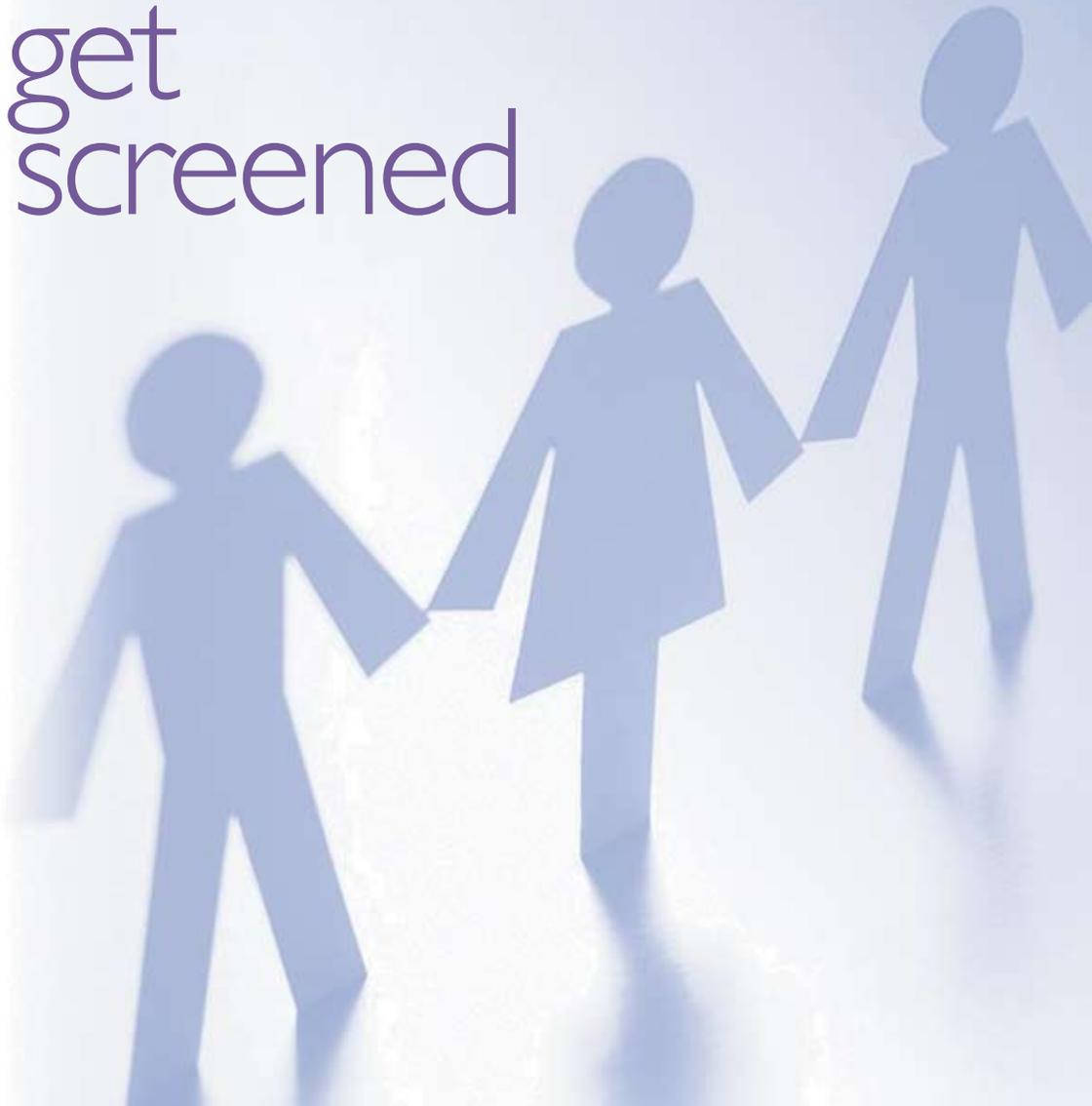


# take action **get** screened



*Colon cancer is the #2 cancer killer in the U.S.<sup>1</sup>*



## **Who should get screened?<sup>2</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*



## **Colon cancer doesn't have to take you by surprise.**

Colon cancer is one of the most curable cancers. In fact, when found early and treated, the survival rate is 90 percent.<sup>1</sup>

Unfortunately, many people don't get screened when they should. With some cancers, patients feel ill and that leads them to a physician. Colon cancer is different. There are often no symptoms until the late stages, when the disease is more difficult to treat.<sup>2</sup> That's why it's important that everyone — regardless of how they feel — be screened.

# Colon

# Get checked — especially if you're **over 50**

Colon screening saves lives. That's why leading physicians' groups, the Centers for Disease Control, the National Cancer Institute and the American Cancer Society agree and recommend colonoscopy to look for cancer and other diseases.<sup>2</sup>

## A colonoscopy:

**Step 1:** The doctor will give guidelines for what to eat in the days leading up to the test. Often, the restrictions include a liquid diet. He or she will also prescribe a preparation, a liquid or other medication to clean out your colon.

**Step 2:** At the doctor's office, outpatient center or hospital, the patient is sedated through an IV and lies on his or her side. The sedation makes the patient more comfortable, and in some cases, patients do not remember the colonoscopy.

**Step 3:** The physician, usually a gastroenterologist, inserts a flexible tube with a tiny camera on the end to look at the inside of the colon, a long, tube-like structure surrounded by muscles at the end of the small intestines. The procedure takes between 15 and 30 minutes.

### 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

## Know the treatment options.

Have confidence that if a colonoscopy reveals a problem, there are effective treatments available. If a physician recommends surgery, consider a minimally invasive procedure.

Advances in technology have made minimally invasive colon surgery a viable alternative for the treatment of colon cancer and other colon diseases.

### A minimally invasive colon surgery means:\*

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

\*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> Ries LAG, et al (eds.) Seer Cancer Statistics Review, 1975-2003. National Cancer Institute, 2006.

<sup>2</sup> American Cancer Society: Colorectal Cancer Facts & Figures: Special Edition 2005. [Online] 11/21/07http://www.cancer.org/docroot/STT/content/STT\_1x\_Colorectal\_Cancer\_Facts\_and\_Figures\_-\_Special\_Edition\_2005.asp

<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> Digestive diseases in the United States: Epidemiology and Impact – NIH Publication No. 94-1447.

<sup>6</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>7</sup> Noel J, Fahrbach K, Estok R. Minimally invasive colorectal resection outcomes: short-term comparison with open procedure. J Am Coll Surg. 2007; 204:291-307.