

# 25 Years of Progress Against Colorectal Cancer, Thanks to Research

We will beat colorectal cancer through research that we can apply to everyday people in everyday settings. Here's how research has helped to fight colorectal cancer (CRC) in the last 25 years:

## Screening and Prevention

1980

2005

Research was examining:

- ❖ links between diet and CRC
- ❖ whether use of fecal occult blood tests (FOBT) in a community setting could decrease colorectal cancer

Screening for CRC was not standard medical practice

Many people were not diagnosed until they had symptoms of CRC. Symptoms may not occur until CRC is advanced and most resistant to treatment

### Research has shown that:

- ❖ Most CRC begins as a polyp in your colon
- ❖ Removal of polyps can prevent the vast majority of CRC
- ❖ Screening can find CRC at its earliest stage, when it is most curable
- ❖ Screening colonoscopy is accurate and cost-effective - this is the preferred method for screening for CRC
- ❖ Specific factors increase your risk for developing CRC
- ❖ At least 3 genetic pathways can lead to colorectal cancer and testing can identify individuals at highest risk for the development of CRC

### More people are getting screened than ever before:

- ❖ If you are "average risk", get screened starting at age 50. If you are an African American at "average risk", new guidelines recommend screening at age 45.
- ❖ Some people are at higher risk for CRC, and need to begin screening at an earlier age

### You have some control over your risk of developing CRC:

- ❖ A healthy lifestyle that includes exercise may help to reduce your risk for CRC
- ❖ Vitamin D, calcium, NSAIDs: all have a role in prevention, when used appropriately
- ❖ Smoking, excessive alcohol use, lack of exercise, obesity and red meat may increase your risk of CRC

### YOU CAN HELP PUSH FOR:

- ❖ Public funding of colorectal cancer research and programs
- ❖ Screening coverage at the state level

### We have come very far, and we still have far to go. Our goals are:

- ❖ Remove barriers to screening and prevention
- ❖ Improve screening and diagnostic tests to be less invasive and more accurate
- ❖ Develop treatment options that maximize patient benefit and minimize side effects

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## Treatment

1980

2005

Treatment options were limited to surgery, perhaps one drug, perhaps radiation, and "best supportive care"

People diagnosed with metastatic CRC lived approximately 6 months after their diagnosis

### Research has given us...

... new drugs and ways to use them:

- ❖ 5FU-Leucovorin
- ❖ Bevacizumab
- ❖ Capecitabine
- ❖ Cetuximab
- ❖ Irinotecan - FOLFIRI
- ❖ Oxaliplatin - FOLFOX

### ... better ways to define extent of disease:

- ❖ Better scans (PET, CT and more)
- ❖ Removal of minimum number of lymph nodes

### ... improved treatment options:

- ❖ Pre-surgical treatment for rectal cancer, to minimize colostomy
- ❖ Post-surgical treatment for colon cancer that reduces the risk of tumor recurrence and death by 33%
- ❖ Liver resections, resulting in extended survival for patients with metastatic disease

Screening has become more common (although not common enough!) and over 50% of CRC diagnoses are in early stage disease, when CRC is most curable.

People diagnosed with metastatic CRC today live 3 times longer after their diagnosis than they did 25 years ago, and survival continues to increase as new research finds new treatments and better ways to use existing treatments

