

# know the colon cancer facts



*When found early, colon cancer has a 90% survival rate.<sup>1</sup>*



## **Colon cancer:<sup>1</sup>**

- Is the #2 cancer killer in the U.S.
- Affects 1 in 18 people in their lifetime
- Impacts both men and women
- Occurs 90% of the time in people 50 years and older



## Don't let colon cancer surprise you.

The most common symptom of colon cancer is that there isn't one. People who are otherwise healthy can develop polyps or tumors that eventually become cancer without ever experiencing outward signs. And when symptoms appear, it is often in a later, more difficult stage to treat.<sup>2</sup>

People over 50 – regardless of their health – should get screened for colon cancer. That's according to leading physicians' groups, the Centers for Disease Control, the National Cancer Institute and the American Cancer Society.<sup>1</sup>

# Eliminate the surprise **get screened**

Half of the lives lost each year to colon cancer could be saved if people followed simple screening guidelines.<sup>2</sup>

## Be an advocate for your health.

Colon cancer is curable, and patients who are diagnosed early have treatment options. Take the time to learn more about colon cancer and other colon diseases.

### Who should get screened?<sup>1</sup>

- Men and women over age 50
- Those with a family history of colon cancer
- Individuals with chronic bowel and digestive diseases
- Anyone with a previous abnormal colonoscopy finding
- Anyone over 50 who hasn't had a colonoscopy in the last 10 years

Your colon is a long, tube-like structure surrounded by muscles at the end of the small intestine. Screening is easy. Colonoscopy:

- is a routine procedure.
- requires a short visit to a physician's office, outpatient center or hospital.
- includes sedation for patient comfort so patients often don't remember the procedure.
- is the most sensitive method for detecting colon cancer.<sup>3</sup>
- is considered the gold standard by many.<sup>4</sup>
- allows for screening, diagnosis and removal of precancerous polyps in one visit.

## Between 60 and 70 million Americans have digestive diseases.<sup>5</sup>

Colonoscopy is also a useful tool in diagnosing other treatable diseases, including:

- Inflammatory bowel disease
- Diverticular disease
- Crohn's disease
- Ulcerative colitis
- Colon polyps

### Early detection has a 90 percent survival rate.<sup>1</sup>

Colon cancer has a long precancerous phase, and polyps and tumors can grow for several years before becoming cancerous. These tumors can be detected with proper screening, and surgery can remove them before they become cancer or spread to other organs.

Have confidence that if a colonoscopy finds colon cancer or other colon diseases, there are treatment options available.

Advances in technology have made it possible to treat colon cancer and other colon diseases with a minimally invasive procedure. A minimally invasive colon surgery means:<sup>\*</sup>

- less time in the hospital
- less recovery time
- less pain
- less scarring
- fewer complications

<sup>\*</sup>when compared to open surgery.<sup>6,7</sup>

As with any procedure, colonoscopies and colon surgeries may present risks. You should consult your physician to see what procedures are right for you.

## ■ Learn more about screening and treatment options for colon cancer at [www.colonsurgeryinfo.com](http://www.colonsurgeryinfo.com).

<sup>1</sup> American Cancer Society: Colorectal Cancer Facts & Figures: Special Edition 2005. [Online] 11/21/07 [http://www.cancer.org/docroot/STT/content/STT\\_1x\\_Colorectal\\_Cancer\\_Facts\\_and\\_Figures\\_-\\_Special\\_Edition\\_2005.asp](http://www.cancer.org/docroot/STT/content/STT_1x_Colorectal_Cancer_Facts_and_Figures_-_Special_Edition_2005.asp)

<sup>2</sup> Ries LAG, Melbert D, Krapcho M, Mariotto A, Miller BA, Feuer EJ, Clegg L, Horner MJ, Howlader N, Eisner MP, Reichman M, Edwards BK (eds). SEER Cancer Statistics Review, 1975-2004, National Cancer Institute. Bethesda, MD, [http://seer.cancer.gov/csr/1975\\_2004/](http://seer.cancer.gov/csr/1975_2004/), based on November 2006 SEER data submission, posted to the SEER web site, 2007.

<sup>3</sup> Rockey D, Paulson E, Neidzwiecki D, et al. Analysis of air contrast barium enema, computed tomographic colonography, and colonoscopy: prospective comparison. *Lancet*. 2004; 364(9462).

<sup>4</sup> Pignone M, Rich M, Teutsch SM, Berg AO, Lohr KN. Screening for colorectal cancer in adults at average risk: a summary of the evidence for the US Preventative Services Task Force. *Ann Intern Med*. Jul 16 2002;137(2):132-141.

<sup>5</sup> Roumm, A R, Pizzi, L, Goldfarb, NI, Cohn, H. Minimally Invasive, Minimally Reimbursed? An Examination of Six Laparoscopic Surgical Procedures. *Surg Innov*. 2005; 12; 261.

<sup>6</sup> Noel J, Fahrback K, Estok R. Minimally invasive colorectal resection outcomes: short-term comparison with open procedure. *J Am Coll Surg*. 2007; 204:291-307.