



Myths and Facts About Colorectal Cancer

There are many misconceptions about colorectal cancer. And they could cost you or your loved ones their lives. The fact is, colorectal cancer is the second leading cancer killer among men and women, yet it is “Preventable, Treatable and Beatable.” If found early, there is a 90% survival rate.

See if you have your facts straight—or are misinformed about colorectal cancer—by going through this 10-item checklist (Source: Ed Zimney, MD, Health and Medical News You Can Use Website, and American Cancer Society materials).

1. Myth: Colorectal cancer is always fatal.

Fact: When caught early, colorectal cancer is **90% curable**. This is why screening tests are important to try to catch the disease while it’s in its early stage and curable.

2. Myth: Colorectal cancer is primarily a disease of men and the elderly.

Fact: Colorectal cancer is the second leading cancer killer. It affects men and women equally, both in terms of diagnosis and death. Everyone needs screening beginning at age 50. Those people with additional risk factors (family history, obesity, smoking, inflammatory bowel disease) need to begin screening at age 40.

3. Myth: I’m healthy, eat right, and exercise daily. I don’t need to worry about colorectal cancer.

Fact: You may be in great condition, but if you are over 50 (or over 40 with risk factors), you should be screened for colorectal cancer.

4. Myth: Colorectal cancer will show signs or symptoms, so I don’t need to be screened.

Fact: Most cases of colorectal cancer will not show any systems at all. And by the time it becomes symptomatic (change in stool, weight loss, pain, bleeding), the cancer is at an advanced stage. To avoid advanced colon cancer, you must undergo screening prior to the development of symptoms.

5. Myth: A colonoscopy is the only way to screen for colon cancer.

Fact: While colonoscopy is the best screening test, there are others, including flexible sigmoidoscopy, barium enema, and stool testing.

6. Myth: A colonoscopy is difficult to prepare for, and the procedure is painful.

Fact: Several types of colorectal screening tests require an empty colon and rectum. Many patients say the preparation is the most unpleasant part of these types of procedures because you have to go to the bathroom frequently. There are a variety of preparations available, and your doctor will advise which one is right for you. Any unpleasantness pales compared to the peace of mind knowing you or a loved one doesn’t have cancer, or, if cancer is discovered is at an early stage, there is a 90% chance of survival. During the colonoscopy procedure you are mildly sedated and usually don’t feel much of anything. And the procedure itself only takes 15-30 minutes.

7. Myth: Colonoscopy is a screening procedure only and I’ll still require surgery if anything is found.

Fact: The colonoscope is also a surgical instrument. If the doctor finds a polyp or even a small cancer, it can be removed immediately, avoiding the need for further surgery.

8. Myth: Polyps = cancer.

Facts: Polyps are usually benign. They may, however, have the potential to become cancerous. This is why screening is important because, if discovered, polyps need to be removed via colonoscopy.

9. Myth: Surgery for colon cancer is major and will result in a colostomy bag.

Fact: While this may have been true years ago, today most patients can undergo minimally invasive surgery or laparoscopic surgery that requires only a small incision. In addition, colostomy is rarely done nowadays.

10. Myth: In Minnesota, colorectal cancer rates are rising.

Fact: In Minnesota, colorectal cancer incidence is decreasing at about 2.66% per year among males and 1.37% among females. Mortality has declined significantly (3.1% per year among males and 2.7% per year among females). These downward trends may be the result of colorectal screenings enabling early detection. See Minnesota Cancer Surveillance System <http://www.health.state.mn.us/divs/hpcd/cdee/mcss/9trend.html> and the Centers for Disease Control: <http://www.cdc.gov/cancer/colorectal>