Get the Scoop on Colorectal Cancer
Infórmese de los detalles sobre el cáncer colorrectal

Risk Factors
You are at average risk if you:
- do not have any signs or symptoms
- have never had colon polyps or inflammatory bowel disease
- have no colon cancer in your family
Your risk may be higher if you:
- are over 50
- or your family members had colorectal polyps or colorectal cancer
- have inflammatory bowel disease
- have inherited certain genes that cause colorectal diseases
- are African American or Ashkenazi Jewish
- are obese, physically inactive, you smoke or have heavy alcohol use
- eat a lot of red meat, processed meats or meats cooked at very high heat

Know the signs
- Rectal bleeding
- Blood in the stool or toilet after a bowel movement
- Diarrhea or constipation that does not go away
- A change in size or shape of stool
- Discomfort or urge to have a bowel movement when there is no need
- Abdominal pain or a cramping pain in your lower stomach
- Bloating or full feeling
- Change in appetite
- Weight loss without dieting
- Fatigue

Screening
Starting at age 50, you should follow ONE of these screening plans:
- Colonoscopy every 10 years.
- Virtual colonoscopy (also known as CT colonography) every 5 years.
- Fecal occult blood test (FOBT) every year.

Prevention
- Have regular screening tests
- Stay at a healthy weight
- Exercise regularly
- Eat a healthy diet with lots of fruits & vegetables
- Avoid cigarettes
- Drink alcohol only in moderation

Factores de riesgo
Su riesgo es promedio si usted:
- no tiene signos ni síntomas
- no tuvo nunca pólipos en el colon ni enfermedad inflamatoria intestinal
- no tiene cáncer de colon en su familia
Su riesgo puede ser más alto si usted:
- tiene más de 50 años de edad
- o sus familiares tiene pólipos colorectales o cáncer colorrectal
- tiene enfermedad inflamatoria intestinal
- ha heredado ciertos genes que causan enfermedades colorectales
- es africano americano o judío Ashkenazi
- tiene diabetes Tipo 2
- es obeso, físicamente inactivo, fuma o bebe mucho alcohol
- come mucha carne roja, carnes procesadas o carnes cocinadas a temperaturas muy altas

Conozca los signos
- Sangrado por el recto o sangre en las heces o en el inodoro después de una evacuación intestinal
- Diarrea o estreñimiento que no desaparece
- Un cambio en el tamaño o forma de las heces
- Molestias o urgencia para tener una evacuación intestinal cuando no hay necesidad
- Dolor abdominal o retortijones en la parte baja del estómago
- Sensación de hinchazón o de estar lleno
- Cambio en el apetito
- Pérdida de peso sin estar a dieta
- Fatiga

Pruebas de detección
Empezando a los 50 años de edad debe seguir UNO de los siguientes programas de detección precoz:
- Colonoescopía cada 10 años.
- Colonoescopía virtual (también llamada colonografía por tomografía computarizada) cada cinco años.
- Prueba de sangre oculta en las heces (FOBT) cada año.

Prevención
- Hacerse pruebas de detección precoz regularmente
- Mantener un peso saludable
- Hacer ejercicio regularmente
- Comer una dieta saludable con muchas frutas y verduras
- Evitar los cigarrillos
- Beber alcohol sólo con moderación

Colorectal cancer is the second leading cause of cancer deaths in Texas. Ask your doctor today about getting screened for colorectal cancer.
El cáncer colorrectal es la segunda causa principal de muertes por cáncer en Texas. Hable con un médico hoy mismo para que le hagan los chequeos de detección precoz para el cáncer colorrectal.
Access to Cancer Care Resources for Your Staff

No-Cost, Online CE for Texas Nurses & Social Workers!

www.texascancer.info/ce

Many Texas nurses and social workers work with low income and uninsured patients, particularly those in rural and underserved areas and areas with large Spanish-speaking populations. Increasing knowledge about the importance of this issue and improving competencies in using the best procedures to get patients and clients the information they need can improve access to these services and ultimately improve outcomes. Follow our four-part case study of a colorectal cancer patient and his family and:

- Understand barriers to care related to access to prevention, screening, and treatment services.
- Address adverse health outcomes and disparities in access to care, cancer incidence and mortality.
- Anticipate the future impact of health care reform on access issues.
- Identify resources available to you, including the TCI Access to Cancer Care for Low-Income and Uninsured Patients database.

Texas Cancer Information and UT MD Anderson Cancer Center wish to thank the Cancer Prevention and Research Institute of Texas for funding the Access to Cancer Care for Low-Income and Uninsured Patients Nurse and Social Worker Online Training program.

2.0 CEU for Social Workers:

- Contact Hours

The University of Texas MD Anderson Cancer Center Department of Nursing is an approved provider through the Texas State Board of Nursing for 2.0 Continuing Education Units (CEUs). This conference/program is approved for 2.0 Continuing Education Units (CEUs). The University of Texas MD Anderson Cancer Center Department of Social Work is an approved provider of continuing education by the Texas Association of Health Emergency Providers for 2.0 Contact Hours.

Free Patient Education Poster from Texas Cancer Information

www.texascancer.info/poster

For more free posters or Texas Cancer Information brochures:
Texas Cancer Information
1515 Holcombe, Blvd., Unit 511
Houston, TX 77030
713-792-2277
Email: info@texascancer.info
www.texascancer.info/poster

For cancer-related continuing medical education information:
Texas Medical Association
Physician Oncology Education Program
1-800-880-1300, Ext. 1672
Email: poep@texmed.org

Texas Cancer Information’s Access to Care available at: www.texascancer.info/access

Colorectal Cancer Risk Factors

Colorectal cancer can be prevented. The key to early diagnosis is your recommendation for colorectal screening. Please make your patients aware of the importance of regular examinations and screening tests.

Having one or more risks for colorectal cancer means that your patient may be more likely to get colorectal cancer. If they are at increased or high risk for colorectal cancer, they may need to start screening exams at an earlier age or be tested more often.

Average Risk:
- No personal history of colorectal cancer or precancerous colon polyps (adenomas).
- No family history of colorectal cancer or precancerous colon polyps (adenomas).
- No personal history of inflammatory bowel disease (chronic ulcerative colitis or Crohn’s disease).
- No personal history of Familial Adenomatous Polyposis or suspected Familial Adenomatous Polyposis without yet having undergone genetic testing.
- No personal history of Hereditary Nonpolyposis colorectal cancer or a family history of Hereditary nonpolyposis colorectal cancer.

Increased Risk:
- Personal history of precancerous colon polyps (adenomas).
- Personal history of colorectal cancer.
- Family history of colorectal cancer or precancerous polyps (adenomas), meaning that a family member had or has colorectal cancer or precancerous polyps.

High Risk:
- Personal history of Familial Adenomatous Polyposis or suspected Familial Adenomatous Polyposis without yet having undergone genetic testing.
- Personal history of Hereditary Nonpolyposis Colorectal Cancer or family history of Hereditary Nonpolyposis Colorectal Cancer.
- Inflammatory bowel disease (chronic ulcerative colitis or Crohn’s disease).

Beginning at age 50, men and women with no risk factors should follow ONE of these screening schedules:
- Colonoscopy every 10 years (polyps can be removed during the test)
- Virtual colonoscopy (also known as CT colonography) every five years. A colonoscopy will be performed if polyps are found. If you choose a virtual colonoscopy, please check with the insurance provider before scheduling an exam.
- Fecal occult blood test (FOBT) every year. This take-home test finds hidden blood in the stool, which may be a sign of cancer. A colonoscopy should be performed if blood is found.

For more information about screening options, visit www.texascancer.info/access.