



Colorectal cancer: How common is it?

- 3rd most common cancer in both men and women in the U.S. (not including skin cancer).
- 2nd leading cause of cancer-related death in the U.S. for men and women combined.
- It's estimated that more than half of all cases could be prevented by regular colonoscopy screening!

Colorectal cancer risk factors

Risk factors are anything that can increase or decrease a person's chance of getting a disease, such as cancer.

- Age
 - Most CRC occurs in people age 50 and older
 - Studies show significant increased incidence in those under age 55 from 2004-2014
- Diet
 - High in red meats (like beef, pork, or lamb) and processed meats (like hot dogs, bacon, or cold cuts) → **raises** risk for CRC
 - High in fruits and vegetables → **lowers** risk

Colorectal cancer risk factors

- Physical activity
 - Less active → raises risk
- Overweight
 - Obesity → raises risk of having and dying from CRC
- Smoking → raises risk
- Alcohol use → raises risk
- Type 2 diabetes → raises risk






Colorectal cancer – major risk factors

Some adults have risk factors that make them much more likely to develop CRC than others:

- Those with inflammatory bowel disease such as
 - Ulcerative colitis
 - Crohn's disease
- Those who have had radiation to the abdominal or pelvic area to treat a previous cancer


(Irritable bowel disease is not a risk factor.)



Colorectal cancer – major risk factors

- People who have had adenomatous polyps
- People who have family members with adenomatous polyps or FAP, CRC, or certain inherited syndromes such as Lynch syndrome (HPNCC)
- People who have had CRC in the past (Risk is even higher if occurred at a younger age)

Talk to your doctor right away if you or people in your family have any of these major risk factors.



Preventing colorectal cancer

- Many colorectal cancers could be prevented with regular screening.
- Screening is testing to find a disease in people who have no symptoms.
- Why screen?
 - To find and remove polyps before they become cancer
 - To find CRC early – when it's small and likely has not spread, and when treatment can be more effective



How is CRC screening done?

2 types of tests for CRC screening:

1. Visual exams: Tests that can find both polyps and colorectal cancer
2. Stool-based tests: Tests that mainly find cancer




Visual Exams:

Tests that can find both polyps and cancer

- ✓ Flexible sigmoidoscopy
- ✓ Colonoscopy
- ✓ CT colonography (“virtual colonoscopy”)

- These tests look inside the colon to find abnormal areas.
- They are done with a lighted tube put in through the rectum or with special x-ray tests.
- If polyps are found they may be removed before they develop into cancer, so these tests can help prevent cancer.
- These tests are preferred for screening (if available) and if a person is willing to have them.




Stool-based Tests:

Tests that mainly find cancer

- ✓ Fecal immunochemical test (FIT)
- ✓ Guaiac-based fecal occult blood test (gFOBT)
- ✓ Stool DNA tests (sDNA)

- All of these test the stool for hidden blood or other changes that may be signs of cancer.
- They are less invasive and easier to do.
- They are less likely to find polyps than visual exams.
- Colonoscopy will be needed if results are abnormal.



ACS Colorectal Cancer Screening Guidelines: 2018

- At age 45, both men and women at average risk should begin regular screening either with a sensitive stool-based test, or with a visual exam that looks at the colon and rectum.
- People who are in good health and with a life expectancy of more than 10 years should continue regular colorectal cancer screening through the **age of 75**.



ACS Colorectal Cancer Screening Guidelines: 2018

Test options for colorectal cancer screening:

- **Stool-based tests: Tests that mainly find cancer**

- Highly sensitive fecal immunochemical test (FIT) every year*, OR
- Highly sensitive guaiac-based fecal occult blood test (gFOBT) every year*, OR
- Multi-targeted stool DNA test (MT-sDNA) every 3 years*
(*Abnormal findings will need a colonoscopy as follow-up.)

- **Visual (structural) exams**


- Colonoscopy every 10 years, OR
- CT colonography (virtual colonoscopy) every 5 years, OR
- Flexible sigmoidoscopy (FSIG) every 5 years



ACS Colorectal Cancer Screening Guidelines: 2018


Adults who are at higher risk for CRC might need to start screening before age 45, be screened more often, and/or get specific tests.

Higher risk individuals are those with a family or personal history of colorectal cancer and certain types of polyps, other bowel disorders, or a known hereditary colorectal cancer syndrome.



Lung cancer: How common is it?

- Lung cancer is the second most common cancer in both men and women.
- It accounts for an estimated 25% of all cancer diagnoses.
- Lung cancer mainly occurs in older people.
- For smokers the risk is **much** higher.



Lung cancer: How common is it?

- Lung cancer is the leading cause of cancer death among both men and women in the U.S.
- Lung cancer accounts for about 1 in 4 cancer deaths each year.



Lung cancer risk factors

- Tobacco smoke
 - Smoking is the leading risk factor for lung cancer.
 - Cigar smoking and pipe smoking also increase the risk for lung cancer.



Lung cancer risk factors

- Secondhand smoke

- Even if you don't smoke, breathing in the smoke from others (called secondhand smoke or environmental tobacco smoke [ETS]) can increase your risk of lung cancer.

- Hookah smoking

- Has become popular among young people
- Studies have shown that hookah smoke contains the same cancer-causing substances as cigarettes.



