



# Colorectal Cancer

Colorectal (large bowel) cancer is a disease in which malignant (cancer) cells form in the inner lining of the colon or rectum. Together, the colon and rectum make up the large bowel or large intestine.

Most colon and rectal cancers originate from benign wart-like growths on the inner lining of the colon or rectum called polyps. Not all polyps have the potential to turn into cancer. It takes more than 10 years in most cases for a polyp to develop into cancer. This is why some colon cancer prevention tests are effective even if done at 10-year intervals.

## HOW COMMON IS COLORECTAL CANCER?

Colorectal cancer is the second most common cancer killer overall and third most common cause of cancer-related death in the United States in both males and females. There will be approximately 145,000 new cases and 51,000 deaths from colorectal cancer each year.

## WHY SCREEN FOR COLORECTAL CANCER?

Screening looks for cancer or polyps when patients have no symptoms. Finding colorectal cancer before symptoms develop dramatically improves the chance of survival. Identifying and removing polyps before they become cancerous actually prevents the development of colorectal cancer.

## WHO IS AT RISK FOR COLORECTAL CANCER?

- All men and women ages 50 to 75 (Experts agree that, for the majority of adults, the most important risk factor for colorectal cancer is age, with most cases occurring among adults 50 years of age and older).
- Your risk for colorectal cancer may be higher than average for your age if:
  - You or your family members have had colorectal polyps, colorectal cancer or certain other cancers.
  - You have inflammatory bowel disease – such as Crohn’s disease or ulcerative colitis – or a genetic syndrome – such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer.

## WHAT ARE THE SYMPTOMS OF COLORECTAL CANCER?

Symptoms of colorectal cancer vary depending on the location of the cancer within the colon or rectum, though there may be no symptoms at all. The prognosis tends to be worse for those individuals who are showing symptoms as opposed to those who are not. The most common symptom of colorectal cancer is rectal bleeding. Cancers arising from the left side of the colon generally cause bleeding, or in their late stages may cause constipation, abdominal pain and obstructive symptoms. Right-sided colon lesions may produce vague abdominal aching, but are unlikely to present with obstruction or altered bowel habit. Other symptoms such as weakness, weight loss, or anemia resulting from chronic blood loss may accompany cancer of the right side of the colon. You should see your doctor right away when you experience any of these symptoms.

## WHY SHOULD YOU GET CHECKED FOR COLORECTAL CANCER EVEN IF YOU HAVE NO SYMPTOMS?

Polyps can grow for years and transform into cancer without producing any symptoms. By the time symptoms develop, it is often too late to cure the cancer, because it may have spread. Screening identifies cancers earlier and actually results in cancer prevention when it leads to removal of precancerous polyps.

## WHAT TESTS ARE AVAILABLE FOR SCREENING?

If you are 50 years of age or older, getting a colorectal cancer screening test could save your life by detecting the presence of polyps or cancer early, even if you are not experiencing symptoms. Several different direct visualization tests and stool tests can be used. Here are the most common types:

### Direct Visualization Tests

- **Colonoscopy:** With this test, the doctor uses a long, thick, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers. Colonoscopy also is used as a follow-up test if anything unusual is found during a different screening test.  
*How often: Every 10 years.*
- **CT Colongraphy (Virtual Colonoscopy):** This test uses X-rays and computers to produce images of the entire colon. The images are displayed on a computer screen for the doctor to analyze.  
*How often: Every five years.*
- **Flexible Sigmoidoscopy (Flex Sig):** With this test, the doctor puts a short, thin, flexible, lighted tube into your rectum, and checks for polyps or cancer inside the rectum and lower third of the colon.  
*How often: Every five years on its own or every 10 years together with an annual Fecal Immunochemical Test (FIT).*

### Stool Tests

- **Fecal Occult Blood Test (FOBT):** This test uses the chemical guaiac to detect blood in stool. You can do this test on your own at home using a kit with an applicator to obtain a small amount of stool. Return the test to your doctor or a lab so that the stool samples can be checked for blood.  
*How often: Once a year.*
- **Fecal Immunochemical Test (FIT):** This test uses antibodies to detect blood in the stool. You will receive a test kit from your health care provider. This test is done the same way as FOBT.  
*How often: Once a year.*

**Please note:** Stool tests do not require any bowel preparation before taking the test. However, they do not detect polyps and a positive test will likely be followed up with a colonoscopy.

With so many different options available, you and your doctor can choose the screening test that would work best for you. If you think you may be at increased risk for colorectal cancer, speak with your doctor about when to begin screening and how often you should be tested.

*Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.*

