



# TIP SHEET

# Colorectal Cancer

## Have You Been Screened?

Most people should begin colorectal cancer screening at age 50. A **colonoscopy** is considered the gold standard for colorectal screening. It examines the colon lining for polyps, growths of tissue that can potentially become cancer, and the physician can remove most of them on the spot. **Removing colon polyps before they become malignant effectively prevents cancer.**

Other screening tests, such as *fecal occult blood test*, *sigmoidoscopy*, *virtual colonoscopy*, and *double contrast barium enema* can detect possible cancers, but they are not as effective or thorough as colonoscopy.

Talk to your doctor about earlier screening, **younger than age 50**, if you have other risk factors, such as:

- African-American ethnicity
- Family history of colorectal cancer
- Personal history of colorectal polyps
- Personal history of breast, ovarian or uterine cancer
- Known genetic condition associated with colorectal cancer
- Inflammatory colon conditions such as ulcerative colitis or Crohn's disease

## Symptoms You Should Tell Your Doctor

- A change in bowel habits, such as ongoing diarrhea or constipation
- Stool that has become pencil thin, dark, or black
- Blood in the stool, or rectal bleeding
- Abdominal discomfort, such as pain or cramping
- Sensation of incomplete bowel movements
  - Unexplained weight loss
  - Feeling weak and tired



Smoking has been linked to as many as **1 in 5** cases of colorectal cancer.

### QUIT SMOKING? YES, YOU CAN!

Find support and guidance by calling the **NYS Smokers Quitline** at **1-866-NY-QUITS** (1-866-697-8487) or visit [www.nysmokefree.com](http://www.nysmokefree.com).

Colorectal cancer is increasing among younger adults.

**1 in 20** colorectal cancers is diagnosed in a person younger than 50.

## PREVENTION: TAKE CHARGE OF YOUR HEALTH

Adopting a healthy lifestyle is one of the best ways to reduce your risk of colorectal and other cancers. Many risk factors for colorectal cancer are factors you can change:

- ✓ Quit smoking
- ✓ Limit alcohol intake
- ✓ Exercise regularly
- ✓ Eat a high-fiber diet low in fats and red meat
- ✓ Maintain a healthy weight



# Why Roswell Park Cancer Institute?

**Setting the National Standards.** Our experts serve on boards of the National Comprehensive Cancer Network (NCCN) to create guidelines that specify the best ways of preventing, detecting, and treating specific types of cancer. RPCI's surgical oncologist **Steven Nurkin, MD, MS, FACS**, serves on the NCCN Colon and Rectal panels.

**Survival Outcomes Better than National Benchmark.** The observed 5-year survival rates for colon cancer patients treated at RPCI are consistently higher than national rates across disease stages.

**Access to the Latest Therapies.** The newest treatments, available through clinical research studies, are important options for many patients. About 50% of RPCI patients are eligible for a clinical study. Whether or not you choose to participate is entirely up to you.

## Meet the Doctors

(above, from left to right)

### Surgery

- 1) Valerie Francescutti, MD, FRCSC
- 2) Steven Hochwald, MD, FACS
- 3) Moshim Kukar, MD
- 4) Boris Kuvshinoff II, MD, MBA
- 5) Steven Nurkin, MD, MS, FACS
- 6) Srinevas Reddy, MD

### Medicine

- 7) Patrick Boland, MD
- 8) Amy Early, MD
- 9) Renuka Iyer, MD
- 10) Wen Wee Ma, MBBS

### Radiation Oncology

- 11) David Mattson, MD
- 12) Kilian Salerno, MD

### Gastroenterology

- 13) Andrew Bain, MD
- 14) Amanpal Singh, MD

### Pathology

- 15) Charles LeVea, MD, PhD
- 16) Kazunori Kanehira, MD

### Diagnostic Radiology

- 17) Peter Loud, MD

### Interventional Radiology

- 18) Garin Tomaszewski, MD

### Nuclear Medicine

- 19) Dominick Lamonica, MD

### Clinical Genetics Services

- 20) Nicoleta Voian, MD, MPD
- 21) Bonnie R. Braddock, MPH, CGC
- 22) Mollie L. Hutton, MS, CGC
- 23) June Mikkelsen, MS, CGC

## Treatment the RPCI Way

We believe every patient is unique, and we approach cancer treatment on an individual and personal basis. We offer the highest level of cancer care, including:

- **A Multidisciplinary Care Approach** by a team of surgical, medical and radiation oncologists, plus gastroenterologists, psychologists, social workers, dietitians and other experts, who work collaboratively to provide comprehensive and integrated care—all under *one roof*.
- **Gene testing of the cancer** to determine whether a patient is likely to benefit from chemotherapy, or should have chemotherapy after surgery, sparing other patients the cost and side effects of a treatment unlikely to help them.
- **Gastrointestinal surgeons with high-volume expertise** in *endoscopic, minimally invasive laparoscopic, and robot-assisted surgery* for colon and rectal cancers.
- **The capability to provide radiation therapy during surgery**, in our specialized surgical suite, the only one in WNY.

**90%**

The 5-year survival rate for colorectal cancers detected at early, localized stages.

## GET A SECOND OPINION

Second opinions are important in cancer care. We can arrange for RPCI's colorectal experts to review your scans and medical reports and set up a consultation with a member of our colorectal cancer team. *If you seek a second opinion at RPCI, you are under no obligation to receive your care here.*