



Colorectal Cancer Fact Sheet

Excluding skin cancers, colorectal cancer is the third most common cancer in men and in women and the second most common cause of cancer deaths when men and women are combined. 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 abdomen.

Opportunities

Prevention Even though the exact cause of most colorectal cancers isn't 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 might be easier to treat when detected early. Beginning at age 45, people at average risk should start regular screening.

Screening can be done either with a sensitive 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).

Visit [cancer.org](https://www.cancer.org) for details about our guidelines specifically for people at increased or high risk.

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 (FSIG) 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.*

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.

Who is at risk?

Gender Overall, the lifetime risk of developing colorectal cancer is about 1 in 22 (4.6%) for men and 1 in 24 (4.2%) for women.

Age For the past two decades, the number of colorectal cancer cases has been going down among adults 55 and over, but has increased in adults under age 55.

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

Other risk factors

- Heredity – Up to 30% of people with colorectal cancer have a family history of the disease.
- Personal history of colorectal polyps, previously treated colorectal cancer, or inflammatory bowel disease
- Personal history of radiation to the abdomen (belly) or pelvic area to treat a prior cancer
- Type 2 diabetes
- Obesity
- Physical inactivity
- Diets high in red or processed meat and/or diets low in calcium, fruits, vegetables, and whole-grain fiber
- Smoking
- Alcohol use

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 testing 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



Colorectal cancer in the United States: 2019 estimates

- New cases: 145,600
New colon: 101,420
New rectum: 44,180
- Deaths per year: 51,020
- 5-year localized survival rate: 90%
- 5-year relative survival rate:
Colon: 64%
Rectum: 67%

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 help reduce their risk of colorectal cancer by following the American Cancer Society's testing 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.

