

Calling out colorectal cancer

How to check for this disease and what to expect if you have it

Colorectal cancer is the third leading cause of cancer-related deaths among men and women in the United States, with 151,030 new cases estimated to occur this year. “Colorectal cancer” can refer to any cancer that forms in the tissue that lines the inside of the colon or rectum. While some people are at higher risk than others, anyone can get colorectal cancer. Screening is important to detect the disease and remove precancerous polyps before they become cancerous.

What are the symptoms of colorectal cancer?

The following symptoms can be caused by other conditions, but people experiencing them should consult their doctor:

- Diarrhea or constipation
- A feeling that your bowel does not empty completely
- Blood in your stool
- Stools that are narrower than usual
- Frequent gas pains or cramps
- Frequently feeling full or bloated
- Weight loss with no known reason
- Fatigue
- Nausea or vomiting

Who is at risk for colorectal cancer?

While anyone can get colorectal cancer, the [National Cancer Institute](#) (NCI) reports that slightly more than 1 in 25 men and women will develop colorectal cancer in their lifetime.

People who have had colorectal cancer in the past or who have had certain kinds of colorectal polyps removed are at greater risk for developing colorectal cancer, as are those with a family history of the disease. People with Lynch syndrome or familial adenomatous polyposis, both of which are inherited conditions, or who have a history of inflammatory bowel disease such as ulcerative colitis or Crohn’s disease are also at higher risk.



IMAGE: GETTY IMAGES

Some lifestyle factors associated with increased risk include excessive alcohol consumption, obesity, smoking, and possibly diet.

Rates of colorectal cancer are also higher for Black people and non-Hispanic American Indians/Alaska Natives than any other racial or ethnic groups.

As you get older, your risk increases. The U.S. Preventive Services Task Force recommends colorectal cancer screening for adults ages 45 to 75 of average risk. Screening for patients ages 76 to 85 is recommended for select individuals. Colorectal cancer is still rare among adults younger than 50, but these rates are increasing. You should consult your doctor about screening methods and frequency.

How is colorectal cancer screened?

Colorectal cancer is detected using a range of procedures, some invasive and some not. These include colonoscopies, stool tests, and sigmoidoscopies. Abnormalities, including lesions or polyps found during a screening, will be tested

By the numbers

1.37 million People living with colorectal cancer in the United States in 2019

\$1.46 billion The national out-of-pocket cost for colorectal cancer in 2019

66 years old The median age people are diagnosed with colorectal cancer

151,030 Estimated new cases of colorectal cancer in 2022

52,580 Estimated deaths from colorectal cancer in 2022

for cancer. A new approach is to check blood samples for genetic material that polyps or tumors may release into the bloodstream.

How is colorectal cancer treated?

Treatment for colorectal cancer depends on the type and stage of a person’s disease and may be combined. Standard treatments include:

- **Surgery.** This can be to remove polyps, cancer, or part or all of the colon or rectum depending on the cancer’s spread and stage.
- **Chemotherapy.** Powerful chemicals administered intravenously (with an IV) or orally (swallowing capsules or pills) kill fast-growing cancer cells in the body.
- **Targeted therapy.** A drug delivered intravenously or orally targets the proteins that control how cancer cells grow, divide, and spread.
- **Radiofrequency ablation.** A probe inserted into the body emits radiofrequency waves to the tissue around a growth. The cells in that tissue die and the immune system removes them, which causes the growth to shrink.
- **Cryosurgery.** Liquid nitrogen applied to the growth freezes its cells, causing them to die and to be absorbed into the body.
- **Radiation therapy.** High doses of radiation damage cancer cells’ DNA, causing them to die over time.
- **Immunotherapy.** This treatment harnesses the body’s immune system to control and eliminate cancer. Drugs are usually administered intravenously.

If your doctor finds colorectal cancer, they may recommend more tests to see whether the disease has spread to other parts of the body. Colorectal cancer can spread through tissue, the lymph system (organs that help fight infections and move fluid through the body), or the blood. This development is called *metastatic cancer* and is the most advanced stage.

NCI has several resources available, including a [list of questions](#) you may want to ask your doctor if they recommend treatment for colorectal cancer. It’s important

Some questions to ask your doctor about colorectal cancer treatment

- What stage is my cancer, and what are the treatment options available to me?
- Is there a [clinical trial](#) for my cancer treatment that would be right for me?
- When do I need to begin treatment, and how long will it last?
- How can I find a specialist for my treatment?
- Can you help me find a doctor to give me a second opinion about my treatment options?
- What happens during the treatment?
- What are possible side effects of my treatment, and are any of those side effects serious?
- Do I need to tell you about any medicines or dietary supplements that I am taking, and could they affect my cancer treatment?

Find more suggested questions [here](#).

