



Be Well, Live Well, Stay Well

WELLNESS UPDATES

Colorectal Health / National Nutrition Month

Screening Recommendations

The American Cancer Society recommends that people at average risk of colorectal cancer start regular screening at age 45. This can be done either with a stool-based test, or with a visual exam.

- Regular screenings for individuals in good health should continue through the age of 75.
- Screenings for individuals 76 through 85, should be based on a person's preferences, life expectancy, overall health, and prior screening history.
- Colorectal cancer screenings are not recommended for individuals 85 and older.

Average risk is dependent on:

- Personal history of colorectal cancer or certain types of polyps
- Family history
- Personal history of inflammatory bowel disease
- Confirmed or suspected hereditary colorectal cancer syndrome
- History of radiation to the abdomen or pelvic area to treat a prior cancer

Source: ACS, <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis->

Risk Factors of Colorectal Cancer

Source: American Cancer Society, <https://www.cancer.org/cancer/colon-rectal-cancer/causes-risks-prevention/risk-factors.html>



Excluding skin cancers, colorectal cancer is the third most common cancer diagnosis for both men and women in the US. Diagnosis rates have dropped since the 1980s, largely due to more people getting screened and changes to their

lifestyle-related risk factors. If you're age 45 or older, start getting screened for colorectal cancer. Several types of tests can be used making it important to talk to your health care provider about which ones might be the best options for you.

Lifestyle Related risk factors include:

- Obesity
- Physical inactivity
- Certain diets: high in red meats or processed meats, low Vitamin D
- Smoking
- Moderate to heavy alcohol consumption

Other risk factors:

- Aging
- Personal history of colorectal polyps or cancer
- Personal history of inflammatory bowel disease
- Family history (including certain inherited syndromes)
- Racial and ethnic background (African Americans and Ashkenazi Jews are at higher risk)
- Being a Type II diabetic



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