ASCRS
American Society of Colon & Rectal Surgeons

Basic Facts About Colorectal Cancer

WHY IS IT SO IMPORTANT?

Colorectal cancer — cancer of the colon and rectum — is the second leading cause of cancer-related deaths in the United States. It surpasses both breast cancer and prostate cancer in mortality when both men and women are combined. The general population faces a lifetime risk for developing the disease of about 5 percent. Colorectal cancer strikes men and women with almost equal frequency (4.49 vs 4.15%), while someone with a family history of colorectal cancer has a 10 to 15 percent chance of developing the disease. The risk rises to over 50 percent in people with ulcerative colitis and those whose family members harbor specific genetic mutations.

It is estimated that 147,000 new cases of colorectal cancer will be diagnosed in 2020 and 53,200 people will die from the disease this year. Again, colorectal cancer is the second leading cause of cancer death in the United States behind only lung cancer.

WHAT ARE THE SYMPTOMS?

Colorectal cancer is often a silent disease, developing with no symptoms at all. When symptoms do occur they may include the following:

- Blood in or on the stool
- Change in bowel habits
- Stools that are narrower than usual
- General stomach discomfort (bloating, fullness, and/or cramps)
- Vomiting
- Diarrhea, constipation, or feeling that the bowel does not empty completely
- Frequent gas pains
- Weight loss for no apparent reason
- Rectal bleeding

- Constant tiredness, or new fatigue during activity that was previously tolerated

If you have any of these symptoms for more than two weeks, see your doctor or health professional immediately. While not everyone who has these symptoms will have colon cancer, persistance of these is not normal and requires additional investigation to determine the underlying cause.

CAN IT BE PREVENTED?

YES! Polyp-related colorectal cancer can be prevented. The disease develops from benign polyps (mushroom-like growths on the lining of the colon and rectum). Removing these polyps before they become cancerous may prevent cancer from developing. Development of colorectal cancer can also be related to chronic inflammation from inflammatory bowel disease or from familial genetic syndromes. Discuss with your physician how early and how often screening and surveillance should be.

A low-fat, high fiber diet, with at least 5 servings of vegetables and fruit, along with regular exercise can help lower your risk of developing colorectal cancer. Heavy alcohol use, obesity and smoking have been linked to an increased risk of developing colorectal cancer. Colorectal cancer can be cured in up to 90 percent of people when it is discovered in its early stages. It is estimated that over 40,000 lives a year could be saved through widespread adoption of colorectal cancer screening and early detection in men and women. View the video regarding Polyps now for additional details.

WHO IS AT RISK?

The risk of developing colorectal cancer increases with age. All men and women aged 45* and older are at risk for developing colorectal cancer, and should be screened. Some people are at a higher risk and should be screened at an age younger than 45, including those with a personal or family history of inflammatory bowel disease; colorectal cancer or polyps; ovarian, endometrial or breast cancer, prostate cancer or kidney cancer.

African Americans and Hispanics are more likely to be diagnosed with colorectal cancer in advanced stages. Incidence for colorectal cancer in these groups have been on the rise — colorectal cancer has increased 46 percent among African-American men and 10 percent among African-American women.

Alaska Native women have the highest mortality from colorectal cancer than any other racial and ethnic group in the United States. More information regarding hereditary colorectal cancer can be found here.

*In 2018, secondary to new data on the increased risks of colon cancer in those under 50, the American Society of Colon and Rectal Surgery as well as the American Cancer Society changed recommendations to consider starting screening at age 45.

HOW DO I GET CHECKED FOR COLORECTAL CANCER?

Current screening methods include:

- Fecal occult blood (test that can detect hidden blood in the stool)
- FIT/stool DNA testing (tests that can detect presence of precancer/cancer cells in stool samples)
- Flexible sigmoidoscopy (a visual examination of the rectum and lower portion of the colon that can performed in a doctor's office)
- Double contrast barium enema (barium x-ray)
- Colonoscopy (a visual examination of the entire colon – the gold standard
- Digital rectal exam (can feel masses lower in the rectum
- Virtual colonoscopy, or CT colonography, is being used in some specific situations, but is not recommended as a mainstream screening test

Colorectal cancer screening, including colonoscopies, are covered by Medicare and many commercial health plans. Frequency of screening varies based upon modality used.

WHAT IS A COLORECTAL SURGEON?

Colon and rectal surgeons are experts in the surgical and non-surgical treatment of diseases of the colon, rectum and anus. They have completed advanced surgical training in the treatment of these diseases as well as full general surgical training.

Board-certified colon and rectal surgeons complete residencies in general surgery and colon and rectal surgery, and pass intensive examinations conducted by the American Board of Surgery and the American Board of Colon and Rectal Surgery. They are well-versed in the treatment of both benign and malignant diseases of the colon, rectum and anus and are able to perform routine screening examinations and surgically treat conditions if indicated to do so.

DISCLAIMER

The American Society of Colon and Rectal Surgeons is dedicated to ensuring high-quality patient care by advancing the science, prevention and management of disorders and diseases of the colon, rectum and anus. These brochures are inclusive but not prescriptive. Their purpose is to provide information on diseases and processes, rather than dictate a specific form of treatment. They are intended for the use of all practitioners, health care workers and patients who desire information about the management of the conditions addressed. It should be recognized that these brochures should not be deemed inclusive of all proper methods of care or exclusive of methods of care reasonably directed to obtain the same results. The ultimate judgment regarding the propriety of any specific procedure must be made by the physician in light of all the circumstances presented by the individual patient.
