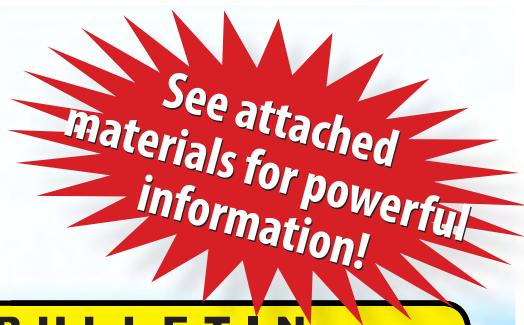




SENIOR HOMECARE BY ANGELS
SERVING ALL OF MERCER
& BURLINGTON COUNTIES



Visiting Angels Awarded Caring Star Agency
TWO YEARS IN A ROW

COMMUNITY RESOURCE BULLETIN

March: Colorectal Cancer Awareness Month

Colorectal Cancer is the #3 Cause of Cancer Deaths in the U.S.

Start screening at age 50 to dramatically decrease cancer risk

Visiting Angels is proud to help increase awareness of colorectal cancer screening during **Colorectal Cancer Awareness Month**.

Colorectal cancer is the 3rd most common cancer in the U.S. and the #3 cancer killer in the U.S. *But it doesn't have to be!* The fact is that there's a 90% survival rate when the cancer is caught at the local stage, before it has grown into tissue or lymph nodes. This is why screening is so important.

Starting at age 50, every person should be screened regularly because colorectal cancer typically doesn't present symptoms or signs.

Living a healthy lifestyle by eating right, not smoking, not drinking heavily, and exercising will also go a long way in helping to prevent colorectal cancer.

5 COLORECTAL CANCER MYTHS

Myth 1: Colorectal cancer happens mainly in men. The fact is that the cancer is equally common in both genders.



Myth 2: Colorectal cancer can't be prevented. The truth is that if polyps are found early, they can be removed and cancer will not have a chance to start.

Myth 3: African Americans are not at risk. The fact is that there are more African-American men and women who are diagnosed with colorectal cancer than other racial or ethnic group in the U.S.

Myth 4: Your age makes no difference in colorectal cancer risk. The truth is that 90% of those diagnosed with colorectal cancer are age 50 or over.

Myth 5: It's better not to be screened since the cancer is so deadly anyway. The fact is, colorectal cancer is highly treatable if found early.

LOCAL RESOURCES: For free screening for income-eligible NJ residents, call NJ Cancer Education and Early Detection at 1-800-328-3838. Screening Locations: In **Mercer County**, Shiloh CDC, Mercer County CEED Program, 609-989-0236. In **Burlington County**, NJCEED Virtua Health, Burlington/Camden Virtua, 856-247-7386.

Phone: (609) 883-8188
www.NJSeniorCare.com

facebook.com/VisitingAngelsNJSeniorCare • twitter.com/MyVisitingAngel

Reduce Your Colorectal Cancer Risk: Tips for Healthy Living

Get screened

- People age 50 and older should get screened for colorectal cancer
- Screening tests include the High-Sensitivity FOBT (Stool Test) once per year, Flexible Sigmoidoscopy every five years, and/or Colonoscopy every ten years.
- The most effective screening test is the one you actually have done, so don't wait; call your health care provider today

Maintain a healthy diet

- Eat at least 2.5 cups of fruits and vegetables each day
- Eat whole grain foods, which are high in fiber (25 grams of fiber daily)
- Consume dairy products, which are high in calcium; calcium decreases risk
- Eat legumes, beans, nuts, fish, and poultry
- Limit intake of red and processed meat

Keep a physically active lifestyle

- The more physically active, the lower the risk of colon cancer
- Activity recommendations: 150 minutes per week of moderate-intensity activity (brisk walking, gardening, water aerobics, bicycling less than 10 mph) or 75 minutes of vigorous activity (jogging, swimming laps, aerobics, jumping rope, hiking) per week spread throughout the week

Maintain a healthy weight

- Keep a healthy weight—your BMI should be between 18 and 25
- Being overweight or obese will increase your risk of serious health problems: high blood pressure, type 2 diabetes, heart disease, as well as colorectal cancer

