El Camino Hospital®
THE HOSPITAL OF SILICON VALLEY
CANCER CENTER

COLORECTAL CANCER REPORT

IDENTIFICATION, TREATMENT AND OUTCOMES

COLORECTAL CANCER

IDENTIFYING AND OVERCOMING COLON AND RECTAL CANCER

Colorectal cancer (CRC), a term that combines colon and rectal cancers, is the third most common cancer in the U.S. that affects both men and women. Globally, it's the third most common in men and the second most common in women, but the incidences per country vary widely based on diet and the country's cultural commitment to early detection and diagnosis.

CRC originates in the large intestine, or colon, or the rectum. In the U.S., approximately 140,250 new cases are diagnosed each year. Of this, about 97,220 (70 percent) of the cancers originate in the colon, and 43,030 (30 percent) originate in the rectum.

Advances in screening and prevention have reduced mortality rates from CRC by 1.7 to 1.9 percent each year since 1990. However, it's still the third most common cause of cancer death in women and the second in men in the U.S.

Although CRC mortality rates are falling, incidences in both men and women under age 50 have been steadily increasing. From 1992 to 2012, diagnosis of CRC increased 3.9 percent per year, particularly for CRC that originates in the rectum and on the descending part of the colon (called the left side).

IN THE U.S., THERE'S A ONE IN 20 LIFETIME RISK OF DEVELOPING COLORECTAL CANCER.

97 PERCENT OF DIAGNOSED COLORECTAL CANCER OCCURS IN PEOPLE OVER 40.

LEFT SIDE VS. RIGHT SIDE COLON CANCER

Most polyps are found on the left side of the colon where the channel is narrow. The cancer usually grows around the colon wall, narrowing the bowel and often causing a partial blockage. This type of colon cancer has symptoms such as constipation, a noticeable change in bowel habits, and a ribbon-like stool.

On the right side of the colon, near the cecum (where the large and small intestines meet), cancers usually grow into the inner lining of the colon walls. When polyps grow large, they can bleed and become painful. Blood loss and anemia are often the first signs of right side colon cancer.

EARLY DETECTION AND TREATMENT ARE REDUCING COLORECTAL CANCER DEATHS

THE KEYS TO QUALITY: LISTENING AND DIAGNOSTIC VOLUME

Advances in screening technology allow doctors to diagnose cancer earlier, when it's most successfully treated. But at El Camino Hospital, we suggest that there are other aspects of care that play an important role in diagnosing cancer:

Listening to patients. Part of our commitment to patient-centered care means our doctors ask questions, listen, and consider your perspectives. Your symptoms, feelings and suspicions are taken seriously. This is what makes our doctors better at diagnosing cancer and providing excellent care.

Quantity. As a community hospital, we see a large number of patients for colon screenings and perform a high volume of colonoscopies. So, our clinicians have advanced experience recognizing what's normal and what isn't. This enhanced experience means greater accuracy in finding colorectal cancer.

RISK FACTORS

Risk factors help identify people at higher risk for CRC so they can be screened. Screening can find cancer early, when it's most easily treated. While each risk factor can increase the likelihood of someone developing CRC, multiple risk factors can significantly raise someone's chances of developing cancer.

Prior colorectal cancer or polyps. People who have a history of polyps or CRC have an increased risk of recurrence. Those who've had polyps before age 60 are also at high risk for developing CRC.

Family history of colon polyps or colorectal cancer. If you have a parent, sibling or child with CRC, it poses an especially high risk. Also, if several family members are affected or if any family member was diagnosed before age 45, it puts you at high risk.

Increasing age. The risk of CRC rises significantly after age 50 and increases as you get older.

Diet. A diet that's high in red or processed meats leads to a greater risk of CRC. These diets tend to be low in fiber — fiber speeds digestion and transit time through the bowel. El Camino Hospital's Cancer Healthy™ Program helps you learn how to eat well and lower your risk of all cancers.

