



Colorectal Cancer Fact Sheet



About Colorectal Cancer

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

Risk Factors

More than half of all colorectal cancers can be linked to risk factors that can be changed. These include: being overweight or obese; not being physically active; smoking; drinking a lot of alcohol; and eating an unbalanced diet that has lots of red or processed meats and not enough fruits, vegetables, and whole-grain fiber.

Other risk factors cannot be changed. These include: a person's 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; a person's race and ethnicity (African Americans and people of Ashkenazi Jewish descent are at higher risk for colorectal cancer).

Some health care providers may refer people to a certified genetic counselor to better understand their risks and to help make informed decisions about genetic testing and their care.

Prevention

Not all colorectal cancers can be prevented. But there are ways a person can help lower their risk:

- Getting regular screening to help find problems that might turn into cancer, such as polyps that can be removed
- Getting to and staying at a healthy weight
- Getting regular exercise

- Following a healthy diet pattern that includes plenty of fruits, vegetables, and whole grains, and limiting or avoiding red/processed meats, and highly processed foods
- Avoiding excess alcohol intake

Screening and Early Detection

Everyone should talk to a health care provider about the risks for colorectal cancer and when to start testing, and talk to their insurance company about coverage. The most important thing is to get screened, no matter which test is chosen.

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

- Men and women should 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 prior screening history.
- People **over 85** should no longer get colorectal cancer screening.

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):

Stool-based tests

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

Visual (structural) 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 colonoscopy, any abnormal test result should be followed up with colonoscopy. People at high risk of colorectal cancer based on family and/or personal history or other factors may need to start screening before age 45.

Signs and Symptoms

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

- Bleeding in the rectum
- Blood in the stool
- Change in bowel habits
- Stomach cramping or pain
- Poor appetite
- Unintended weight loss
- Weakness

Treatment

Treatment for colorectal cancer depends on the type and stage of the cancer, special testing that might be done on the tumor, as well as the person's age, other health problems, and personal choices. People who are diagnosed with colorectal cancer should discuss all treatment options and make informed treatment decisions together with their doctors.

Living With Colorectal Cancer

From the time a person is diagnosed with colorectal cancer, their quality of life is affected in some way. Different physical, social, psychological, spiritual, and financial issues can come up at any time during the cancer experience and after treatment is over.

Some types of colorectal cancers can be serious. Palliative care is focused on helping to improve the quality of life and dealing with issues that people living with a serious illness might have. People with advanced colorectal cancer may benefit from having palliative care at any time from the point of diagnosis, throughout treatment, and beyond.

Good communication between a person with cancer and the health care team is important and involves:

- Asking and answering questions
- Working together to set care goals
- Making shared decisions
- Managing side effects and other issues
- Making sure to schedule follow-up tests and care

To learn more, visit www.cancer.org/cancer/colon-rectal-cancer.



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