Limit alcohol consumption

- Limit alcohol intake to one drink or less per day
- Colorectal cancer risk increased 23% in those who drank a lifetime average of 2–4 drinks per day

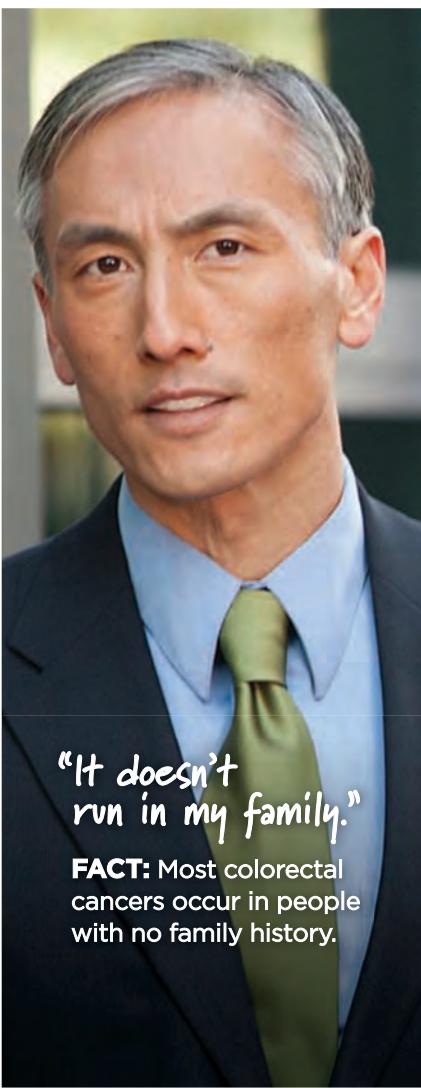
Avoid smoking and using tobacco products

- A 2009 study concluded that smoking tobacco causes colorectal cancer



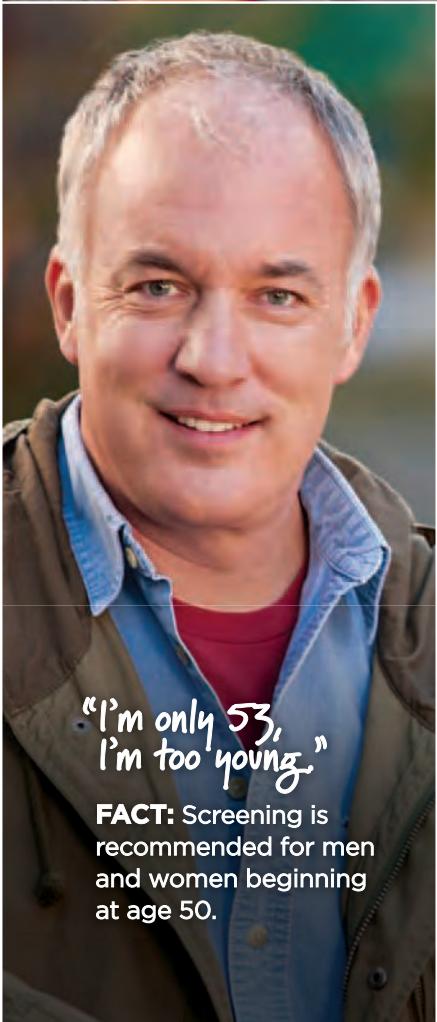
"I don't have symptoms."

FACT: Colorectal cancer doesn't always cause symptoms, especially early on.



"It doesn't run in my family."

FACT: Most colorectal cancers occur in people with no family history.



