

The large intestines, which absorb water from undigested material and store it until it is expelled from the body as stool.

Colonoscopy

An examination in which a doctor looks at the internal walls of the entire colon through a flexible, lighted instrument called a colonoscope. If polyps are found they can be removed at the same time.

Colorectal

Related to the colon and/or rectum.

Double Contrast Barium Enema

A test which includes x-rays of the lower intestines taken after a patient is given an enema containing white dye, or barium, followed by an injection of air. The barium outlines the intestine on the x-rays.

Fecal Occult Blood Test (FOBT)

A test which checks for blood in the stool.

Gastroenterologist

A doctor who specializes in diagnosing and treating disorders of the digestive system.

Polyp

A growth of tissue. These growths can occur in the colon or rectum and may later become cancerous.

Rectum

The last eight to ten inches of the large intestine.

Sigmoidoscopy

An examination in which a doctor looks inside the rectum and lower half of the colon through a lighted tube.