Colorectal Cancer Fact Sheet

Colorectal Cancer in the US[1]

Excluding skin cancers, colorectal cancer is the third most common cancer in men and in women. From 2007 to 2016, incidence rates declined by 3.6% annually among adults 55 years of age and older but increased by 2% annually among adults younger than age 55.

Types of Colorectal Cancer[2, 3]

Most colorectal cancers start as polyps, which may or may not develop into cancer. However, the risk for colorectal cancer increases if a polyp is larger than 1 cm, if more than 3 polys are found, or if a polyp shows *dysplasia.*

Most colorectal cancers are adenocarcinomas. Some subtypes of adenocarcinomas, such as signet ring cell or mucinous, may have a worse prognosis.

Risk Factors[1, 3]

About 55% of colorectal cancers in the US are attributable to potentially modifiable risk factors.

Modifiable risk factors include: being overweight or obese, physical inactivity, smoking, high consumption of red or processed meat, low intake of calcium, fruits, vegetables, and whole-grain fiber, and heavy alcohol consumption.

Personal, hereditary and medical risk factors include:

- Older age: Rates in younger adults have increased in recent years, but colorectal cancer is more common after age 50.
- Personal or family history of colorectal cancer or adenomatous polyps
- Hereditary syndromes: About 5% of people who develop colorectal cancer have inherited gene mutations. These may include: Lynch syndrome (hereditary non-polyposis colorectal cancer, or HNPCC), familial adenomatous polyposis (FAP), Peutz-Jeghers syndrome (PJS), or MUTYH-associated polyposis (MAP)
- Race and ethnicity: In colorectal cancer, African Americans have the highest incidence and mortality rates in the US. Ashkenazi Jews have one of the highest risks in the world.
- Personal history of inflammatory bowel disease and Type 2 diabetes

Screening and Detection[1, 2, 3]

Screening is a process used to test for cancer in people who have no symptoms. The American Cancer Society recommends the following screening for people at average risk for colorectal cancer.

Regular screening should start at **age 45**. People who are in good health and with a life expectancy of at least 10 years should continue regular colorectal cancer screening through the **age of 75**. For people **ages 76 through 85**, the decision to be screened should be based on patient preference, life expectancy, overall health, and prior screening history. People **over 85** should no longer get colorectal cancer screening.

People at high risk based on family and/or personal history or other factors may need to start screening before age 45, get more frequent screening, or get specific tests. Screening can be done either with a stool-based test or a visual (structural) exam; like a colonoscopy.

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 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 a timely colonoscopy.

Signs and Symptoms[3, 4]

Early-stage colorectal cancer patients are typically asymptomatic. Some signs and symptoms may include: rectal bleeding, blood in the stool, change in bowel habits, abdominal cramping or pain, decreased appetite, unintended weight loss, or anemia.

Prevention[1, 2]

Regular screening for colorectal cancer can help prevent it by identifying pre-cancerous polyps before they become invasive tumors.

Also, improving diet and physical activity and maintaining a healthy weight may help decrease the risk of colorectal cancer.

Some patients with hereditary risk factors might benefit from meeting with a certified genetic counselor to better understand their risk and make an informed decision about having genetic testing. If found to have a cancer syndrome, recommendations for earlier screening or surgery might be considered.

Treatment[3, 4, 5]

Surgery is the primary treatment for localized colorectal cancer. Radiation therapy and chemotherapy are sometimes used for initial treatment. For metastasized colorectal cancer; chemotherapy, targeted therapy, or immunotherapy may be used.

Colorectal cancer in the US:

2020 estimates[1]

- New cases: 104,610
- Deaths: 43,340
- 5 -year relative survival rate for localized stage (Colon cancer): 90%
- 5-year relative survival rate for all stages combined (Colon cancer): 63%
- 5 -year relative survival rate for localized stage (Rectal cancer): 89%
- 5-year relative survival rate for all stages combined (Rectal cancer): 67%

Quality of Life[3, 6]

Concerns that patients and survivors most often express include chronic diarrhea or stool incontinence; pain; neuropathy; body image; managing daily activities if they have an ostomy; problems with intimacy or sexual dysfunction; or distress. Younger men and women might be concerned about fertility.

A cancer diagnosis can profoundly impact quality of life. **Clinicians should assess for any physical, social, psychological, spiritual, and financial issues.** Integrating palliative care can help manage symptoms, address issues, and improve quality of life. It can be offered at any time from the point of diagnosis until the end of life. Throughout a patient's cancer journey, it's very important for clinicians to share information and coordinate care to ensure surveillance is ongoing.

References

1. American Cancer Society. *Cancer Facts & Figures 2020.* Atlanta. American Cancer Society; 2020. Accessed at https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2020.html on March 9, 2020.
2. American Cancer Society. *Cancer Prevention and Early Detection Facts & Figures 2019-2020.* Atlanta. American Cancer Society; 2019. Accessed at http://www.cancer.org/research/cancer-facts-statistics.html on March 9, 2020.
3. American Cancer Society. *Colorectal Cancer.* 2020. Accessed at https://www.cancer.org/cancer/colon-rectal-cancer.html on March 9, 2020.
4. National Comprehensive Cancer Network, Clinical Practice Guidelines in Oncology (NCCN Guidelines®), Colon Cancer, Version 1.2020. Accessed at https://www.nccn.org/professionals/physician_gls/pdf/colon.pdf on March 9, 2020.
5. National Comprehensive Cancer Network, Clinical Practice Guidelines in Oncology (NCCN Guidelines®), Rectal Cancer, Version 1.2020. Accessed athttps://www.nccn.org/professionals/physician_gls/pdf/rectal.pdf on March 9, 2020.
6. Brown, CG, ed. *A Guide to Oncology Symptom Management.* 2nd ed. Pittsburgh, PA: Oncology Nursing Society; 2015.

©2020, American Cancer Society, Inc.
No.300203 Rev. 2/20
Models used for illustrative purposes only.

BBB ACCREDITED CHARITY
bbb.org/charity