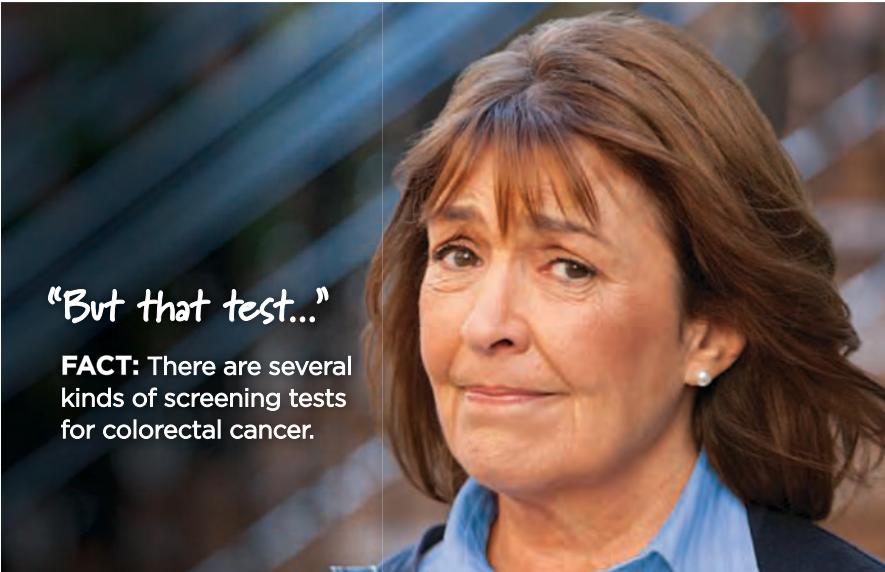
"I'm only 53, I'm too young."

FACT: Screening is recommended for men and women beginning at age 50.

"Why Should I Get Screened?"

"But that test..."

FACT: There are several kinds of screening tests for colorectal cancer.



Screening Saves Lives

Colorectal cancer is the 2nd leading cancer killer in the U.S. But it can be prevented. Screening helps find precancerous polyps so they can be removed before they turn into cancer. Screening can also find colorectal cancer early, when treatment is most effective. If you're 50 or older—don't wait. Talk to your doctor and get screened.

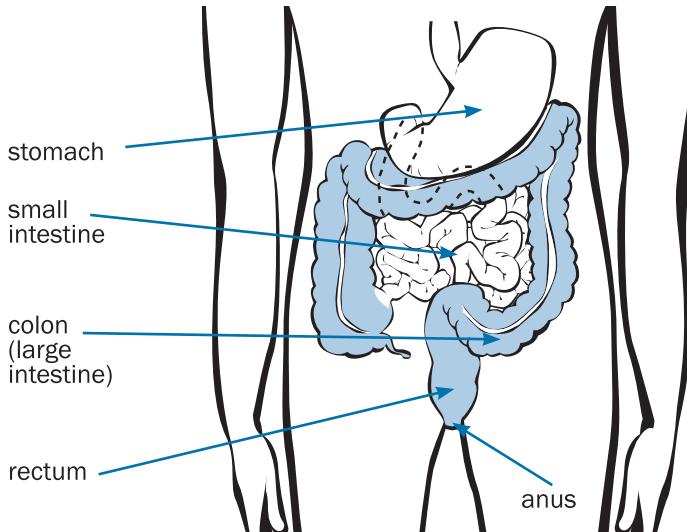


U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

www.cdc.gov/screenforlife
1-800-CDC-INFO (1-800-232-4636)

Colorectal Cancer Screening

Basic Fact Sheet



Colon and Rectum

What Is Colorectal Cancer?

Colorectal cancer is cancer that occurs in the colon or rectum. Sometimes it is called colon cancer. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.

It's the Second Leading Cancer Killer

Colorectal cancer is the second leading cancer killer in the United States, but it doesn't have to be. If everyone aged 50 years or older had regular screening tests, at least 60% of deaths from this cancer could be avoided. So if you are 50 or older, start getting screened now.

Who Gets Colorectal Cancer?

- Both men and women can get it.
- It is most often found in people 50 or older.
- The risk increases with age.

Are You at High Risk?

Your risk for colorectal cancer may be higher than average if:

- You or a close relative have had colorectal polyps or colorectal cancer.
- You have inflammatory bowel disease.
- You have a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary nonpolyposis colorectal cancer.

People at high risk for colorectal cancer may need earlier or more frequent tests than other people. Talk to your doctor about when to begin screening and how often you should be tested.

Screening Saves Lives

If you're 50 or older, getting a colorectal cancer screening test could save your life. Here's how:

- Colorectal cancer usually starts from polyps in the colon or rectum. A polyp is a growth that shouldn't be there.
- Over time, some polyps can turn into cancer.
- Screening tests can find polyps, so they can be removed *before* they turn into cancer.
- Screening tests also can find colorectal cancer early. When it is found early, the chance of being cured is good.



