



# Colorectal Cancer Fact Sheet



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 all 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. Eating a diet with lots of red or processed meats and not enough fruits, vegetables, and whole grains can also increase risk.

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; and a person's race and ethnicity (African American individuals and people of Ashkenazi Jewish descent are at higher risk for colorectal cancer).

Some health care providers may refer people to a genetic counselor. This can help people better understand their risks and 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.

- 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.
- Get regular exercise.

- Follow a healthy diet that includes plenty of fruits, vegetables, and whole grains. Limit or avoid red/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

Everyone should talk to a health care provider about their risks for colorectal cancer and when to start testing. They should also talk to their insurance company about coverage for screening.

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 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 before age 45.

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 is chosen.

### 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 colonoscopy, any abnormal test result should be followed up with colonoscopy.*

## Signs and Symptoms

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

- Bleeding from the rectum
- Blood in the stool
- Change in bowel habits or stool shape
- Stomach cramping or pain

- Feeling the need to have a bowel movement that's not relieved by having one
- Poor appetite
- Losing weight without trying
- Weakness

## Treatment

Treatment for colorectal cancer depends on several factors. 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. People with colorectal cancer should discuss all options with their doctors to make the best treatment decision.

## Living With Colorectal Cancer

A colorectal cancer diagnosis affects a person's quality of life. Physical, social, psychological, spiritual, and financial issues can come up at any time during and after treatment.

People with advanced colorectal cancer may be helped by palliative care at any time after diagnosis. 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
- Making sure to schedule follow-up tests and care

To learn more, visit [www.cancer.org/cancer/colon-rectal-cancer](http://www.cancer.org/cancer/colon-rectal-cancer).

