

# COLORECTAL CANCER

is a term used for cancer that starts in the colon or the rectum. These cancers can also be referred to separately as colon cancer or rectal cancer, depending on where they start.

## PREVALENCE AND INCIDENCE

The overall risk of developing colorectal cancer is about **1 in 20**



## WHO'S AT RISK?

Researchers have found several risk factors that may increase a person's chance of developing colorectal cancer.



**Diet:** A diet that is high in red meats and processed meats can increase colorectal cancer risk.



**Obesity:** Obesity raises the risk of colon cancer in both men and women, but the link seems to be stronger in men.



**Smoking:** Smoking is a well-known cause of lung cancer, but it is also linked to other cancers, such as colorectal.



**Age:** Age is just a number. A total of 12% of people diagnosed with colorectal cancer are under age 50.



**Physical inactivity:** If you are not physically active, you have a greater chance of developing colorectal cancer.



**Ethnicity:** Colorectal cancer rates are highest in black men and women, and lowest in Asian/Pacific Islander men and women.



## SYMPTOMS

Colorectal cancer may often remain asymptomatic for some time. Symptoms develop later in the course, are unspecific, and are often indicative of more advanced tumors. These symptoms include:

- Rectal bleeding
- Blood in the stool
- Cramping or abdominal pain
- Weakness and fatigue
- Unintended weight loss
- A change in bowel habits, such as diarrhea or constipation, that lasts for more than a few days



Excluding skin cancers, colorectal cancer is the **THIRD** most-common cancer diagnosed in both men and women in the U.S. and the **THIRD** most common cause of cancer-related death.

## THERE ARE CURRENTLY MORE THAN 1 MILLION COLORECTAL CANCER SURVIVORS IN THE U.S.



**147,950** new patients are expected to be diagnosed with colon cancer this year

**53,200** estimated deaths from colorectal cancer this year



## DIAGNOSIS

Several different tests are used to detect colorectal cancer. Here are a few of the most common:

- **Colonoscopy:** This procedure is the best test in not only diagnosing cancer, but also screening and removing polyps before they develop into a cancer. A flexible, thin, lighted tube is inserted through the rectum to examine the entire colon for potentially cancerous or precancerous changes.
- **Sigmoidoscopy:** This procedure uses a shorter tube to examine only the rectum and lower colon.
- **Stool DNA testing:** Samples of stool are tested for abnormal DNA associated with colorectal cancer.
- **Barium enema:** In what is also called a lower GI series, a silver-white metallic compound is inserted through the rectum. This compound coats the interior of the colon and rectum, allowing for better visualization of abnormalities during X-rays.
- **Virtual colonoscopy:** This special type of computed tomography (CT scan) creates a detailed image of the colon and rectum.
- **Biopsy:** Polyps and abnormal-looking areas are biopsied and checked by a pathologist for cancerous signs.
- **Genetic testing:** Tissue probes extracted during biopsy are genetically tested to determine whether the cancer is sensitive, or resistant, to specific treatments, and to define the risk for the patient and family members.



## TREATMENTS

- **Surgery** — Surgery is often the primary treatment for colorectal cancer. It can be curative for early-stage patients and can also improve survival outcomes and reduce discomfort for later-stage patients.
- **Radiation therapy** — Radiation can be used alone or in conjunction with other therapies to kill cancer cells or to prevent the tumor from growing larger.
- **Drug therapy** — Cancer-fighting drugs can enhance the effectiveness of surgery or radiation therapy by shrinking the tumor before the procedure, making it easier to remove, and by minimizing the chance of recurrence.