Colon Polyp

Colorectal Cancer Can Start With No Symptoms

Precancerous polyps and early-stage colorectal cancer don't always cause symptoms, especially at first. This means that someone could have polyps or colorectal cancer and not know it. That is why having a screening test is so important.



What Are the Symptoms?

Some people with colorectal polyps or colorectal cancer do have symptoms. They may include:

- Blood in or on your stool (bowel movement).
- Stomach pain, aches, or cramps that don't go away.
- Losing weight and you don't know why.

If you have any of these symptoms, talk to your doctor. These symptoms may be caused by something other than cancer. However, the only way to know what is causing them is to see your doctor.

Types of Screening Tests

Several different screening tests can be used to find polyps or colorectal cancer. Each can be used alone. Sometimes they are used in combination with each other. The U.S. Preventive Services Task Force (USPSTF) recommends colorectal cancer screening for men and women aged 50–75 using high-sensitivity fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy. Talk to your doctor about which test or tests are right for you. The decision to be screened after age 75 should be made on an individual basis. If you are older than 75, ask your doctor if you should be screened.

• High-Sensitivity FOBT (Stool Test)

There are two types of FOBT: One uses the chemical guaiac to detect blood. The other—a fecal immunochemical test (FIT)—uses antibodies to detect blood in the stool. You receive a test kit from your health care provider. At home, you use a stick or brush to obtain a small amount of stool. You return the test to the doctor or a lab, where stool samples are checked for blood.

How Often: Once a year.

• Flexible Sigmoidoscopy

For this test, the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer inside the rectum and lower third of the colon.

How Often: Every five years. When done in combination with a High-Sensitivity FOBT, the FOBT should be done every three years.

• Colonoscopy

This is similar to flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers.

How Often: Every 10 years.

Colonoscopy also is used as a follow-up test if anything unusual is found during one of the other screening tests.

Other Screening Tests in Use or Being Studied

Although these tests are not recommended by the USPSTF, they are used in some settings and other groups may recommend them. Many insurance plans don't cover these tests, and if anything unusual is found during the test, you likely will need a follow-up colonoscopy.

- **Double Contrast Barium Enema**—You receive an enema with a liquid called barium, followed by an air enema. The barium and air create an outline around your colon, allowing the doctor to see the outline of your colon on an X-ray.
- **Virtual Colonoscopy**—Uses X-rays and computers to produce images of the entire colon. The images are displayed on the computer screen.
- **Stool DNA Test**—You collect an entire bowel movement and send it to a lab to be checked for cancer cells.

Will Insurance or Medicare Pay?

Many insurance plans and Medicare help pay for colorectal cancer screening tests. Check with your plan to find out which tests are covered for you. To find out about Medicare coverage, call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov.

The Bottom Line

If you're 50 or older, talk with your doctor about getting screened. For more information, visit www.cdc.gov/screenforlife or call 1-800-CDC-INFO (1-800-232-4636). For TTY, call 1-888-232-6348.