A sedentary lifestyle. Regular exercise and daily movement are essential for good health. If you have long episodes of inactivity, such as sitting at a desk all day, it increases your risk of cancer, heart disease and other conditions.

Cigarette smoking. Smoking increases the risk for all cancers, as well as heart disease.

Alcohol consumption. According to the American Cancer Society, there's a link between cancer and alcohol consumption, whether it's beer, wine or mixed drinks. There's a stronger link between alcohol and CRC than there is with other cancers.

Obesity. Being overweight increases the risk of CRC in both men and women, but the link is stronger in men.

DIETITIAN APPROVED
Cancer HEALTHY™
EL CAMINO HOSPITAL CANCER CENTER

GET TO KNOW CANCER HEALTHY™

Simple lifestyle choices you make every day can affect your likelihood of developing cancer. El Camino Hospital's Cancer Healthy was created to help you lower your cancer risk. Developed by a team of cancer specialists, Cancer Healthy shares what we know about proven approaches to fight cancer during all stages of the disease, including how to prevent it. We combine the most current medical advancements with our real-world experience in an easy-to-understand roadmap. We provide simple steps you can take to make fighting cancer part of your overall lifestyle. Through our classes and one-on-one support, you learn what you can do at home to support your health every day.

OTHER CONDITIONS WITH SIGNIFICANT CORRELATIONS

Familial adenomatous polyposis (FAP). FAP is a rare, inherited condition, but nearly 100 percent of people with this condition will develop CRC, and most will develop it before they're 50.

Hereditary nonpolyposis colorectal cancer (HNPCC, or Lynch syndrome). People with HNPCC, another rare condition, have a 70 percent incidence of developing CRC by age 65. They're also at risk for other cancers, such as uterine, ovarian, stomach, bladder and kidney.

Inflammatory bowel disease. People who've been diagnosed with Crohn's disease and ulcerative colitis have higher incidences of CRC, especially if they've had these conditions for more than 10 years. There's no increased risk of CRC in those with irritable bowel syndrome.

SYMPTOMS, SIGNS AND COPYCATS

Common CRC symptoms can include frequent abdominal pain, diarrhea or gastrointestinal bleeding. These symptoms can occur with other gastrointestinal illnesses, such as flu, ulcers and inflammatory colitis. It's essential to see a doctor if any of these symptoms last two weeks or longer, which may signal CRC:

Unexplained diarrhea or constipation. These often occur with food poisoning, which usually resolves on its own eventually. Talk to your primary care doctor if diarrhea or constipation continues over time.

Blood in or on the stool. Blood can be bright red or almost black.

Narrower stools than usual. Ribbon-like stools are often a symptom of CRC.

Unexplained iron deficiency. This results in tiredness or anemia.

Intermittent abdominal pain. Pain is usually in the lower abdomen.

A sense of bowel-movement urgency, or excessive straining without passing of stools. It can also feel like you can't empty your bowel completely.

KNOW YOUR POLYPS

There are two types of polyps: adenomatous and hyperplastic. Hyperplastic polyps are generally benign, or noncancerous. Adenomatous polyps may not themselves be cancerous, but they're considered precancerous. There are many variations of colorectal cancer, and most cancers develop from precancerous polyps that grow from the lining of the colon.

Adenomatous polyps can become cancerous over time. In most people, it takes about a decade of development before they become cancerous. Polyps are easily removed. Regular screening for and removal of polyps reduce the chance of developing CRC by 90 percent.

COLONOSCOPIES AND OTHER SCREENING METHODOLOGIES

Colonoscopy. This is the most popular method for polyp detection. Typically, primary care doctors encourage patients to get a colonoscopy when they turn 50. The procedure uses a thin, lighted tube to look for and remove polyps. It's done while patients are under sedation, so there's no discomfort.

