



## Common Colorectal Cancer Myths

*Get The Facts Straight with HCB2*

**Myth: *Colorectal cancer is an old man's disease.***

Colorectal cancer is cancer that develops in the colon (large intestine) or rectum. Both men and women have colons and 50% of those diagnosed with colorectal cancer are women. This type of cancer usually begins as a polyp, which can be removed if discovered early through routine screening. Routine screening must begin by age 45.

**Myth: *I am only 30 years old so I am too young to have colorectal cancer.***

*Colorectal cancer is the number one cause of cancer-related death in people age 50 and under.* Born after 1990? You are 4x more likely to develop rectal cancer and 2x more likely to be diagnosed with colon cancer. If you have symptoms or a family history, then age does not matter and you need to talk to your doctor about your screening options. Do not delay!

**Myth: *I don't have symptoms and I feel healthy so I don't need to screen.***

Colorectal cancer begins as a small polyp in the large intestine or rectum and over time can develop into a cancerous tumor without symptoms. Colorectal cancer is beatable if caught at the early stage often when there are usually no symptoms. Survival rate when discovered at a later stage is about 14%. Completing your screening at age 45 when experiencing NO symptoms is what saves lives.

**Myth: *I do not have a family history so I am not at risk.***

Most colorectal cancer is diagnosed in people with NO family history. Having a family history does increase your risk 2-3x; however, most patients do not have a family history.

**Myth: *The only GI symptom I have is occasional blood in my stool.***

Blood in the stool is never to be ignored. Other symptoms to discuss with your doctor include chronic constipation, abdominal pain/bloating, thin or flat stools, irregular bathroom habits, and unexplained weight loss.

**Myth: *Colorectal cancer screening is so invasive.***

There are simple in-home screening tools that are noninvasive, which can detect a potential issue. Be mindful that a colonoscopy may be needed if these tests come back with an abnormal result. Ask your doctor about FIT and Cologuard in-home screening.

**Myth: *The prep for the colonoscopy is awful.***

The prep has become much better and less volume of liquid is needed to prep adequately for the colonoscopy procedure. New on the market are prep pills and split dosages. Additionally, there are in-home screening tools like the FIT and Cologuard, which requires no prepping nor change of diet. Talk to your doctor about your options.