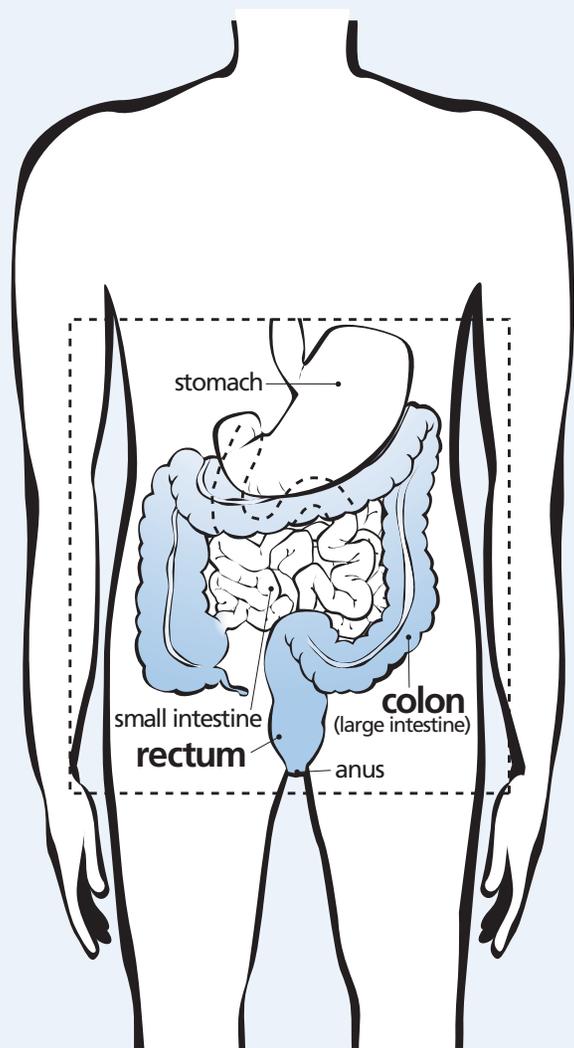


Diagram of the Colon and Rectum



Source: Centers for Disease Control and Prevention

For more information, visit
www.cdc.gov/screenforlife

or call

1-800-CDC-INFO (1-800-232-4636).

For TTY, call **1-888-232-6348.**

To find out about Medicare coverage, call

1-800-MEDICARE (1-800-633-4227).



Colorectal Cancer



Let's Break the Silence



Colorectal Cancer Screening and Early Detection

Colorectal cancer causes more deaths than you might think.

Of cancers that affect both men and women, colorectal cancer, or cancer of the colon or rectum, is the second-leading cause of cancer-related deaths in the United States.

Many colorectal cancer deaths can be prevented.

Most colorectal cancers begin as precancerous polyps, abnormal growths in the colon or rectum. Screening tests can find polyps, so that they can be removed before they turn into cancer. Screening tests also can find colorectal cancer early, when treatment can be most effective.

Colorectal cancer can develop with no symptoms at first.

While early colorectal cancer does not always cause 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 intestine, which absorbs water from undigested material and stores 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 as the colonoscopy.

Colorectal

Related to the colon and/or rectum.

Double Contrast Barium Enema

A test which includes x-rays of the colon taken after a patient is given an enema containing a liquid called barium, followed by an injection of air. The barium outlines the colon on the x-rays.

Fecal Occult Blood Test (FOBT)

A test done at home by a patient, in which stool samples are sent to a lab to be checked for blood.

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 eventually become cancerous.

Rectum

The last 8-10 inches of the large intestine

Sigmoidoscopy

An examination in which a doctor looks inside the rectum and lower half of the colon through a flexible, lighted instrument called a sigmoidoscope. Some polyps can be removed during a sigmoidoscopy.