

**COLORECTAL CANCER
SCREENING**

**Discuss Screening
Schedule with a Doctor**

Your Screening History
No Colonoscopy

**HEALTH HISTORY
RISK FACTORS**

Risk Due to Your Personal History
Average Risk

Risk Due to Your Family History
Average Risk

**LIFESTYLE
RISK FACTORS**

**1 Change
Recommended**

***Your lifestyle affects your risk for colorectal cancer.
Follow the recommended screening schedule.***

- Some guidelines recommend CRC screening beginning at age 50. Other guidelines recommend starting at age 45. Ask your doctor when to start screening.
- There are several tests to look for colorectal cancer, including at-home stool tests. Colonoscopy has the benefit of being able to find polyps before they become cancer.
- If you're concerned about any of your health history risk factors, talk to a health care professional.
- You have 1 lifestyle risk factor that can be improved. If you need help making the recommended change, be sure to ask for it.

Colorectal Cancer Risk Factors

Many things affect the risk of developing cancer of the colon or rectum (also called colorectal cancer or CRC). Some of these "risk factors" can be changed and others cannot.

Lifestyle risk factors can be changed. Avoid the risk factors listed in the table. If you need help making a recommended change, help is available.

A healthy diet may also affect CRC risk. Diets that include fruits, vegetables, and other foods high in fiber may slightly lower the risk of colorectal cancer.

Lifestyle Risk Factors	You Reported
Obesity weight range	No
Current smoker	No
Low weekly exercise	No
Moderate/heavy alcohol use	Yes

Results

What is Screening?

"Screening" is a general term for tests that look for signs of a disease before there are symptoms.

Screening Saves Lives

The goal of colorectal cancer (CRC) screening is to prevent cancer. Some tests can find growths in the colon or rectum before they become cancer (pre-cancerous polyps). Other tests cannot.

Finding cancer at an early stage is also very important. When found early, about 90% of people treated for CRC are still alive five years later.

How Common Is CRC Screening?

The good news is that roughly two out of every three people who should be screened for CRC are up-to-date. The remaining people have either never been screened or aren't up-to-date.

Choose the Test that Works for You

Based on your health history and personal preferences, work with your doctor to choose the right test for you.

Stool tests can be done at home. These may include fecal immunochemical tests (FIT or FIT-DNA) and fecal occult blood tests (FOBT).

In a colonoscopy or sigmoidoscopy, doctors use a tiny camera on the end of a narrow tube to look inside the rectum and colon.

Other tests to look for polyps may use special x-ray equipment or have people swallow a camera inside a capsule. No matter what test(s) you choose, it's important to follow the schedule recommended by your doctor.

COLORECTAL CANCER SCREENING

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Colorectal Cancer Symptoms

Early colorectal cancer often has no symptoms. That's why screening is so important.

If you have any of these symptoms, talk to your doctor:

- Blood in or on your stool (bowel movement)
- Stomach pain, aches, or cramps that don't go away
- Weight loss that you can't explain

These symptoms can be caused by things other than cancer. The only way to find out what's causing them is to ask your doctor.

Results

Personal History

Type 2 diabetes increases the risk of developing colorectal cancer (CRC). This appears to be true even if a person with type 2 diabetes is physically active and within the recommended weight range.

People who have an inflammatory bowel disease (ulcerative colitis or Crohn's disease) have almost double the risk.

A history of certain types of polyps or other abnormal test results can increase a person's CRC risk.

Inherited gene changes can greatly increase the risk of developing colorectal cancer. Hereditary CRC syndromes include:

- Familial adenomatous polyposis (FAP)
- Family colon cancer syndrome X
- Lynch syndrome (sometimes referred to as hereditary nonpolyposis colon cancer, or HNPCC).

PERSONAL HISTORY RISK FACTORS

Risk Due to Your Personal History
Average Risk

Your personal history:

No colorectal cancer, hereditary CRC syndrome, inflammatory bowel disease, or type 2 diabetes

Family History

Most people with colorectal cancer (CRC) don't have a history of the disease in their family. But when people do have an immediate family member (parent, brother, sister, or child) with CRC or pre-cancerous polyps, their risk for CRC is increased.

The risk is even higher if CRC or pre-cancerous polyps are diagnosed:

- Before age 60
- In 2 or more immediate family members

Having an immediate family member with a hereditary CRC syndrome increases the risk of developing CRC. This is because the gene change that causes the syndrome may be passed on through generations.

FAMILY HISTORY RISK FACTORS

Risk Due to Your Family History
Average Risk

Your immediate family history:

No colorectal cancer, hereditary CRC syndrome, or pre-cancerous polyps

Lifestyle Risk Factors

Too much body fat increases the risk of colorectal cancer. Compared to people in the healthy weight range:

- Men with obesity have about a 50% higher risk of colon cancer and a 20% higher risk of rectal cancer.
- Women with obesity have about a 20% increased risk of colon cancer and a 10% increased risk of rectal cancer.

WEIGHT

Current

180 lbs.

Average Risk

Recommended Goal

226 lbs. or less

Average Risk

For your height, 180 pounds is considered a healthy weight.

Smoking tobacco causes colorectal cancer. The risk seems higher for rectal cancer than for colon cancer.

People who quit smoking have a better chance of surviving colorectal cancer than those who don't.

SMOKING

Current

Never Smoked
Average Risk

Recommended Goal

Never-Smoker
Average Risk

Moderate to heavy alcohol use increases the risk of colorectal cancer.

An average of 2 to 3 drinks daily is "moderate use." Four drinks daily is "heavy use."

Moderate drinkers have a 20% higher risk of colorectal cancer than nondrinkers or light drinkers.

ALCOHOL USE

Current

2 or more drinks daily
Increased Risk

Recommended Goal

Fewer than 2 drinks daily
Average Risk

Lifestyle Risk Factors

Physical activity lowers the risk of colon cancer, but not rectal cancer.

It's never too late to start exercising. Even people who have been inactive most of their lives can lower their colon cancer risk.

Taking a brisk walk or climbing stairs count towards the weekly recommended goal.

The recommended goal can be met by a mix of moderate and vigorous exercise.

WEEKLY EXERCISE

Current

Equivalent to 150 min. moderate
Decreased Risk

Recommended Goal

150 min. or more moderate
Average Risk

*90 moderate + 30 vigorous = 150 min. moderate
(each minute of vigorous exercise equals two minutes of moderate)

**The goal is 150 minutes of moderate exercise or
an equivalent mix of moderate and vigorous minutes.

About This Assessment

The colorectal cancer (CRC) screening recommendations included in this profiler are from the U.S. Multi-Society Task Force on Colorectal Cancer.¹⁻² The recommendations are based on health history, ethnicity, age, and history of CRC or pre-cancerous polyps in immediate family. Risk factors and lifestyle recommendations are derived from data published by the National Cancer Institute³ and American Diabetes Association.⁴

References

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2. Giardiello FM, Allen JA, Axilbund JE, Boland CR, Burke CA, et al. Guidelines on Genetic Evaluation and Management of Lynch Syndrome: A Consensus Statement by the US Multi-Society Task Force on Colorectal Cancer. *Gastroenterology*. 2014 Aug;147(2):502-26. doi: 10.1053/j.gastro.2014.04.001.
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NOTICE: Health assessments are based on averages from studies of large groups of people.

Your situation may be different. It is important to discuss your personal situation with your health care provider. This assessment is not intended to replace medical advice from your health care provider, but rather help you set health goals and make healthy lifestyle decisions.

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9-30-2020

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