Sigmoidoscopy. Somewhat more limiting than a colonoscopy, sigmoidoscopy can be done without sedation. It also uses a thin, lighted tube, but it only allows doctors to see polyps on the right side of the colon. If polyps are found, most doctors recommend a colonoscopy as a follow-up.

CT colonography (virtual colonoscopy) Computed tomography colonography scans the entire bowel using 2D and 3D image reconstruction — it's just as effective at finding polyps as a traditional colonoscopy. This noninvasive procedure doesn't use sedation, but it still requires the same dietary restrictions and preparation as colonoscopy and sigmoidoscopy. If polyps are found, you'll need a traditional optical colonoscopy to remove the polyps.

Stool tests. These tests look for blood in the stool, which may signal CRC. Stool tests are recommended once a year and can reduce the risk of dying from CRC by one-third. However, it doesn't replace a colonoscopy. Only two to five percent of people with a positive stool test have CRC. And, not everyone with CRC has blood in their stool.

RECOMMENDATIONS FOR PATIENTS WITH AN AVERAGE RISK OF COLORECTAL CANCER:

+ COLONOSCOPY EVERY **10 YEARS**
+ SIGMOIDOSCOPY EVERY **FIVE YEARS**
+ CT COLONOGRAPHY EVERY **FIVE YEARS**
+ STOOL TESTS **EVERY YEAR**

EVERY PERSON IS UNIQUE AND SO IS THEIR TREATMENT. YOU GET PERSONALIZED CARE.

Staging helps determine if cancer has spread to other parts of the body. It helps doctors create the best treatment plan.

At El Camino Hospital Cancer Center, we recognize that every patient is unique and they need personalized attention. That's why we do everything that's medically possible to support positive, long-term results.

THE STAGES OF COLORECTAL CANCER

The treatment plan and predicted outcome of CRC depends on how far the tumor or polyp has grown through the bowel wall and if cancer has spread into regional lymph nodes — those that are nearby and those that supply blood to that area of the colon. There are between 100 and 150 lymph nodes near the colon. When cancer spreads from its original location, it's called metastasis.

Staging also provides a framework for describing the progression of the disease. Three components are evaluated separately and then combined to create a stage grouping from 0 to IV. Doctors use a physical exam, imaging procedures or sometimes surgical removal of tissue (biopsy) to evaluate these components:

(T) Primary tumor
(N) Regional lymph nodes
(M) Distant metastasis

Approximately 80 percent of new CRC diagnoses find cancer in the colon wall or regional lymph nodes. For these patients, surgery is often the only treatment necessary.

Doctors evaluate several factors — including your family history, overall health and age — to design a treatment plan. At El Camino Hospital, your doctor will discuss all your options and help you decide what's right for you. The American Cancer Society provides the following definitions and accepted treatments for each stage:

STAGE 0

+ Tumors have not grown beyond the inner lining
+ Removal during colonoscopy

STAGE I

+ Tumors have grown deeper into the colon wall, but cancer cells have not spread to lymph nodes
+ Removal during colonoscopy surgery

STAGE II

+ Tumors have grown through the wall of the colon and possibly into tissue, but they haven't spread to lymph nodes
+ Surgery, with chemotherapy under certain circumstances, to include:
  + Abnormalities under a microscope
  + 12 or more lymph nodes removed
  + Cancer found on the edges of removed tissue
  + Tumors obstructing or perforating the colon wall

STAGE III

+ Cancer cells have spread to the lymph nodes but not to other parts of the body
+ Surgery plus chemotherapy
+ For patients not well enough for surgery, radiation therapy and/or chemotherapy

STAGE IV

+ Cancer cells have spread to distant organs, tissue and lymph nodes
+ Chemotherapy and/or radiation and surgery, depending on the objective of treatment

RECURRENT VS METASTATIC COLORECTAL CANCER

Recurrent CRC is cancer that returns to the same part of the colon or rectum after treatment, but it doesn't spread to other parts of the body. Doctors recommend regular colonoscopies to look for signs of cancer returning. Approximately 20 percent of all newly diagnosed colorectal cancers have already spread to other parts of the body through the lymphatic system, called metastatic CRC.