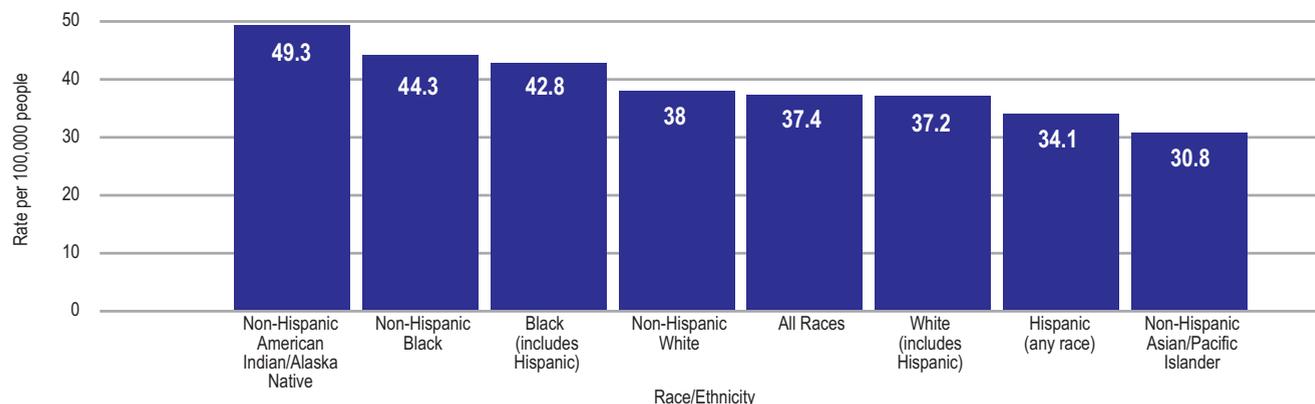
to talk to your doctor about not only what will happen during the treatment itself but possible side effects and how any other medications, dietary supplements, or drugs you may be taking could affect the treatment.

Remember that colorectal cancer can come back even after being treated. It’s important to continue the screenings your doctor recommends so they can restart treatment if the disease returns.

Coping with colorectal cancer

If you or a loved one are diagnosed with colorectal cancer, you are not alone! [NCI](#) has information for both patients and caregivers about managing and recovering from colorectal cancer, including questions to ask your doctor and how to connect with support groups. ■

Colorectal cancer rates by race/ethnicity (2019)



SOURCE: NATIONAL CANCER INSTITUTE



IMAGE: GETTY IMAGES

Current NCI research on colorectal cancer

Several projects are underway with support from the National Cancer Institute, including:

The ACCSIS program

As part of the [Cancer MoonshotSM](#), the ACCSIS (Accelerating Colorectal Cancer Screening and follow-up through Implementation Science) program comprises eight research projects to increase the rates of colorectal cancer screenings, follow-ups, and referrals to care. ACCSIS has a special focus on racial and ethnic minority populations, rural communities and difficult-to-reach areas, and other underserved groups. [Read more about the ACCSIS project.](#)

FORTE Colorectal Cancer Prevention Trial

People ages 50 to 69 who have had one or two small, noncancerous polyps completely removed during a colonoscopy within the past four years may qualify to participate in the FORTE (Five- or Ten-Year Colonoscopy for 1-2 Non-Advanced Adenomatous Polyps) study. This research aims to help determine how long such people can wait for a follow-up screening after a routine colonoscopy. [Read more about this study.](#)

COMMIT study for colorectal cancer treatment

COMMIT (Combination Chemotherapy, Bevacizumab, and/or Atezolizumab in Treating Patients with Deficient DNA Mismatch Repair Metastatic Colorectal Cancer) is a nationwide study that looks at a combination of treatments for people with metastatic colorectal cancers whose tumors are deficient in DNA mismatch repair. [Read more about this study,](#) including eligibility requirements for participating.

Colorectal cancer screening: What to expect

Screening for colorectal cancer is crucial for identifying malignant (cancerous) and benign (noncancerous) growths—which could still turn cancerous—as early as possible. The U.S. Preventive Services Task Force recommends adults ages 45 to 75 of average risk get screened for colorectal cancer. Patients should consult their doctors about the most appropriate screening method based on their age, medical and family histories, current overall health, cost and follow-up care, and other factors. The most common screening methods for colorectal cancer are:

Stool tests. The patient uses a kit to take a stool sample at home. They return the kit to the doctor to test for tiny amounts of blood that may not be seen with the naked eye. If the findings are positive, the doctor will usually recommend a colonoscopy.

 Sometimes  Every 1 to 3 years

Colonoscopy. The doctor inserts a [colonoscope](#)—a flexible tube with a light and lens for viewing the colon and a tool for removing tissue—through the anus into the rectum and colon, and air is pumped into the colon to expand it so that the doctor can see the entire colon lining more clearly. The doctor can remove abnormal growths during this procedure, which are analyzed for cancer.

     Every 10 years

Virtual Colonoscopy. X-ray images are digitally assembled to create 3D images of the colon and rectum. If the doctor finds abnormal growths, the patient needs a standard colonoscopy to remove them.

  Every 5 years

Sigmoidoscopy. The doctor inserts a [sigmoidoscope](#)—like a colonoscope but shorter—through the anus into the rectum and sigmoid colon (which holds feces until you go to the bathroom) and pumps air into the colon to expand it. The doctor can remove and analyze abnormal growths.

    Every 5 or 10 years if combined with a stool fecal immunochemical test

KEY

 Change diet/medication before procedure

 Colon cleansing (cleared of stool) needed before procedure

 Invasive (a device is inserted into the body)

 Sedated during procedure

 Frequency