

MYTHS AND FACTS ABOUT COLORECTAL CANCER

MYTH 1: COLORECTAL CANCER IS A MAN'S DISEASE.

FACT: Colorectal cancer affects both men and women almost equally.

MYTH 2: I DON'T HAVE ANY SYMPTOMS SO I MUST NOT HAVE COLORECTAL CANCER.

FACT: One of the most widely held misconception is that symptoms will be evident. More than half of people diagnosed have no symptoms. Symptoms such as a change in bowel movements, rectal bleeding, abdominal pain, unexplained weight loss, anemia or constant tiredness may all signal colorectal cancer. Once the symptoms start to develop it may be a sign of more advanced disease. It is important you contact your health care provider if you have any of these symptoms.

MYTH 3: ONCE DIAGNOSED, IT IS TOO LATE TO DO ANYTHING.

FACT: Colorectal cancer is preventable and highly treatable when caught at an early stage. People diagnosed in the early stages have a very good chance of a cure and surviving. Therefore, screening for colorectal cancer, which means looking for the presence of the disease when no symptoms are present, is very important to help catch the disease in its early stages.

MYTH 4: YOU DON'T NEED TO GET SCREENED IF THERE IS NO FAMILY HISTORY OF THE DISEASE.

FACT: If you have a family history of colorectal cancer, you may need to start screening before age 50. Consult your physician about screening options best for you. About 1 in 3 people who develop colorectal cancer have other family members who have had it. Most colorectal cancers are found in people without any family history of the disease, which means that it is very important to get screened even if you have no family history of colorectal cancer.

MYTH 5: COLONOSCOPY IS THE ONLY WAY TO SCREEN FOR COLORECTAL CANCER.

FACT: There are several screening options for colorectal cancer, including fecal immunochemical test (FIT), sigmoidoscopy, the double-contrast barium enema, the digital rectal exam and of course, the colonoscopy.

MYTH 6: COLONOSCOPY IS UNPLEASANT, UNCOMFORTABLE AND DIFFICULT TO PREPARE FOR.

FACT: Preparing for colonoscopy involves cleaning the colon with the help of prescription and over the counter medicine. Typically, they must be consumed a day or two before the procedure. During the actual procedure you may be sedated to eliminate discomfort. The procedure itself takes between 15-20 minutes.

MYTH 7: MY FRIEND HAD A COLONOSCOPY, SHOULD I GET ONE TOO?

FACT: Your healthcare provider may recommend that you get a colonoscopy if you are experiencing colorectal cancer symptoms or are considered high risk for developing the disease. You are considered high risk if you: have a personal or family history of the disease, have a hereditary syndrome, or if you have an inflammatory bowel disease such as ulcerative colitis or Crohn's disease.

MYTH 8: A POLYP MEANS I HAVE CANCER.

FACT: Polyps are benign growths that if left unchecked have the potential to develop into cancer. Polyps can be easily removed during a colonoscopy with the colonoscope. By removing the polyp at an early stage, it is prevented from becoming cancerous.

MYTH 9: IF I HAVE COLORECTAL CANCER, IT MEANS I WILL DIE FROM IT.

FACT: When colorectal cancer is caught early there is over 90% chance of curing it. That's why screening is so important. Once colorectal cancer spreads to a distant organ (metastasized), it becomes more difficult to treat. Recent advances in treatments, however, have improved outcomes for patients with metastatic disease.

MYTH 10: AFTER I HAVE COLORECTAL SURGERY I WILL NEED A COLOSTOMY.

FACT: Surgical techniques have improved so that the cancer can be effectively removed without the need, in many cases, for a colostomy. A colostomy is where surgeons create an artificial external method to collect excrement.

MYTH 11: PHYSICAL ACTIVITY IS ONLY GOOD ONLY FOR THE HEART.

FACT: Physical activity is associated with reduced risk of colorectal cancer. Even moderate physical activity, such as 20-30 minutes of walking per day, can be beneficial and can even help prevent a recurrence.

MYTH 12: WHAT I INGEST WON'T AFFECT MY CHANCES OF GETTING COLORECTAL CANCER.

FACT: The World Cancer Research Fund Expert Panel reviewed all the available evidence on diet, weight and physical activity and the risk of colorectal cancer. They found that: consuming foods such as fruits, vegetables, and whole grains containing dietary fibre is associated with a lower risk of colorectal cancer; consuming dairy products is associated with a lower risk of colorectal cancer; consuming red meat and processed meats increases the risk of colorectal cancer; consuming alcoholic drinks increases the risk of colorectal cancer.