For people with newly diagnosed invasive colorectal cancer — cancer that spreads beyond the inner lining of the colon — doctors recommend additional imaging exams of the chest, abdomen, pelvis and other areas. Metastatic CRC commonly spreads to the liver, lungs and the peritoneum (membrane lining) of the abdomen. When tumors spread into the liver or lungs, doctors often recommend an aggressive approach using surgery and systemic chemotherapy.

SURGERY AND CHEMOTHERAPY/ RADIATION THERAPY

For most patients, CRC is treated first with surgery. Often, abnormalities are removed during a colonoscopy as a minimally invasive biopsy or polyp removal. Doctors may also remove the section of the colon where the tumor was found, along with surrounding tissue and lymph nodes, and reattach the healthy ends of the intestine.

Chemotherapy destroys cancer cells by attacking all fast-growing cells, and radiation therapy uses targeted radiation beams to shrink tumors. At El Camino Hospital, radiation oncologists use painless CyberKnife® robotic radiosurgery and RapidArc® methods to target tumors with submillimeter precision. These approaches allow higher doses in fewer treatment sessions than traditional radiation therapy. Radiation oncologists also use brachytherapy to shrink or destroy the tumor. This approach implants high-dose radiation seeds directly into the tumor.

Often chemotherapy, radiation therapy or a combination of both are done before surgery to reduce the size of the tumor.

TARGETED THERAPIES AND IMMUNOTHERAPY

Targeted therapies are a type of chemotherapy treatment for metastatic CRC. These therapies use antibodies to block naturally occurring proteins that cancer cells depend on for growth and survival. Targeted chemotherapy agents disrupt the growth of cancer in different ways, but they're commonly used to stop blood flow to the tumor rather than targeting rapidly growing cells. Targeted therapy doesn't have the side effects of conventional chemotherapy.

Some variations of CRC can be treated successfully with immunotherapy — an approach that boosts the body's natural immune response to fight the cancer. Only some people are candidates for immunotherapy, and it's often used in combination with surgery, chemotherapy and/or radiation.

PROGNOSIS

The most important predictor of CRC treatment outcomes is the stage in which the cancer was first discovered and treated. Survival rates are projected based on five years from initial diagnosis.

RENAE A.

"PEOPLE HAVE SCHEDULED COLONOSCOPIES AND MAMMOGRAMS BECAUSE OF MY JOURNEY AND MY WILLINGNESS TO BE COMPLETELY OPEN ABOUT MY CANCER."

PATIENT STORY

It began in Italy, when ReNae was part of a large group traveling as part of a work function. The wife of one of the attendees on the trip was having severe lower back pain, and she and ReNae became fast friends. Coincidentally, ReNae was also having lower back pain and rectal bleeding during the trip.

After the trip, ReNae's friend was diagnosed with stage IV colon cancer. Although ReNae had a colonoscopy seven years before the trip that came back normal, she was concerned about her symptoms after her friend's diagnosis. Her doctor told her that most colonoscopies are done every 10 years and that her bleeding was most likely caused by a hemorrhoid — she was probably fine to wait another three years. ReNae was over 50 with colorectal cancer symptoms, and her younger friend had just been diagnosed with cancer, so she opted for an early colonoscopy. This time, they found a golf ball-sized tumor in her rectum. During a radical surgery to remove most of her rectum and give her a temporary ileostomy bag, the surgeon found cancer in a nearby lymph node. Had she not "gone radical," they wouldn't have found cancer in her lymph node.

