Education, New Treatments Key To Beating Colorectal Cancer

(NAPSA)—Colorectal cancer is the second leading cause of cancer mortality in the United States. Over 148,300 Americans are diagnosed with colorectal cancer every year, and an estimated 56,600 people die of the disease annually. Despite these statistics, there is growing hope for patients. There are now innovative new treatment options available, such as an oral chemotherapy that allows patients to take their medication without interrupting work or other activities.

To emphasize the importance of education and treatment, physicians and researchers are taking critical steps in educating the public about this disease. The Cancer Research Foundation of America (CRFA), leaders of March's National Colorectal Cancer Awareness Month, is teaching the importance of prevention and early detection of colorectal cancer, as well as new treatment options in the fight against the disease.

"Recent advances in colorectal cancer detection and treatment options are very encouraging," said Carolyn Aldigé, President and Founder of CRFA. "With appropriate screening, up to 90 percent of colorectal cancers can actually be prevented. It is imperative that all Americans, especially those 50 and over, are educated about colorectal cancer so they can take the proper preventive measures and receive information on all treatment options. Having an oral chemotherapy available is an option to treat colorectal cancer when combination treatment is not preferred."

Until recently, people diagnosed with colorectal cancer had limited treatment options available in the form of intravenous chemotherapy. Now colorectal cancer patients have another option: an oral chemotherapy pill called Xeloda. Xeloda, approved by the FDA in May of 2001, is used for the first-line treatment of patients with metastatic colorectal cancer when treatment with fluoropyrimimdine alone is preferred. Combination chemotherapy has shown a survival benefit compared to 5-FU/LV alone. A survival benefit has not been demonstrated with Xeloda monotherapy as with the combination chemotherapy. Use of Xeloda instead of 5-FU/LV combinations has not been adequately studied to assure safety or preservation of the survival advantage.

"Xeloda is a novel cancer treatment in the category of molecular oncology," said Dr. Edward Chu of the Yale Cancer Center in New Haven, Connecticut. "Since patients can take Xeloda at home, their treatments are less disruptive and require fewer hospital visits than intravenous chemotherapy regimens. Not having to travel to a clinic for treatment allows for more time spent with family and friends, and presents an important lifestyle benefit."

An estimated 80 to 90 million Americans are currently at risk for developing the disease, and all people over the age of 50 should be tested regularly since the risk of developing colorectal cancer increases with age. According to guidelines adopted by the American Cancer Society, men and women over 50 should have a fecal occult blood test yearly, a sigmoidoscopy every five years, a double-contrast barium enema every five years, and a colonoscopy every ten years. Screening should begin earlier if people have a personal or strong family history of colorectal cancer, or long-standing bowel disease such as ulcerative colitis or Crohn's disease.