Close the Gap, a health equity program created by Boston Scientific, is dedicated to eliminating treatment disparities in communities across the nation at high risk of suffering from gastrointestinal and pulmonary diseases. Close the Gap programming has supported numerous initiatives to raise awareness about colorectal cancer prevention through routine screenings and improve access to care.

Learn more about Close the Gap by visiting www.preventcrc.com.

The Colon Cancer Alliance is a non-profit organization whose mission is to knock colon cancer out of the top three cancer killers. This mission is being accomplished by championing prevention, funding cutting-edge research and providing the highest quality patient support services. The Colon Cancer Alliance provides comprehensive services for patients, family members and medical teams every step of the way.

For more information about the Colon Cancer Alliance and their services, please visit ccalliance.org or call the toll-free Helpline at (877) 422-2030.

Colorectal cancer is the second leading cause of cancer-related death in the United States³.

90% of new cases occur in individuals over the age of 50.

Black men and women are 20% more likely to develop colorectal cancer compared to Whites, Asians, Hispanics and American Indians¹.

Once diagnosed with colorectal cancer, Black men and women have a 45% higher chance of dying of the disease¹.

References:
1. Content and statistics provided by the Colon Cancer Alliance
3. Center for Disease Control: www.cdc.gov/cancer/colorectal/basic_info/risk_factors.htm
Colorectal cancer is preventable

What is Colorectal Cancer?
Colorectal cancer occurs in the colon or rectum. Most colorectal cancers develop first as colorectal polyps, which are abnormal growths inside the colon or rectum that may later become cancerous. Polyps can be found by screening and can be removed before they turn into cancer.

Usually, during the early stages of colorectal cancer, individuals do not have symptoms. You should see your doctor if you have any of the following:

- Bright red or very dark blood in your stool
- Persistent stomach ache, abdominal pain or cramping
- Unexplained weight loss

Who’s at Risk?
You could be at a higher risk of developing colorectal cancer if you have:

- Family or personal history of colon polyps or colorectal cancer
- Diagnosed with ulcerative colitis or Crohn’s disease or genetic conditions like Hereditary Nonpolyposis Colon Cancer (HNPCC) or Familial Adenomatous Polyposis (FAP)
- Lifestyle factors such as high-fat and low-fiber diet, alcohol use, tobacco use, lack of regular exercise, and not consuming enough fruits and vegetables

Black men and women over the age of 45 also have a higher risk of developing colorectal cancer and dying of the disease. Please speak with your doctor about scheduling a colonoscopy if you are a Black man or woman over the age of 45.

Got Colonoscopy?
Over 90% of colorectal cancer cases can be prevented by routine screenings. A colonoscopy is the most comprehensive type of screening test for colorectal cancer because it allows physicians to identify and remove precancerous polyps during the procedure.

Before the procedure: Ask your doctor how to prepare for your colonoscopy and about your prep options. He/she will provide you with instructions on how to clear your stomach and bowel for the colonoscopy. Also, discuss options to help you relax and/or sleep during the procedure, such as sedation.

During the procedure: You will be placed on your side. Your doctor will examine the inside of the rectum and entire colon using a long, flexible lighted tube called a colonoscope. The procedure typically takes less than 30 minutes. If polyps are detected during the procedure, your physician will most likely remove them to determine if they are cancerous.

Post-procedure: If you are sedated during the procedure, ask a friend or family member to drive you home afterward. You may experience some minor cramping or bloating from gas for a brief time after the procedure. Your physician will provide post-procedure instructions for you to take home.

Follow-up: If polyps are not found and if you do not have a family history of colorectal cancer, then follow-up procedures are typically recommended every 10 years after your first colonoscopy.

Learn more about colorectal cancer: www.preventcrc.com

Blue Hope Financial Assistance
One-third of Americans report they are not up-to-date with screening guidelines. The Colon Cancer Alliance partnered with ColonoscopyAssist to offer the Blue Hope Financial Assistance to provide qualifying individuals with access to lower cost screening, or stipends to reduce the costs associated with screening. Boston Scientific is a proud partner of the Colon Cancer Alliance and founding sponsor of the Blue Hope Financial Assistance.

Need screening assistance? Visit www.ccalliance.org/screeningassistance or call 1-877-422-2030.

“I DIDN’T HAVE A COLONOSCOPY at age fifty. Instead, I was diagnosed at age fifty-five with STAGE IV COLORECTAL CANCER. DON’T BE LIKE ME.”

Randy, Colorectal Cancer Survivor
CAMBRIDGE, MA