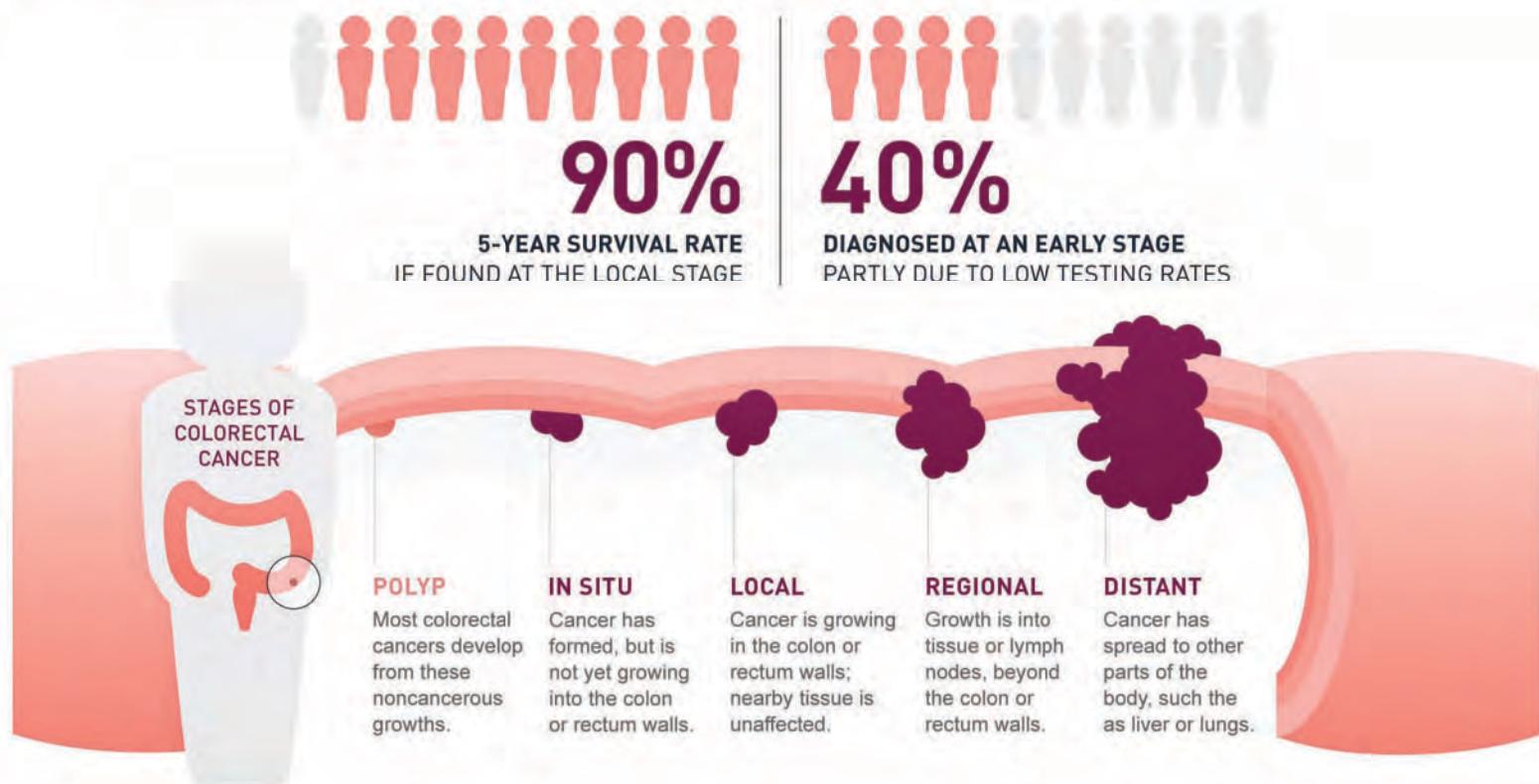
**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention



COLON CANCER: CATCHING IT EARLY

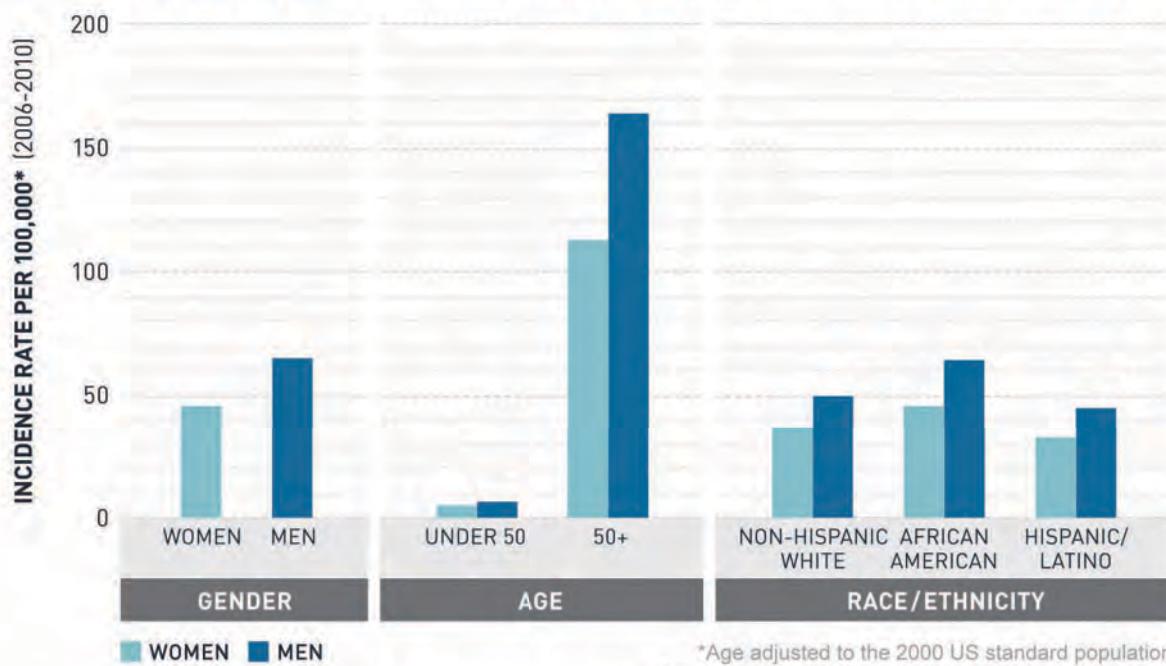
American Cancer Society // Infographics // 2015

