

WHO SHOULD BE SCREENED?

Individuals who should consider a colonoscopy include:

- ••• Individuals age 50 or older for those at average risk
- ···· African American individuals age 45 or older
- ••• Individuals at increased risk of colon cancer. You have a higher risk if:
 - •• You have an immediate family member who was diagnosed with colorectal cancer under the age of 60 or
 - •• You have two immediate family members who have been diagnosed with colorectal cancer

If you are at high risk, you should begin colonoscopy screening at age 40 or 10 years younger than the age at which your immediate family member was diagnosed, whichever is earlier.

WHAT SCREENING SERVICES ARE AVAILABLE AT CAPITAL HEALTH?

Capital Health has several physicians that perform colonoscopy screening services. These physicians accept various types of insurance and perform colonoscopies different days of the week, making it convenient to your schedule.

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WHAT SHOULD I DO IF I SUSPECT THAT I AM AT RISK FOR COLORECTAL CANCER?

How can I make an appointment for a colonoscopy?

Based on your age, family history, health history and lifestyle factors, please discuss with your health care provider or contact our patient navigator at the Capital Health Cancer Center for a comprehensive consultation.

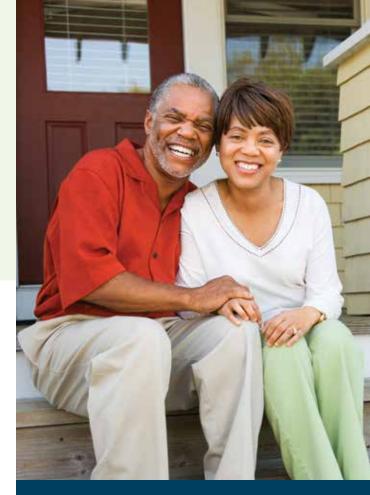
Call 609.303.4444 for more information or to schedule an appointment.



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COLORECTAL CANCER SCREENING





CANCER CENTER

What are the risk factors for

COLORECTAL CANCER?

FACTORS YOU CAN CHANGE:

••• Obesity and diet. Research shows that obese and even overweight men and women have a higher risk of developing and dying from colorectal cancer. Regularly eating foods such as red meats (beef, pork, lamb or liver) or processed meats (such as hot dogs or some luncheon meats) can raise your risk for colorectal cancer. Diets high in vegetables, fruits and whole grain fibers have been linked with a lower risk of colorectal cancer, but fiber supplements have not been shown to help.

- •••• Smoking. People who smoke are more likely than non-smokers to develop and die from colorectal cancer.
- •••• Heavy alcohol use. Chronic, heavy alcohol use can increase the risk of colorectal cancer. Limiting alcohol to no more than two drinks a day for men and one drink a day for women could have many health benefits, including a lower risk of colorectal cancer.



FACTORS YOU CANNOT CHANGE:

- ••• Age. Colorectal cancer can be diagnosed at any age, but it is much more common after age 50.
- ••• Personal history of polyps or colorectal cancer. A personal history of adenomatous polyps (adenomas) means you are at increased risk of developing colorectal cancer. If you previously had colorectal cancer, even if it was removed, you are at higher risk of developing new cancers in the colon or rectum; however, the chances of this are greater the younger you are at the time of your first diagnosis.
- ••• Family history of polyps or colorectal cancer. People with a history of colorectal cancer in an immediate relative (parent, sibling or child) are at increased risk. The risk is even higher if that relative was diagnosed with cancer when they were younger than 45, or if more than one immediate relative is affected.
- ••• Personal history of inflammatory bowel disease. If you have inflammatory bowel disease (IBD), including either ulcerative colitis or Crohn's disease, your risk of colorectal cancer is increased. IBD is different from irritable bowel syndrome (IBS), which does not increase your risk for colorectal cancer.

- ••• Race/ethnicity. African Americans are more likely than Asian, Hispanic, or Caucasian individuals to develop colorectal cancer. African Americans have the highest colorectal cancer incidence and mortality rates of all racial groups in the U.S.
 - People of Ashkenazi Jewish heritage are also more likely to develop colorectal cancer, one of the highest risks of any ethnic group in the world.
- ••• Diabetes. People with Type 2 (usually non-insulin dependent) diabetes have an increased risk of colorectal cancer. Type 2 diabetes and colorectal cancer share some of the same risk factors (such as being overweight and physically inactive).
- •••• Rare inherited conditions. Members of families with certain uncommon inherited conditions also have a significantly increased risk of colorectal cancer. These include the following:
 - ··· Familial adenomatous polyposis (FAP)
 - •• Lynch syndrome (hereditary non-polyposis colon cancer, or HNPCC)
 - •• Turcot syndrome
 - •• Peutz-Jeghers syndrome (PJS)
 - ·· MUTYH-associated polyposis