

## Colorectal Cancer Fact Sheet [2007](#)

- Colorectal cancer (commonly referred to as “colon” cancer) develops in the lower part of the digestive system, also referred to as the gastrointestinal, or GI, system. The digestive tract processes the food you eat and rids the body of solid waste matter. This cancer usually develops from precancerous changes or growths in the lining of the colon and rectum. These growths in the colon or rectum are called *polyps*.
- In 2007, an estimated 154,000 new cases of colorectal cancer will be diagnosed in the United States. Of these new cancer cases, 112,340 will be colon cancer and 41,420 will be rectal cancer.
- An estimated 52,180 deaths due to colorectal cancer are expected to occur in 2007, accounting for **almost** 10 percent of cancer deaths this year in the United States.
- About **26,000** lives a year could be saved if everyone over 50 got screened for colorectal cancer.
- When women and men are considered separately, colorectal cancer is the third most common cause of cancer death in each sex.
- Colorectal cancer is the third most common cancer among African American women and the third most common cancer among African American men.
- African Americans have the highest incidence rate and death rate from colorectal cancer of any racial or ethnic group in the US.
- Colorectal cancer is the second most commonly diagnosed cancer in both Hispanic Latino men and women.
- Colorectal cancer is the second leading cause of cancer deaths among African American men and women combined.
- Colorectal cancer is the second leading cause of cancer death among Hispanic Latino men and women combined.

### Risk Factor

- **Age:** The risk of colorectal cancer increases with age. More than 90 percent of cases are diagnosed in individuals **50 and older**.
- **Family History:** A personal or family history of colorectal cancer or polyps or of inflammatory bowel disease of significant duration increases the likelihood of having colorectal cancer. Also, there are certain genetic factors that increase the likelihood of having colon cancer, including conditions called familial adenomatous polyposis (FAP), Gardner’s syndrome, hereditary non-polyposis colorectal cancer, and being of Ashkenazi Jewish descent.
- **Race:** African Americans have the highest colorectal cancer rates and the highest rate of death from the disease of any racial or ethnic group in the United States.

- Other risk factors include:
  - Smoking
  - Alcohol consumption
  - Obesity
  - Physical inactivity
  - Diet high in red meat or processed meat
  - Diet low in fruits and vegetables

## **Symptoms**

Early colorectal cancer usually causes no symptoms and can be detected by available colorectal cancer screening tests. However, as colorectal cancer progresses, the disease may cause symptoms. People with the following symptoms should see their doctor immediately:

- A change in bowel habits, such as diarrhea, constipation, or narrowing of the stool that lasts for more than a few days
- A feeling that you need to have a bowel movement that doesn't go away even after you do have a bowel movement
- Bleeding from the rectum or blood in the stool
- Cramping or gnawing stomach pain
- Weakness and fatigue

*Note: Signs and symptoms of colorectal cancer typically occur in advanced stages of the disease.*

## **Testing/Detection**

There are several colorectal cancer early detection tests. According to the American Cancer Society guidelines for the early detection of colon cancer, starting at age 50 both men and women should discuss the full range of testing options with their doctor or health care professional and choose one of the following testing options:

- Yearly fecal occult blood test (FOBT)
- Flexible sigmoidoscopy every five years
- Yearly FOBT and flexible sigmoidoscopy every five years (preferred over either FOBT alone, or flexible sigmoidoscopy alone)
- Double-contrast barium enema every five years
- Colonoscopy every 10 years

*Note: All positive tests should be followed up with colonoscopy. People with a family or personal history of colon cancer or polyps, or history of chronic inflammatory bowel disease should be tested earlier, and may need to undergo testing more often.*

## **Common Treatments**

- Surgery is the most common form of treatment for colorectal cancer. For cancers that have not spread, it frequently controls the disease.
- Chemotherapy or chemotherapy with radiation treatment is given before or after surgery to most patients whose cancer has spread into the bowel wall or to the lymph nodes.
- A permanent colostomy (creation of an abdominal opening for elimination of body wastes) is very seldom needed for colon cancer and is frequently not required for rectal cancer.

## **Survival**

- When colon cancers are detected at an early (i.e. localized) stage, the five-year survival rate is approximately 90 percent; however, because screening rates are so low, only 39 percent of colorectal cancers are detected at this stage.
- There is a 68 percent chance of five-year survival when the cancer has spread only to nearby organs or lymph nodes.
- Once the cancer has spread to other parts of the body, the five-year survival rate is about 10 percent.