Colorectal cancer (commonly called colon cancer) remains the third-deadliest cancer in the United States among men and women, despite decreases in death rates over the past two decades. Routine testing can help prevent colon cancer or find it at an early stage, when it is smaller and easier to treat. If it's found and treated early, the 5-year survival rate is 90%. Many more lives could be saved by understanding colorectal cancer risks, increasing testing rates, and making lifestyle changes.



WHO GETS COLORECTAL CANCER?

ANYONE CAN GET COLORECTAL CANCER, BUT SOME PEOPLE ARE AT AN INCREASED RISK



*Age adjusted to the 2000 US standard population
Source: *Colorectal Cancer Facts & Figures 2014-2016*

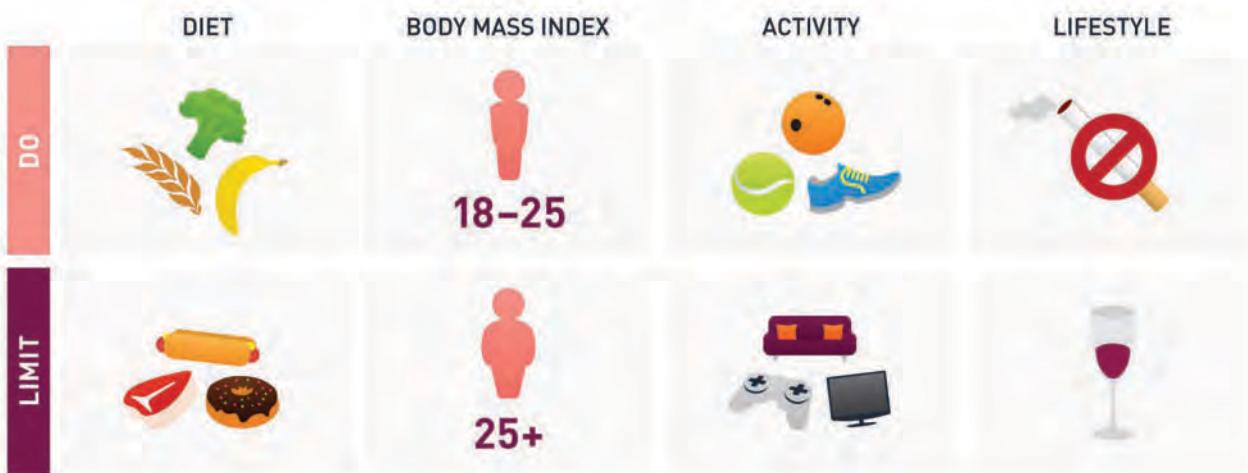


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WHAT CAN YOU DO ABOUT IT?

