

COLORECTAL CANCER

FACTS YOU SHOULD KNOW ABOUT ITS EARLY DETECTION AND PREVENTION

EARLY DETECTION SAVES LIVES

American Cancer Society recommends CRC screening for people 50 and older.

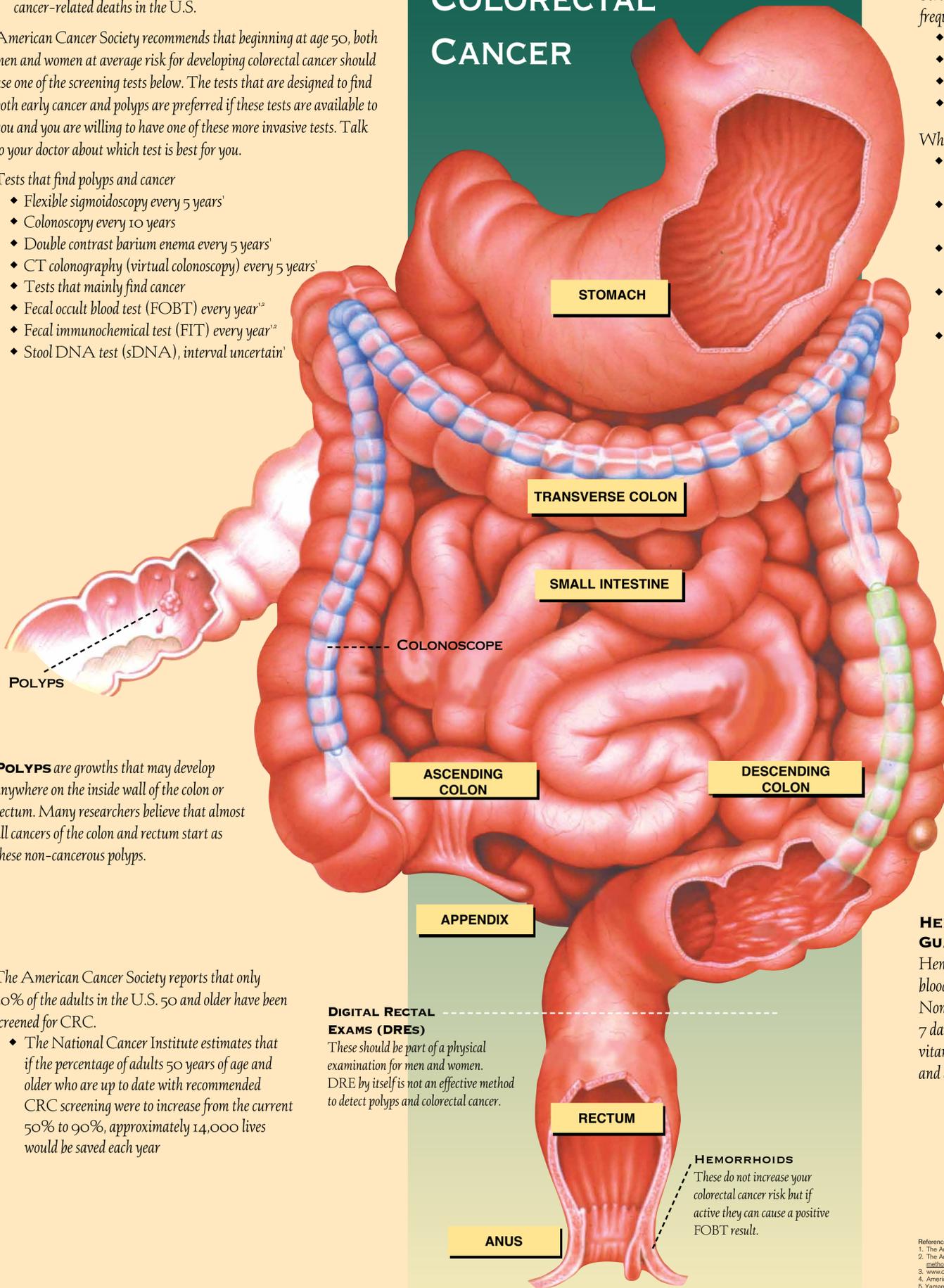
- ◆ Nearly 147,000 new cases of CRC are diagnosed each year
- ◆ Almost 50,000 deaths occur each year from colorectal cancer and is the 3rd leading cause of cancer-related deaths in the U.S.

American Cancer Society recommends that beginning at age 50, both men and women at average risk for developing colorectal cancer should use one of the screening tests below. The tests that are designed to find both early cancer and polyps are preferred if these tests are available to you and you are willing to have one of these more invasive tests. Talk to your doctor about which test is best for you.

Tests that find polyps and cancer

- ◆ Flexible sigmoidoscopy every 5 years¹
- ◆ Colonoscopy every 10 years
- ◆ Double contrast barium enema every 5 years¹
- ◆ CT colonography (virtual colonoscopy) every 5 years¹
- ◆ Tests that mainly find cancer
- ◆ Fecal occult blood test (FOBT) every year²
- ◆ Fecal immunochemical test (FIT) every year²
- ◆ Stool DNA test (sDNA), interval uncertain¹

REDUCING YOUR RISK OF COLORECTAL CANCER



POLYPS are growths that may develop anywhere on the inside wall of the colon or rectum. Many researchers believe that almost all cancers of the colon and rectum start as these non-cancerous polyps.