"I am a fighter. I'll never see myself as a victim." ReNae's cardiologist, Dr. Neal Scott, recommended El Camino Hospital's Dr. Shane Dormady, who was a perfect match for ReNae's positive-yet-aggressive approach to treatment. There's no question ReNae is a fighter. She was left with four centimeters of her rectum, wore a ileostomy bag throughout treatment, and refused to take off from work. She never hid her condition, but she also never let treatment — including six months of chemotherapy every other week and six weeks of radiation and chemo pills — slow her down. She said nothing would stop her from completing her treatment on time, and Dr. Dormady and his nurse practitioner, Katie Kuhl, supported this plan.

Eventually, her rectum was stretched, and she no longer wears an ileostomy bag. Throughout her treatment, ReNae — the fighter and music lover who always stays positive — received unending support from her husband, family and friends. Today, ReNae is here to tell everyone her own story of how she fought cancer with resiliency, faith and gratitude.

HER ADVICE

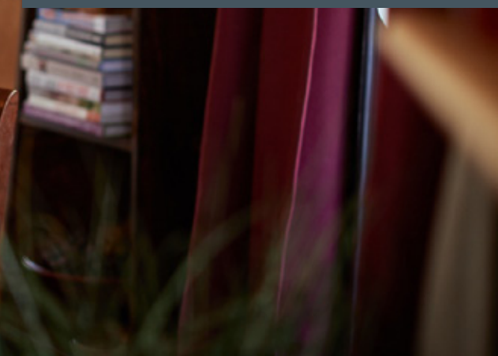
"My faith in Jesus was critical. Find a song that uplifts you and gives you hope. Make it your theme song, and play it often. And, a sense of humor is important."

HER MOMENT

ReNae's grandson was born during one of her radiation therapy sessions. He was part of her inspiration to choose aggressive treatment.

WHAT SHE WANTS TO TELL EVERYONE

Be willing to consider "going radical" with your treatment. Let go of how you might feel or look in the short term. Think about 20 or 30 years from now and still being here to live it. Also, take care of your skin during treatment. ReNae found skin care products for oncology patients helpful, and she continues to use these products today.



EL CAMINO HOSPITAL EXPERIENCE: BEFORE, DURING AND AFTER TREATMENT

The diagnosis of colorectal cancer, or any cancer, is a day most people never forget. For many, feelings of uncertainty can be brought on by thoughts of loved ones who've died from cancer or by incorrect perceptions of today's medicine. At El Camino Hospital Cancer Center, priority is to put patients first — body, mind and spirit — so we can do everything possible to make them well again.

Good communication among patients and their families and our multidisciplinary oncology team is crucial. That's why we listen to all our patients' concerns and establish trust through empathy, respect and performance. Most often, our oncology doctors are available to talk with new patients within 48 hours of contacting us. Specially trained coordinators and navigators help make the patient experience seamless by helping with appointment scheduling, clarifying information, and connecting patients with oncology support services.

PATIENT QUESTIONS, ANSWERED

There's no one-size-fits-all solution when it comes to cancer and cancer treatment — everyone's experience is unique. At El Camino Hospital Cancer Center, we understand you have questions, and we make sure you have answers. For more information, visit us at www.elcaminohospital.org/cancer.

Q Does El Camino Hospital participate in clinical trials?

A Yes. We're knowledgeable about clinical trials taking place across the country, and through the Taft Center for Clinical Research we participate in appropriate trials. Clinical trials allow our cancer specialists to stay current with leading advancements and give them access to the latest data on CRC.

Q Will I need to wear a colostomy bag?

A Sometimes the tumor may cause a hole in the colon. Or, if the colon is blocked or portions are removed and can't be reattached right away, an end of the colon is attached to an opening in the skin, called a stoma. The procedure is called a colostomy if it involves the large intestine and an ileostomy if it involves the small intestine. Waste then comes out of this opening into a bag. Most of the time, it's temporary while the colon heals. Once it's healed, doctors perform a colostomy or ileostomy reversal and remove the bag. In very few cases, the colostomy or ileostomy is permanent.

Q Does El Camino Hospital Cancer Center have good outcomes?

