



Colorectal Cancer Fact Sheet

for Patients and Caregivers



Colorectal cancer starts in either the colon or rectum. In the US, colorectal cancer is the third most common cancer. It is also the third-leading cause of cancer death in both men and women. Most colorectal cancers start with a polyp. A polyp is a small growth on the lining of the colon or rectum. Not all polyps develop into cancer.

Risk Factors

More than half of colorectal cancers can be linked to risk factors that can be changed. These include excess body weight, not being physically active, smoking, and drinking alcohol. Risk can also be increased by eating a lot of red or processed meats, or by not eating enough fruits, vegetables, and whole grains.

There are other risk factors that can't be changed. These include: your age; having a personal or family history of colorectal polyps; having inflammatory bowel disease, certain hereditary syndromes (such as Lynch syndrome), or type 2 diabetes; and your race and ethnicity. African American individuals and people of Ashkenazi Jewish descent are at higher risk for colorectal cancer.

If you have certain risk factors, your health care provider may have you see a genetic counselor. They can help you better understand your risks and make informed decisions about genetic testing and your care.

Prevention

Not all colorectal cancers can be prevented. But you can help lower your risk.

- Get regular screening to help find problems that might turn into cancer, such as polyps that can be removed.
- Get to and stay at a healthy weight.
- Be as active as you can be.

- Eat a healthy diet with plenty of fruits, vegetables, and whole grains. Limit or avoid red and processed meats and highly processed foods.
- Avoid alcohol, or limit yourself to 1 drink per day for women or 2 drinks per day for men.
- Avoid tobacco and quit if you smoke.

Screening and Early Detection

Screening is a process used to look for cancer in people who have no symptoms. Talk to a health care provider about your risks for colorectal cancer and when to start screening. Also talk to your insurance company about whether they pay the cost of screening.

The American Cancer Society recommends the following for people at average risk for colorectal cancer:

- Start regular screening at **age 45**.
- People who are in good health should continue regular colorectal cancer screening through the **age of 75**.
- People **ages 76 through 85** should talk to their doctor about whether to be screened based on their preferences, life expectancy, overall health, and screening history.
- People **over age 85** should no longer get colorectal cancer screening.

People at **high risk** of colorectal cancer based on family or personal history or other factors may need to start screening when they are younger.

Screening can be done either with a test that looks for signs of cancer in a person's stool (a stool-based test), or with an exam that looks at the colon and rectum (a visual exam). The most important thing is to get screened, no matter which test you choose.

Stool-based tests

- Highly sensitive fecal immunochemical test (FIT)* every year, or
- Highly sensitive guaiac-based fecal occult blood test (gFOBT)* every year, or
- Stool DNA test (sDNA) every 3 years*

Visual exams of the colon and rectum

- Colonoscopy every 10 years, or
- CT colonography (virtual colonoscopy)* every 5 years, or
- Flexible sigmoidoscopy* every 5 years

**If a person chooses to be screened with a test other than a colonoscopy, any abnormal test result should be followed up with a colonoscopy.*

Signs and Symptoms

Many colorectal cancers do not cause symptoms right away. But, some signs and symptoms of colorectal cancer might include:

- Bleeding from your rectum
- Blood in your stool
- Change in your bowel habits or stool shape
- Stomach cramping or pain
- Feeling the need to have a bowel movement that doesn't go away after you have one
- Not feeling hungry
- Losing weight without trying
- Weakness



Treatment

Treatment for colorectal cancer depends on several things. These include the type and extent of the cancer, the person's age, other health problems, and personal choices. Also, special testing might be done on the tumor to figure out the best treatment. If you have colorectal cancer, talk to your doctor about the best treatment for you.

Living With Colorectal Cancer

Having colorectal cancer affects a person's quality of life. Physical, social, mental health, spiritual, and money issues can come up at any time.

People with colorectal cancer may also be helped by palliative care at any time. Palliative care focuses on helping manage symptoms, address issues, and improve quality of life.

Good communication between a person with cancer and their health care team is important. This should include:

- Asking and answering questions
- Working together to set care goals
- Shared decision making
- Managing side effects and other issues
- Scheduling follow-up tests and care

Visit the American Cancer Society website at cancer.org/cancer/colon-rectal-cancer or call us at **1-800-227-2345** to learn more. We're here when you need us.