The American Cancer Society reports that only 50% of the adults in the U.S. 50 and older have been screened for CRC.

- ◆ The National Cancer Institute estimates that if the percentage of adults 50 years of age and older who are up to date with recommended CRC screening were to increase from the current 50% to 90%, approximately 14,000 lives would be saved each year

DIGITAL RECTAL EXAMS (DREs)

These should be part of a physical examination for men and women. DRE by itself is not an effective method to detect polyps and colorectal cancer.

HEMORRHOIDS
These do not increase your colorectal cancer risk but if active they can cause a positive FOBT result.

WHO IS AT RISK?

Colorectal cancer doesn't display symptoms until it has grown large or spread to other organs. And the incidence of colorectal cancer increases with age.

WHO IS AT INCREASED RISK?

Screening should begin at a younger age and be done more frequently if the individual has increased risk due to:

- ◆ personal history of colorectal cancer or adenomatous polyps;
- ◆ a strong family history of colorectal cancer or polyps;
- ◆ a personal history of chronic inflammatory bowel disease;
- ◆ a member of a family with hereditary colorectal cancer syndromes.

When caught early CRC is preventable, treatable and beatable.

- ◆ Stage 0 CRC requires polyp removal and does not usually require surgery. Five-year survival rate is 100%³
- ◆ Stage 1 CRC usually requires surgery, radiation or chemotherapy treatment. Five-year survival rate is 90%³
- ◆ Stage 2 CRC standard treatment is surgery to remove, and possible chemotherapy. Five-year survival rate is 70%³
- ◆ Stage 3 CRC requires surgery to remove, chemotherapy and possible radiation. Five-year survival rate is 56%³
- ◆ Stage 4 CRC requires surgery to remove, chemotherapy, drug therapy and radiation. There is the possibility of bypass surgery to reconnect healthy colon, possible removal of other affected organs (including, but not limited to, liver, lungs and ovaries). Five-year survival rate is 7%³

HEMOCCULT ICT (OR) IMMUNOCHEMICAL FECAL OCCULT BLOOD TEST (iFOBT OR FIT)

Hemoccult ICT is an immunochemical fecal occult blood test (iFOBT or FIT) for the detection of bleeding in stool samples. Occult blood may help identify bleeding polyps or adenomas, as well as aid in the early detection of colorectal cancer. It is specific to bleeding in the lower gastrointestinal tract and is not affected by dietary interferences.

- ◆ **NO DIETARY OR DRUG RESTRICTIONS**
- ◆ 3-day and 2-day patient collection kits
- ◆ Available in boxes of 100 individual collection cards
- ◆ High clinical sensitivity (100% for 3-day tests)⁵

HEMOCCULT / HEMOCCULT II SENSA (OR) GUAIAEC FECAL OCCULT BLOOD TEST (FOBT)

Hemoccult and Hemoccult II SENSA are guaiac fecal occult blood tests (FOBT) for the detection of bleeding in stool samples. Non-steroidal anti-inflammatory drugs should be avoided for 7 days before and during the stool collection period. Red meat and vitamin C in excess of 250 mg should be avoided for 3 days before and during the stool collection period.

References:
1. The American Cancer Society recommends that a colonoscopy should be done if test results are positive.
2. The American Cancer Society recommends that when a FOBT or FIT is used as a screening test, the take-home multiple sample method should be used. A FOBT or FIT done during a digital rectal exam in the doctor's office is not adequate for screening.
3. www.coloncancer-info.com/
4. American Cancer Society
5. Yamamoto M, Nakama H. Cost-effectiveness analysis of immunochemical occult blood screening for colorectal cancer among three fecal sampling methods. Hepatogastroenterology. 2000 Mar-Apr;47(32):396-9

MAKE LIFESTYLE CHANGES

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Experts recommend **LIFESTYLE CHANGES** which may decrease your risk of colorectal cancer. Participate in a regular exercise program, don't smoke or drink alcohol excessively (no more than 3-4 drinks per week).

INCREASE the amount of fresh fruits and vegetables in your diet.



DECREASE the amount of fat in your diet to less than 20% of total calories. Eat less red meat, fried foods and high fat dairy products such as butter, cheese and whole milk.



REDUCING YOUR RISK OF COLORECTAL CANCER

PERFORM YOUR FOBT AS RECOMMENDED

HEMOCCULT ICT

With Hemoccult ICT there are **NO DIET OR DRUG RESTRICTIONS**.

Follow these simple diet instructions for Hemoccult SENSA:

DIET GUIDELINES

For 3 days before and during the stool collection period, avoid red meats such as beef, lamb and liver.



HEMOCCULT SENSAsense

When you perform your Hemoccult SENSAsense FOBT, you will be asked to temporarily modify your diet to improve the accuracy of the test.

DRUG GUIDELINES

For 7 days before and during the stool collection period, avoid non-steroidal anti-inflammatory drugs such as ibuprofen, naproxen or aspirin (more than one adult aspirin a day). Acetaminophen can be taken as needed.

For 3 days before and during the stool collection period, avoid vitamin C in excess of 250 mg a day from supplements, citrus fruits and vegetables.



For additional information please contact us at 800-352-3433 or visit our website at www.hemoccultfibt.com