A Yes. We're proud of our survival rates and make them available to everyone at www.elcaminohospital.org/survivalrates. When other hospitals are unable to provide the level of expertise their patients require, they often refer them to El Camino Hospital Cancer Center. Our excellence in screening and metastatic diagnosis, multidisciplinary approach and our commitment to listening to our patients all contribute to our positive outcomes.

WHAT SHOULD I EXPECT AFTER TREATMENT?

Your ability to return to regular activities will depend on the stage of cancer, the extent of your surgery, and if you receive chemotherapy, radiation or both. The El Camino Hospital Cancer Center team is there for you throughout treatment and beyond with patient-focused services such as:

Classes and lectures. From yoga and meditation classes for patients and caregivers to healthy eating seminars.

Exercise rehabilitation. Weekly exercise classes for cancer patients. You'll meet with a physical therapist beforehand to make sure you're ready to exercise and find out which exercises are right for you.

Specialty boutique. Carries scarves, hats, books, skin care creams and other gift items.

Support groups. Offer a safe place to discuss the realities of dealing with cancer and provide encouragement for cancer patients and their families.

Survivorship Program. Works with your primary care doctor to keep an eye on your health and well-being long term.

Wellness services. Including music and art therapies.

For more information about our support groups, classes or services, call us at 650-988-8338

2018 COMMUNITY OUTREACH COORDINATOR REPORT

7/24/2018

PROGRAM TYPE	STANDARD 4.1 - PREVENTION
CANCER SITE SELECTED	COLORECTAL
NEED ADDRESSED / REASON FOR PROGRAM	According to the American Cancer Society, colon and rectal cancers combined (known as colorectal cancer) is the third most common cancer in both men and women in the United States. The National Cancer Institute reports that over 90% of people are diagnosed after age 50. As noted in our Community Needs Assessment, a study by the CDC in 2012 concluded that only 67.1% of Californians are up to date with recommended colorectal screening. Colorectal cancer has a high mortality rate, in part due to late-stage diagnosis. Maintaining a healthy weight, eating a nutritionally balanced diet, and staying current with scheduled colonoscopy screenings can reduce the risk of developing colorectal cancer.
DATE NEED IDENTIFIED AND DOCUMENTED IN MINUTES	3/7/18
DATE OF ACTIVITY	Ongoing
ACTIVITY & LOCATION	El Camino Hospital conducts an ongoing educational program at both campuses (Mountain View & Los Gatos, CA), and sponsors outreach events in the community.
TOOLS OFFERED	Between June and July 2018, the Cancer Center hosted and attended community outreach events. El Camino Hospital offered prevention education and informational handouts on colorectal cancer. Information contained the recommended age for colonoscopies, a discussion to encourage limits of alcohol consumption, reasons why smoking adversely impacts outcomes, the importance of exercise and Cancer Healthy™ nutrition information.
NUMBER OF PARTICIPANTS	There were 208 attendees at El Camino Hospital Cancer Survivors' Day, Mountain View, with 11 participants interested in colon cancer prevention education. The numbers of participants at the Cancer Center resource tables: 15 at El Camino Hospital Men's Health Fair, Los Gatos; 23 at Dilli Haat, San Jose; 13 at Jazz on the Plazz, Los Gatos.
SUMMARY OF ACTIVITY	Our outreach includes large community events, prevention surveys, distribution of educational materials, plus email and website (newsletter) marketing.
EFFECTIVENESS	Summary of effectiveness of colorectal cancer prevention activities, based on 11 pre-test survey responses: + 100% were 50 years old and older. + 91% strongly agree that healthy diet and exercise decrease risk of developing colorectal cancer. + 82% responded that their doctors recommend screening for colonoscopy. + 55% responded that their provider recommended colorectal screening within 1-3 years. In post-test survey results: + 54% agree they could get information about prevention of colorectal cancer from doctors and El Camino Hospital Cancer Center. + 18% agree they could get information from colorectal cancer prevention education at Cancer Survivors' Day and El Camino Hospital website. + 82% agree that a better diet will decrease the risk of developing colorectal cancer and will positively impact their health.
NATIONAL GUIDELINE OR INTERVENTION FOLLOWED	National Colorectal Cancer Roundtable (NCCRT), National Cancer Institute (NCI), American Cancer Society (ACS)
DATE ACTIVITY ASSESSED	7/24/18

