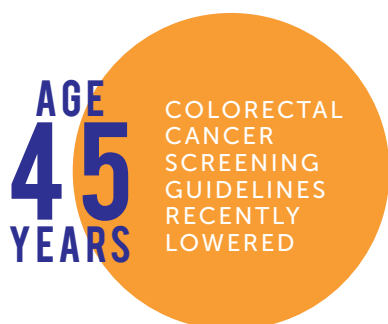


COLORECTAL CANCER DOESN'T CARE ABOUT AGE

DON'T COUNT OUT COLORECTAL CANCER FOR YOUNGER PATIENTS

CLINICIAN RECOMMENDATION IS THE MOST INFLUENTIAL FACTOR IN GETTING SCREENED



- Individuals with family history are at a higher risk and may need to be screened earlier or more often.*
- Multiple tests exist and patients should be counseled on their options.
- Patients considered high risk should complete a colonoscopy when recommended by their provider.

BRANDI'S STORY

At 42, with no family history, I was diagnosed with stage 2 colon cancer. My symptoms lasted so long that it became normal to me. I didn't know what to look for. I encourage doctors to educate their patients as to what a normal bowel movement looks like and what it's not supposed to look like, as well as any other symptoms to look for. - Brandi



COLORECTAL CANCER IS EXPECTED TO BE THE **LEADING CAUSE** OF CANCER-RELATED DEATH AMONG **20-49-YEAR-OLDS** BY **2030**. REMEMBER TO ASK YOUR PATIENTS IF THEY HAVE ANY SIGNS OR SYMPTOMS OF COLORECTAL CANCER AND KNOW WHEN TO RECOMMEND A DIAGNOSTIC COLONOSCOPY.

WARNING SIGNS AND SYMPTOMS



DIARRHEA



BLOOD IN STOOL



ABDOMINAL PAIN



IRON-DEFICIENCY ANEMIA

*National Colorectal Cancer Roundtable guidance found at nccrt.org

