



Colorectal Cancer Fact Sheet

Introduction

Colorectal cancer is cancer of the colon or rectum. It's as common in women as it is in men. This year, over 136,830 people will be diagnosed with colorectal cancer and an estimated 50,310 will die of the disease. With certain types of screening, this cancer can be prevented by removing polyps (grape-like growths on the wall of the intestine) before they become cancerous. Several screening tests detect colorectal cancer early, when it can be more easily and successfully treated.

At Risk

- People age 50 and older
- People who smoke
- People who are overweight or obese, especially those who carry fat around their waists
- People who aren't physically active
- People who drink alcohol in excess, especially men
- People who eat a lot of red meat (such as beef, pork or lamb) or processed meat (such as bacon, sausage, hot dogs or cold cuts)
- People with personal or family histories of colorectal cancer or benign (not cancerous) colorectal polyps
- People with personal histories of inflammatory bowel disease (such as ulcerative colitis or Crohn's disease)
- People with family histories of inherited colorectal cancer or inherited colorectal problems

Risk Reduction and Early Detection

- **Be physically active for at least 30 minutes, at least five days a week.**
- **Maintain a healthy weight.**
- **Don't smoke. If you do smoke, quit.**
- **If you drink alcohol, have no more than one drink a day if you're a woman or two drinks a day if you're a man.**
- **Eat fruits, vegetables and whole grains to help you get and stay healthy.**
- **Eat less red meat and cut out processed meat.**

If you're at average risk for colorectal cancer, start getting screened at age 50. If you're at higher risk, you may need to start regular screening at an earlier age and be screened more often. If you're older than 75, ask your doctor if you should continue to be screened. The best time to get screened is before you have any symptoms.

Use this information to help you talk about screening options with your health care professional. Consider one of these tests:

Tests that find pre-cancer and cancer:

- Colonoscopy
- Virtual colonoscopy
- Flexible sigmoidoscopy
- Double-contrast barium enema

Screening intervals:

- Every 10 years
- Every 5 years
- Every 5 years
- Every 5 years

Stop Cancer Before It Starts!



Tests that mainly find cancer:

- Stool occult blood test (FOBT) (guaiac)
- Stool immunochemical test (FIT)
- Stool DNA test (sDNA)
- Every year
- Every year
- Ask your health care professional because technology is evolving.

An abnormal result of a virtual colonoscopy or a double-contrast barium enema, or a positive FOBT, FIT or sDNA test, should be followed up with a colonoscopy.

Symptoms

Early stages of colorectal cancer don't usually have symptoms. Later on, people may have these symptoms:

- Bleeding from the rectum or blood in or on the stool
- Change in bowel habits
- Stools that are more narrow than usual
- General problems in the abdomen, such as bloating, fullness or cramps
- Diarrhea, constipation or a feeling in the rectum that the bowel movement isn't quite complete
- Weight loss for no apparent reason
- Being tired all the time
- Vomiting

If you have any of these symptoms, see your health care professional.

Treatment

Surgery is the most common treatment. When the cancer has spread, chemotherapy or radiation may be given before or after surgery.

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For more information about colorectal cancer, visit
www.PreventCancer.org.

This fact sheet features information from the following sources:

American Cancer Society. Cancer Facts & Figures, 2014.

American Cancer Society. Detailed Guide to Colorectal Cancer.

<http://www.cancer.org/Cancer/ColonandRectumCancer/DetailedGuide/index>.

American College of Gastroenterology. "Facts about Colorectal Cancer Screening." <http://www.acg.gi.org/patients/crcfactsheet.asp>.

American Institute of Cancer Research (AICR) and World Cancer Research Fund (WCRF) Expert Report. Food, Nutrition, Physical Activity and the Prevention of Cancer: a Global Perspective. <http://www.dietandcancerreport.org/>.

"Association of Adherence to Lifestyle Recommendations and Risk of Colorectal Cancer: A Prospective Danish Cohort Study." British Medical Journal.

National Cancer Institute, National Institutes of Health. Cancer Trends Progress Report—2009/2010 Update.

National Cancer Institute, National Institutes for Health. Colorectal Cancer PDQ®.

<http://www.cancer.gov/cancertopics/pdq/prevention/colorectal/healthprofessional>.

National Cancer Institute, National Institutes of Health. "Physical Activity and Cancer Fact Sheet."

<http://www.cancer.gov/cancertopics/factsheet/prevention/physicalactivity>.

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