Lung cancer risk factors

■ Radon

- A naturally occurring radioactive gas that results from the breakdown of uranium in soil and rocks.
- Cannot be seen, tasted, or smelled
- According to the U.S. Environmental Protection Agency (EPA), radon is the second leading cause of lung cancer, and is the leading cause among non-smokers.



Lung cancer risk factors

- Asbestos


- Workplace exposure to asbestos fibers is also a risk factor for lung cancer.
- Government regulations have greatly reduced the use of asbestos in commercial and industrial products in the U.S.

- Arsenic

- High levels in drinking water may increase the risk of lung cancer, especially in smokers.

Lung cancer risk factors

- Other cancer-causing agents in the workplace
 - Radioactive ores such as uranium
 - Inhaled chemicals or minerals such as:
 - Coal products
 - Beryllium
 - Cadmium
 - Vinyl chloride
 - Chromium compounds
 - Chloromethyl ethers
 - Mustard gas
 - Silica
 - Nickel compounds
 - Diesel exhaust



Lung cancer risk factors

- Radiation therapy to the chest
- A history of lung cancer yourself or lung cancer in a family member
- Air pollution
 - Especially from heavily traveled roads in cities → slightly increased risk

Lung cancer screening

Screening is the use of tests or exams to find a disease in people without symptoms of that disease.




Low-dose CT (LDCT) scan machine
used to screen for lung cancer



American Cancer Society Guidelines for Lung Cancer Screening: 2018

Patients should be asked about their smoking history. Those who have ALL of the criteria below are recommended to get screened for lung cancer:

- 55 to 74 years old
- In fairly good health
- Are current smokers or have quit smoking within the last 15 years
- Have at least a 30 pack-year smoking history
- Have received counseling to quit smoking (if still smoking)
- Have been informed of the possible benefits, limits, and harms of LDCT screening
- Have a facility where they can go that has experience in lung cancer screening and treatment



Some people who get lung cancer have no apparent risk factors. Although we know how to prevent most lung cancers, at this time we don't know how to prevent all of them. And screening will not find all of them.

One thing we know for sure—the best step a person can take to prevent lung cancer is to avoid any form of tobacco and tobacco smoke.



More information

You can get more information on lung cancer and lung cancer screening on our website, cancer.org, or call 1-800-227-2345 and talk with one of our Cancer Information Specialists.

We also have a lot of information on how to quit using tobacco.



Prostate cancer: How common is it?

- The cancer most often diagnosed in men in the U.S.
- For reasons that remain unclear, it occurs more often in African-American men than in any other group in the U.S.
- Is the third leading cause of cancer-related death in men in the U.S.



Causes of prostate cancer

- We do not know the cause of prostate cancer.
- Most likely cause is related to changes in the genetic material (DNA) in our cells.
- DNA changes can be passed down through families, or can occur due to environment or lifestyle.



Prostate cancer risk factors

- Age
 - An estimated 1 out of 19 men will develop invasive prostate cancer by age 60 or older.
- Race/Ethnicity
 - African-American men and Caribbean men of African ancestry have the highest risk.
 - The reasons for this are unclear.

Prostate cancer risk factors

- Family history

- Having a father or brother with prostate cancer more than doubles a man's risk of developing this disease.
- The risk is much higher for men with several affected relatives, particularly if their relatives were young at the time the cancer was found.





Prostate cancer risk factors

■ Genes

- Some inherited genes seem to raise risk.
- This accounts for only a very small number of cases.
- For most of these genes, genetic testing is not yet available.

■ Diet

- High in red meat or high-fat dairy products and low in fruits and vegetables *may* raise risk

Lowering prostate cancer risk

There are things that can be done that may help lower the risk of prostate cancer.



■ Eat right

- Choose foods and beverages in amounts that help achieve and maintain a healthy weight.
- At least 2½ cups of vegetables and fruits each day
- Choose whole grains instead of refined grain products
- Limit red meats and processed meats



Prostate cancer screening


- Screening for prostate cancer can be done with:

Prostate-Specific Antigen (PSA) blood test with or without a Digital Rectal Exam (DRE)

Prostate-specific antigen (PSA)


Made by cells in the prostate gland

Most healthy men have a small amount of PSA [less than 4 nanograms per milliliter (ng/mL)] in their blood




ACS Recommendations for the Early Detection of Prostate Cancer

- This discussion should begin in men with at least a 10-year life expectancy:
 - At **age 50** for men at average risk for prostate cancer
 - At **age 45** for men at high risk for prostate cancer
 - African-American men
 - Men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than age 65)
 - At **age 40** for men at even higher risk
 - Those with more than one first-degree relative who had prostate cancer at an early age



What do men need to know to make an informed decision about testing?

- Prostate cancer is not always life-threatening.
- Most prostate cancers grow slowly.
- Many men who die of other causes are found at autopsy to have prostate cancer that caused them no problems during life.



What do men need to know to make an informed decision about testing?

- As of yet, there is no proof that finding prostate cancer early through testing will have a positive impact for most men.
 - Testing clearly helps some men, but in others it leads to diagnosis and treatment of cancers that would never have caused harm.
 - Prostate cancer treatment has side effects, including impotence and incontinence, which can have a major impact on the quality of a man's life.



Early detection of prostate cancer

Men should take part in the decision to be tested for prostate cancer by learning about prostate cancer and the pros and cons of early detection and treatment of prostate cancer.