

TREATMENT

More than 90% of people whose colorectal cancer is caught early are alive five years after their diagnosis. If you're diagnosed with colorectal cancer, you, your healthcare provider, other medical specialists, and your family should work together to decide on the treatment plan that's best for you. Depending on the severity of the cancer, your options will most likely include one or more of the following:

- **Surgery.** Removal of the cancer by cutting it out.
- **Chemotherapy.** Drugs to kill cancer cells.
- **Radiation therapy.** Powerful, highly focused rays (typically x-rays) to kill cancer cells.
- **Targeted therapies.** Drugs that target specific gene proteins to destroy a tumor by cutting off its blood supply. Targeted therapies are usually used when the cancer has reached an advanced stage and has spread to other parts of the body. This type of targeting minimizes damage to healthy cells surrounding the tumor.

You, Your Provider, and Clinical Trials



It is important to discuss your symptoms, screenings, treatment options, side effects, and long-term prognosis with your medical provider. You may also want to ask your healthcare provider about clinical trials, which are studies where researchers test new drugs and other treatments with volunteer patients. Learn more at www.clinicaltrials.gov

RESOURCES

Men's Health Online Resource Center
www.MensHealthResourceCenter.com

Centers For Disease Control And Prevention
www.cdc.gov

National Cancer Institute
www.cancer.gov/types

Centers for Medicare & Medicaid Services
www.cms.hhs.gov

American Cancer Society
www.cancer.org

Men's Health Library
www.MensHealthLibrary.com

Get It Checked
www.GetItChecked.com

Men's Health Month
www.MensHealthMonth.org

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PLEASE NOTE: Men's Health Network does not provide medical services. Rather, this information is provided to encourage you to begin a knowledgeable dialogue with your healthcare provider. Check with your healthcare provider about your need for specific health screenings.

MEN'S HEALTH NETWORK

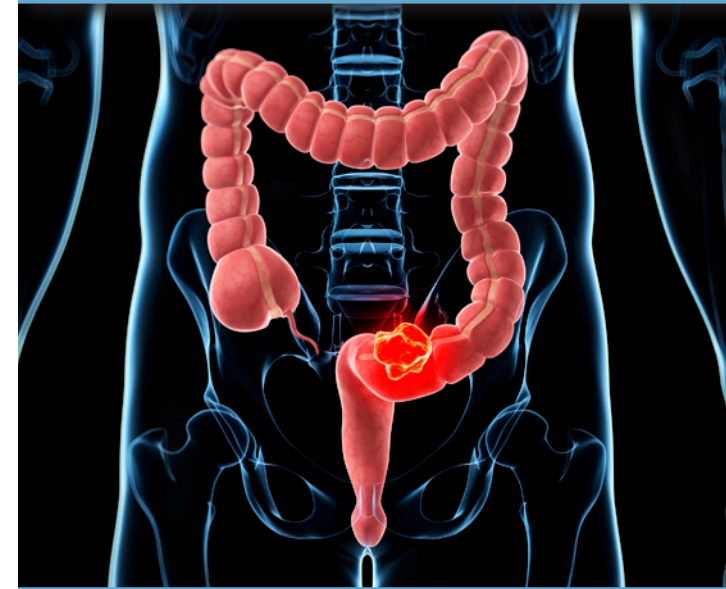
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Facts About COLORECTAL CANCER



What is Colorectal Cancer?

Colorectal cancer (sometimes called colon cancer) is a cancer that forms in either the large intestines (colon) or the rectum (the part of the colon right before the anus).

It's the third most diagnosed cancer—and the third deadliest—in the United States, according to the American Cancer Society.

Men—especially African-Americans—are more likely than women to both be diagnosed with and die from colorectal cancer.

MHN Men's Health Network™
www.menshealthnetwork.org

RISK FACTORS

- **Age.** More than 90% of diagnoses and deaths occur in men over 50.
- **Sex.** Colorectal cancer diagnosis and death rates are 30% to 40% higher in men than women, according to the American Cancer Society.
- **Race.** African-American men are more likely than other men to be diagnosed with colorectal cancer and 50% more likely to die from the disease.
- **Family history.** Men with a sibling, parent, or child who has or had colorectal cancer are more likely to develop the disease than those with no family history.
- **Diet.** A diet high in fat and calories, low in fiber, and including a lot of processed and/or red meat may increase your risk.
- **Weight.** Being obese or extremely overweight may increase your risk.
- **Lifestyle.** Smoking cigarettes, having more than two drinks per day, and not exercising regularly increases your risk of developing colorectal cancer.
- **A personal history** of IBD (inflammatory bowel disease).

About 60% of colon cancer deaths can be prevented through early screening and removal of polyps (abnormal growths). If cancer does develop, it's highly curable when caught in the early stages.

SYMPTOMS

In its early stages, colorectal cancer often has no symptoms. But if you experience any of the following, you may wish to consult your medical provider—especially if you have any of the previously mentioned risk factors. These symptoms may not mean you have cancer, but talking to your healthcare provider and getting tested is the only way to know for sure.

- **Blood in your stool (feces) or stools that are more narrow than usual**
- **Bleeding from the rectum**
- **Unexplained constipation and/or diarrhea**
- **Feeling that you aren't able to fully empty your bowels**
- **Unusual nausea, vomiting, gas, cramps, or other stomach issues**
- **Unexplained weight loss**
- **Unexplained loss of appetite**



SCREENING

Because symptoms are rare, early screening is essential to preventing this deadly disease. Your healthcare provider will most likely recommend that you start getting screened at age 50. However, if you're in a high-risk group, you may need to start at age 40 or younger. The most common screenings include:

- **Stool.** A high-sensitivity fecal occult blood test (FOBT) detects tiny amounts of blood in the stool, which may indicate that cancer is present. Do this test once every one or two years, or as recommended by your provider.
- **Sigmoidoscopy.** A healthcare provider uses a thin, flexible tube that has a video camera on one end to examine the rectum and part of the colon. Suspicious growths can be removed and sent to a lab for analysis. Depending on the results, you may need to have other tests. You should have this test every five years, or more often if recommended by your healthcare provider.
- **Colonoscopy.** A healthcare provider uses a long tube to examine the whole colon, looking for polyps that can be removed. This test is typically recommended every 10 years for low-risk patients.

There are also several less-common screening tests. Your healthcare provider will tell you which ones are most appropriate for you.