



South Central Public Health District

Prevent. Promote. Protect.

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FOR IMMEDIATE RELEASE

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March is colon cancer awareness month

March 2008 marks the continued observance of National Colorectal Cancer Awareness Month. Since 2000, the goals of this national observance are to generate widespread awareness about colorectal cancer and to encourage people to learn more about prevention of the disease through regular screening and a healthy lifestyle. The Comprehensive Cancer Alliance for Idaho identified colorectal cancer as the number one priority to address from the Idaho Comprehensive Cancer Control Strategic Plan since a majority of cases colon or rectal cancer can be prevented, and when detected early, it is very treatable.

Colorectal cancer is the second-leading cause of cancer-related death in Idaho, with only lung cancer taking the lives of more men and women. From 2000-2005, 3,440 Idahoans were diagnosed with colorectal cancer and there were 1,185 deaths from colorectal cancer. In 2005, more men were diagnosed with colorectal cancer (322 cases vs. 279) but more women died from the disease (115 women vs. 92 men).

Colorectal cancer can be prevented. Through screening, polyps (growths can develop in the colon or rectum) can be found and removed before they turn into cancer. In 90 percent of patients, this prevents colon or rectum cancer from developing. Unfortunately, Idaho ranks 46th among all states in the U.S. for people aged 50 and older having had a colonoscopy or sigmoidoscopy in the past 5 years (41.7 percent).

Many people who have polyps or colon cancer don't experience any warning symptoms. Some may only experience one or two symptoms, but don't suspect the cause could be related to colon cancer. Having the following symptoms does not mean you have colon cancer but if you experience these, no matter what your age, contact your health care provider:

- Rectal bleeding or blood in the stool
- Changes in bowel movements
- Unexplained drop in energy
- Unexplained weight loss
- Diarrhea, constipation or both
- Cramping in the lower abdominal area
- Vomiting

Family history is not required. It is estimated that 75 percent of those with colon cancer have no family history of the disease. If you do have a family history, you are at an increased risk for colorectal cancer, and screening should begin at an earlier age and be done more often.

The primary risk factor for colon cancer is increasing age. 90 percent of cases are found in persons over the age of 50. Other risk factors include family history of colorectal cancer or colorectal polyps; a personal history of colon cancer, colon polyps, or inflammatory bowel disease; a diet high in animal fats or low in fiber; sedentary lifestyle; overweight and obesity; smoking; heavy alcohol use; and women with diabetes.

There are several options for screening. Talk to your doctor about what is right for you. The American Cancer Society recommends that men and women 50 years of age and older who are not at high risk for colorectal cancer follow a screening schedule consisting of:

- A fecal occult blood test or fecal immunochemical test (testing for blood in the stool) every year
OR
- Flexible sigmoidoscopy (a procedure to examine the lower portion of the colon) every 5 years
OR
- A fecal occult blood test every year AND flexible sigmoidoscopy every 5 years
OR
- A colonoscopy (a procedure to examine the entire colon) every 10 years (done while you are sedated)
OR
- A double contrast barium enema (an X-ray of the colon) every 5 years

For more information about colorectal cancer, call the American Cancer Society at 1-800-ACS-2345 or visit http://www.cancer.org/docroot/lrn/lrn_0.asp, or the National Cancer Institute's Cancer Information Service at 1-800-4-CANCER or online at <http://www.cancer.gov/cancertopics/types/colon-and-rectal>. For more information about a local colon cancer advisory board, call Susie Beem at 737-5946.

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