Colorectal Cancer

Basic description

Colorectal cancer is the third most common cancer in both men and women and, when men and women are combined, the third most common cause of US cancer deaths. Early colorectal cancer usually has no symptoms. Warning signs typically occur with more advanced disease and may include rectal bleeding, blood in the stool, a change in bowel habits, or cramping pain in the lower abdomen.

Opportunities

Prevention Even though the exact cause of most colorectal cancers is not known, prevention and early detection are possible because most colorectal cancers develop from polyps. Early detection tests for colorectal cancer can help find polyps, which can be easily removed, thereby lowering a person's cancer risk. Risk may be further reduced by regular physical activity; getting to and staying at a healthy body weight; limiting intake of high saturated-fat foods – especially red meat and processed meats; not smoking; limiting alcohol intake; and eating plenty of fruits, vegetables, and whole-grain foods.

Detection Colorectal cancers are more successfully treated when detected early. Beginning at age 50, people of average risk with no symptoms should follow one of the screening options below:

Tests that find polyps and cancer

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

Tests that primarily find cancer

- Yearly fecal occult blood test (FOBT)**, or
- Yearly fecal immunochemical test (FIT)**, or
- Stool DNA test (sDNA), interval uncertain**,+

** If the test is positive, a colonoscopy should be done.*
*** For FOBT or FIT used as a screening test, the take-home multiple sample for method should be used. An FOBT or FIT done during a digital rectal exam in the doctor's office is not adequate for screening.*
+ Test currently not available

Individuals who are at increased risk should follow our guidelines specifically for increased or high risk found at www.cancer.org/Cancer/ColonandRectumCancer/DetailedGuide/colorectal-cancer-detection.

Treatment Surgery is the most common treatment for colorectal cancer, usually for cancer that has not spread. Chemotherapy or chemotherapy plus radiation is given before or after surgery for patients whose cancer has spread beyond the colon. Regular follow-up exams and blood tests may be recommended for patients who have been treated for colorectal cancer because if the cancer is going to recur, it tends to happen in the first 2 to 3 years after treatment.

Who is at risk?

Gender Men and women are similarly affected.

Age More than 90% of colorectal cancers are diagnosed in people 50 and older.

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Racial/Ethnic background African Americans have the highest rates of colorectal cancer of all racial and ethnic groups in the United States. Jews of Eastern European descent (Ashkenazi Jews) also have a higher rate of colon cancer.

Other risk factors

- Heredity. Fewer than 10% of colorectal cancers are caused by inherited gene mutations.
- Personal history of colorectal polyps, previously treated colorectal cancer, or inflammatory bowel disease
- Obesity
- Physical inactivity
- High-fat diets
- Smoking
- Alcohol use

Colorectal cancer in the United States: 2014 estimates

- New cases: 136,830
  colon: 96,830
  rectum: 40,000
- Deaths per year (combined): 50,310
- 5-year localized survival rate: 90%
- 5-year overall survival rate: 65%

Quality-of-life issues

From the time of diagnosis, the quality of life for every person with cancer is affected in some way. They may be affected socially, psychologically, physically, and spiritually.

Concerns that patients most often express are fear of recurrence; chronic and/or acute pain; sexual problems; fatigue; guilt for delaying screening or treatment, or for doing things that may have caused the cancer; changes in physical appearance; depression; sleep difficulties; changes in what they are able to do after treatment; and the impact of cancer on finances and loved ones. People with colorectal cancer are often concerned about bowel dysfunction and the associated social stigma, as well as the effects of chemotherapy and radiation.

Bottom line

Screening tests offer the most powerful opportunity to prevent colorectal cancer or detect the disease early. Although people cannot change their genetic makeup or family health history, most people can reduce their risk of colorectal cancer by following the American Cancer Society's screening guidelines; eating a healthy diet with an emphasis on plant-based foods; staying at a healthy weight; avoiding tobacco; limiting alcohol intake; and increasing their level of physical activity.

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