2018 COMMUNITY OUTREACH COORDINATOR REPORT

7/24/2018

PROGRAM TYPE	STANDARD 4.2 - SCREENING
INDICATOR SELECTED	BODY MASS INDEX (BMI)
NEED ADDRESSED / REASON FOR PROGRAM	The National Cancer Institute reports that a higher BMI is associated with an increased risk of colorectal cancer in both men and women, but the increase is higher in men than in women. Per our Community Needs Assessment, in 2013, the Santa Clara County Public Health Department released their findings that the rate of overweight / obese adults had increased from 52% in 2000 to 55% in 2009. In 2010, only 18% of the population of Santa Clara County ate the recommended five servings of fruits and vegetables daily. Free BMI screening is provided for patients and cancer survivors, to maintain the recommended healthy weight and to ultimately reduce the risk of developing colorectal cancer.
DATE NEED IDENTIFIED AND DOCUMENTED IN MINUTES	3/7/18
DATE OF ACTIVITY	6/2/18
ACTIVITY & LOCATION	El Camino Hospital Mountain View, Cancer Survivors' Day
TOOLS OFFERED	Scale Tronix, Stadiometer, Scale, BMI Calculator, Height-Weight Chart, El Camino Hospital and ACS informational handouts
NUMBER OF PARTICIPANTS	43 BMI screenings performed
SUMMARY OF ACTIVITY	Screenings performed for interested participants at Cancer Survivors' Day. Email and website (newsletter) marketing.
EFFECTIVENESS	The effectiveness of the Body Mass Index (BMI) screening activity shows that participants were calculated as follows: + 2% were underweight (1). + 53% were normal weight (23). + 16% were overweight (7). + 28% were obese (12). Screening calculates recommended healthy weight for patients in reducing the risk of colorectal cancer.
FOLLOW-UP PROCESS	The 23 patients with normal weight were provided NCI and ACS recommendations on colon screening. The 20 patients with abnormal screens (underweight, overweight and obese) received a phone call with recommendations for appropriate follow-up and how unhealthy weight correlates to risk of colorectal cancer. Out of the 20 abnormal screens: + 9 participants (45%) were interested in follow-up. + 4 participants (20%) made an appointment with a gastroenterologist. + 1 participant (5%) made an appointment for oncology. + 2 participants (10%) made an appointment with their primary care provider. There were a total of 9 participants who were screened for colorectal cancer: + 8 participants (89%) were negative for colorectal cancer with recommendations provided on appropriate follow-up. + 1 participant (11%) had colorectal cancer detected with appointment given for surgical consultation.
NATIONAL GUIDELINE OR INTERVENTION FOLLOWED	National Cancer Institute (NCI), American Cancer Society (ACS)
DATE ACTIVITY ASSESSED	7/24/18

REFERENCES

www.nccrt.org/resource-center | www.cancer.gov/colorectalcancerrisk | www.elcaminohospital.org/services/cancer-care/conditions-treatments/colorectal-cancer | www.elcaminohospital.org/library/colorectal-cancer-screening | www.cancer.gov/about-cancer/causes-prevention/risk/obesity/obesity-fact-sheet | www.cancer.org/healthy/eat-healthy-get-active/take-control-your-weight/body-mass-index-bmi-calculator.html | www.cdc.gov/mmwr/preview/mmwrhtml/mm6244a4.html

El Camino Hospital®
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CANCER CENTER

For more information or referral to one of our experts,
please call or visit our website.

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