FOR YOUR PATIENT

Colorectal cancer support resources

American Cancer Society

1-800-227-2345, www.cancer.org Focuses on cancer research, education and advocacy; and provides patient and family support services, which vary by locality.

CancerCare

www.cancercare.org; www.cancercare. org/get_help/help_by_diagnosis/ diagnosis.php?diagnosis=colorectal Offers professional support services to anyone affected by cancer including counseling, education, financial assistance, and practical help and are provided by trained oncology social workers free of charge.

Cancer Support Community (CSC) 1-888-793-9355,

www.cancersupportcommunity.org CSC helps optimize patient care by providing essential, but often overlooked, services including support groups, counseling, education and healthy lifestyle programs.



C3: Colorectal Cancer Coalition 1-202-244-2906,

www.fightcolorectalcancer.org Promotes research for better screening, diagnosis, and treatment and encourages policy changes through grassroots campaigns.

Colon Cancer Alliance

1-877-422-2030, www.ccalliance.org Provides patient support (including patient matching program and helpline), education, research, and advocacy.



National Colorectal Cancer Awareness Month

COLORECTAL CANCER is the third most commonly diagnosed cancer and the third leading cause of cancer death in both men and women in the United States. The National Cancer Institute estimated that 102,900 new cases of colon

cancer and 39,670 new cases of rectal cancer were diagnosed, and an estimated 51,370 deaths were attributed to colon and rectal cancers in 2010.¹ Most colorectal cancers develop from adenomatous polyps, which are noncancerous growths in the colon and rectum. Screening and removal of polyps can prevent colorectal cancer. However, half of the US population 50 years and older have not had screening tests.²

March is Colorectal Cancer Awareness Month in the United States. The Prevent Cancer Foundation's Super Colon is an interactive educational tool that promotes colorectal cancer awareness and prevention. The event includes a supersized colon that visitors can walk through to see what healthy colon tissue, polyps, and cancer looks like. To see if an event is scheduled in your area or for information on staging a Super Colon event in your community, go to www.preventcancer.org/education2c.aspx?id=156& ekmensel=15074e5e_34_38_btnlink.

REFERENCES

- 1. Colon and rectal cancer. National Cancer Institute. http://www.cancer.gov/cancertopics/ types/colon-and-rectal. Accessed January 27, 2011.
- 2. Colorectal Cancer Facts & Figures 2008-2010. American Cancer Society. http://www. cancer.org/acs/groups/content/@nho/documents/document/f861708finalforwebpdf.pdf. Accessed January 28, 2011.

Recommended preventive measures

THE American Cancer Society (ACS) offers the following recommendations for preventing colorectal cancer.

- **Diet and exercise:** Lifestyle habits that can help prevent colorectal cancer include eating plenty of fruits, vegetables, and whole-grain foods. You should limit the amount of high-fat foods you eat. ACS also recommends limiting alcohol consumption. Women should have no more than 1 alcoholic drink per day, and men should have no more than 2 drinks per day. At least 30 minutes of exercise on 5 or more days per week is recommended.
- **Weight:** The risk of colon cancer is higher in both men and women who are overweight or obese, but the risk is higher in men. ACS recommends maintaining a healthy weight through balancing what you eat with physical activity.
- Vitamins and minerals: Study findings suggest that some supplements may lower colorectal cancer risk, including a daily multivitamin containing folic acid or folate, calcium and vitamin D, or eating a diet high in

magnesium. However, not all study findings indicate that these supplements reduce the risk. More research is needed on the effects of vitamin and mineral supplements.

- Aspirin and other drugs: Drugs such as ibuprofen, naproxen, and aspirin appear to lower the risk of colorectal cancer and polyps. Celecoxib (Celebrex) has also been proven to reduce polyp formation in some people with familial adenomatous polyposis (FAP). However, these drugs may cause serious, or possibly life-threatening, side effects such as stomach bleeding. Prophylactic use of these drugs is not advised. Persons at high risk should talk to their health care provider about which preventive measures to take.
- **Female hormones:** Combined hormone replacement therapy (HRT) in women after menopause may reduce their risk of developing colorectal cancer. However, women on HRT who develop colorectal cancer may have a faster growing type. Some study findings report that the use of birth control pills may lower the risk of colorectal cancer in women. More research is needed to confirm this link.

Source: Can colorectal cancer be prevented? American Cancer Society Web site. http://www. cancer.org/Cancer/ColonandRectumCancer/OverviewGuide/colorectal-cancer-overview-prevention. Accessed January 31, 2011

Five myths about colorectal cancer

- **Colorectal cancer is a man's disease.** Colorectal cancer is just as common among women as men. The disease is diagnosed in approximately 150,000 Americans each year, and about 50,000 die from the disease.
- 2 **Colorectal cancer cannot be prevented.** Colorectal cancer almost always starts as a small growth called a polyp. If found early, doctors can remove the polyp and prevent colorectal cancer before it starts. Tests used to find polyps are double-contrast barium enema, flexible sigmoidoscopy, colonoscopy, or CT colonography (also called *virtual colonoscopy*).
- **3** African Americans are not at risk for colorectal cancer. Colorectal cancer is diagnosed in African American men and women at higher rates than men and women of any other US racial or ethnic group. Mortality rates in this group are also higher.
- **Age doesn't matter when it comes to developing colorectal cancer.** More than 90% of colorectal cancer cases occur in people 50 years and older. For this reason, the American Cancer Society recommends screening begin at age 50 years. People who are at a higher risk for colorectal cancer may need to begin screening at a younger age.
- 5 It's better not to get tested for colorectal cancer because it's deadly anyway. Colorectal cancer is often highly treatable. Five-year survival is about 90% if the disease is found and treated in the early stage. But because many people do not undergo screening, only about 4 out of 10 cases are diagnosed at a stage when treatment is most likely to be successful.

Source: American Cancer Society. http://www.cancer.org/Cancer/ColonandRectumCancer/ MoreInformation/five-myths-about-colorectal-cancer. Accessed January 31, 2011.

clickanium.com	
	n agen Marine la prima de la conceptad or manarem or pad lay tra ageno.
Colon, Conner, Disservator Colon, Conner, Disservator Desires Posidi noi se sector Find sut liky (them del noi int 4. m. 2010/Commune	hen.
	Aviated Bearstee
	Hyperberger 1
Colori, Canadi Tale Usion Canadi Augusto, Memorial Staan-Autoring in MINL.	Hapital Hazionas Eanter
The Valley Resolut New Jersey Longt North Demonstration Long Constr Center New Antional Listichurg	(See
	Doctore
	Dense lynature
	Dissue pre-entire
	Bread samor
	Diseases
	Name into address of

Colorectal Cancer Network (CCNetwork) 1-301-879-1500, www.clickonium.com/ colorectal-cancer.net/html/

Offers support for the family and friends of colorectal cancer patients through educational materials and information, as well as counseling.

National Cancer Institute (NCI)

1-800-422-6237, www.cancer.gov The NCI website provides comprehensive information on cancer prevention, diagnosis, treatment, statistics, research, clinical trials, and news.

Additional resources are available online at www.oncologynurseadvisor.com.

BY THE NUMBERS

102,900

Estimated new cases of colon cancer in the United States in 2010

39,670

Estimated new cases of rectal cancer in the United States in 2010

51,370

Estimated number of deaths from colon and rectal cancer in the United States in 2010