REDUCE YOUR RISK BY MANAGING YOUR DIET, WEIGHT, AND PHYSICAL ACTIVITY



IF YOU'RE 50 OR OLDER,* TALK TO YOUR DOCTOR ABOUT GETTING TESTED

TYPE OF SCREENING TEST	PROS	CONS
Flexible Sigmoidoscopy Slender tube inserted through the rectum into the colon. Provides visual exam of rectum and lower part of colon.	<ul style="list-style-type: none"> Fairly quick Sedation usually not used Does not require a specialist 	<ul style="list-style-type: none"> Doesn't view upper part of colon Can't see or remove all polyps Colonoscopy needed if abnormal
Colonoscopy Direct exam of colon and rectum. Polyps removed if present. Required for abnormal results from other tests.	<ul style="list-style-type: none"> Can usually view entire colon Can biopsy and remove polyps Done every 10 years 	<ul style="list-style-type: none"> Costs more than other tests Higher risk than other tests Full bowel preparation needed
Double-Contrast Barium Enema X-ray exam of colon. Barium sulfate is put in through the rectum and spreads throughout the colon.	<ul style="list-style-type: none"> Can usually view entire colon Relatively safe No sedation needed 	<ul style="list-style-type: none"> Can miss small polyps Can't remove polyps during test Full bowel preparation needed
CT Colonography Detailed, cross-sectional, 2-D or 3-D views of the colon and rectum with an x-ray machine linked to a computer.	<ul style="list-style-type: none"> Fairly quick and safe Can usually view entire colon No sedation needed 	<ul style="list-style-type: none"> Still fairly new test Can't remove polyps during test Full bowel preparation needed
Fecal Occult Blood Test / Fecal Immunochemical Test Can detect blood in stool caused by tumors or polyps. Health care provider gives patient at-home kit	<ul style="list-style-type: none"> No direct risk to the colon No bowel preparation Sampling done at home 	<ul style="list-style-type: none"> Colonoscopy needed if abnormal May miss some polyps/cancers Should be done every year
Stool DNA Test Looks for certain DNA changes from cancer or polyp cells. Health care provider has kit sent to patient.	<ul style="list-style-type: none"> No direct risk to the colon No bowel preparation Sampling done at home 	<ul style="list-style-type: none"> Colonoscopy needed if abnormal May miss some polyps/cancers Should be done every 3 years

*For average-risk individuals with no symptoms, testing should begin at age 50. If you are at increased risk or are experiencing symptoms, speak to your doctor right away. Symptoms include: Rectal bleeding, blood in the stool, dark- or black-colored stools, change in shape of stool, lower stomach cramping, unnecessary urge to have a bowel movement, prolonged constipation or diarrhea, and unintentional weight loss.

SUPPORT THE AMERICAN CANCER SOCIETY

When you support the American Cancer Society, you join millions of others who are committed to the fight to end cancer. You help save lives in your community and around the world. Thank you for supporting these lifesaving efforts that get us closer to a world with less cancer and more birthdays.

[Learn More // cancer.org/colon](http://cancer.org/colon)

[Detect It Early // cancer.org/colontesting](http://cancer.org/colontesting)

[Live Healthy // cancer.org/nupa](http://cancer.org/nupa)

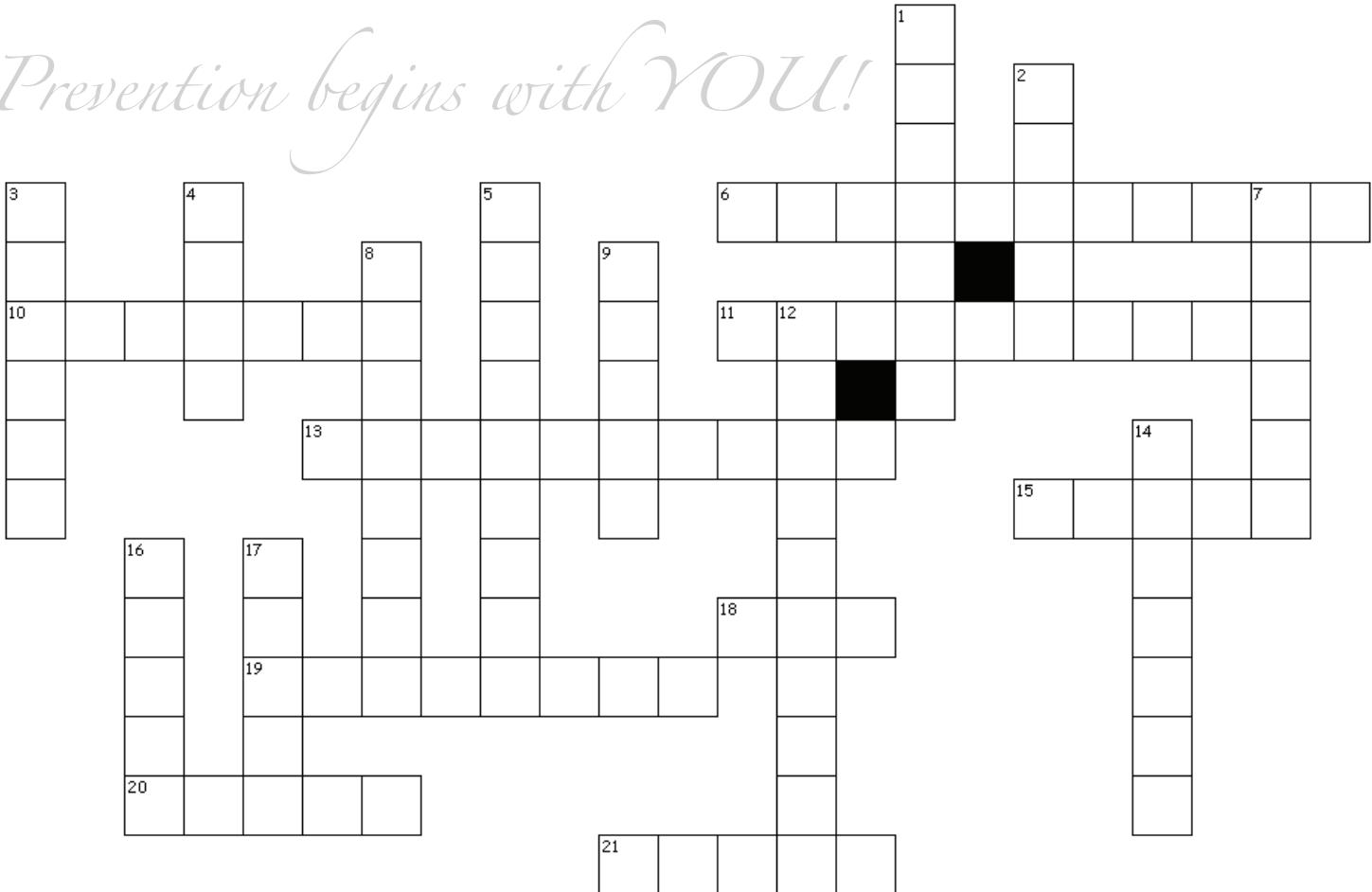


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Colorectal Cancer Crossword

Prevention begins with YOU!



ACROSS

6. One type of colorectal cancer screening method
10. Do not smoke this
11. This cancer is the second leading cancer killer in the U.S.
13. Eating these brightly colored foods give you vitamins, minerals and phytochemicals
15. Fill your plate 2/3 full of whole grains, vegetables, and ____
18. Limit consumption of ____ meat
19. A symptom of colorectal cancer
20. ____ detection saves lives
21. Age at which a colorectal cancer screening is recommended

DOWN

1. Limit ____ consumption
2. Eat ____ grain foods rather than refined products
3. Keep physically ____
4. Your body weight should be as ____ as possible
5. Avoid these types of meats (bacon, hot dogs, sausage)
7. A personal history of these increases your risk
8. You need at least 150 hours of this type of activity per week
9. There is 90% survival rate when colorectal cancer is found at the ____ stage
12. Being ____ increases risk of colorectal cancer
14. Increase consumption of dairy foods which are high in ____
16. Colorectal cancer is found in the ____ intestines
17. Thirty grams of is recommended for men over 50 in their daily diet

ACROSS	1. BLEEDING	8. MODERATE
6. COLONOSCOPY	9. LOCAL	9. OVERWEIGHT
10. TOBACCO	10. ALCOHOL	10. WHOLE
11. VEGETABLES	11. EARLY	11. FIFTY
13. BEANS	12. ACTIVE	12. FIBER
15. POLYPS	14. CALCIUM	14. LARGE
18. RED	15. LEAN	15. FIBER
19. POLYPS	16. LARGE	16. FIBER
20. BEANS	17. FIBER	17. FIBER
21. FIBER	18. RED	18. RED