Colorectal cancer is the third most commonly diagnosed cancer in both men and women in the US. Routine testing can help prevent colorectal cancer or find it at an early stage, when it's smaller and easier to treat. If it’s found early, the 5-year survival rate is 90%. Many more lives could be saved by understanding colorectal cancer risks, increasing screening rates, and making lifestyle changes.

**5-YEAR SURVIVAL RATE**
If found at the local stage: 90%
Diagnosed at an early stage: 39%
Partly due to low testing rates

**WHO GETS COLORECTAL CANCER?**
Anyone can get colorectal cancer, but some people are at an increased risk.

**STAGES OF COLORECTAL CANCER**
- **Polyp**: Most colorectal cancers develop from these noncancerous growths.
- **In Situ**: Cancer has formed, but is not yet growing into the colon or rectal wall.
- **Local**: Cancer is growing in the colon or rectal walls; nearby tissue is unaffected.
- **Regional**: Growth is through the wall of the colon or rectum; tissue or lymph nodes beyond the colon or rectal walls may also be affected.
- **Distant**: Cancer has spread to other parts of the body, such as liver or lungs.

**Sex**
Women: 150 cases per 100,000 per year (2009-2013)
Men: 200 cases per 100,000 per year (2009-2013)

**Age**
- Under 50: 50 cases per 100,000 per year (2009-2013)
- 50+: 150 cases per 100,000 per year (2009-2013)

**Race/Ethnicity**
- Non-Hispanic White: 50 cases per 100,000 per year (2009-2013)
- Non-Hispanic Black: 100 cases per 100,000 per year (2009-2013)
- Hispanic/Latino: 25 cases per 100,000 per year (2009-2013)

*Age adjusted to the 2000 US standard population
Data source: Colorectal Cancer Facts & Figures 2017-2019

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No. 0127.93
**WHAT CAN YOU DO ABOUT IT?**

**REDUCE YOUR RISK BY MANAGING YOUR DIET, WEIGHT, AND PHYSICAL ACTIVITY, AND BY AVOIDING TOBACCO.**

<table>
<thead>
<tr>
<th>DIET</th>
<th>BODY MASS INDEX</th>
<th>ACTIVITY</th>
<th>LIFESTYLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIMIT</td>
<td></td>
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</tr>
</tbody>
</table>

**IF YOU’RE 50 OR OLDER,** TALK TO YOUR DOCTOR ABOUT GETTING TESTED.

<table>
<thead>
<tr>
<th>TYPE OF SCREENING TEST</th>
<th>PROS</th>
<th>CONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VISUAL EXAMINATION TESTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexible Sigmoidoscopy</td>
<td>• Fairly quick</td>
<td>• Doesn’t view upper part of colon</td>
</tr>
<tr>
<td>Slender tube inserted through the rectum into the colon. Provides visual exam of rectum and lower part of colon.</td>
<td>• Sedation usually not used</td>
<td>• Can’t see or remove all polyps</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>• Can usually view entire colorectum</td>
<td>• Colonoscopy needed if abnormal</td>
</tr>
<tr>
<td>Direct exam of colon and rectum. Polyps removed if present. Required for abnormal results from other tests.</td>
<td>• Can biopsy and remove polyps</td>
<td>• Higher risk than other tests</td>
</tr>
<tr>
<td>Double-contrast Barium Enema</td>
<td>• Can usually view entire colorectum</td>
<td>• Full bowel preparation needed</td>
</tr>
<tr>
<td>X-ray exam of colon. Barium sulfate is put in through the rectum and spreads throughout the colon.</td>
<td>• Relatively safe</td>
<td>• Can be expensive</td>
</tr>
<tr>
<td>CT Colonography</td>
<td>• Fairly quick and safe</td>
<td>• Can miss small polyps</td>
</tr>
<tr>
<td>Detailed, cross-sectional, 2-D or 3-D views of the colon and rectum with an x-ray machine linked to a computer</td>
<td>• Can usually view entire colorectum</td>
<td>• Can’t remove polyps during test</td>
</tr>
<tr>
<td><strong>STOOL TESTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guaiac-based Fecal Occult Blood Test / Fecal Immunochemical Test</td>
<td>• No direct risk to the colorectum</td>
<td>• May miss some polyps/cancers</td>
</tr>
<tr>
<td>Can detect blood in stool caused by tumors or polyps. Health care provider gives patient at-home kit.</td>
<td>• No bowel preparation</td>
<td>• Done every year</td>
</tr>
<tr>
<td>Stool DNA Test</td>
<td>• No direct risk to the colorectum</td>
<td>• Colonoscopy needed if abnormal</td>
</tr>
<tr>
<td>Looks for certain DNA changes from cancer or polyps cells. Health care provider has kit sent to patient.</td>
<td>• No bowel preparation</td>
<td>• May miss some polyps/cancers</td>
</tr>
<tr>
<td>• Sampling done at home</td>
<td>• Colonoscopy needed if abnormal</td>
<td></td>
</tr>
</tbody>
</table>

*For average-risk individuals with no symptoms, testing should begin at age 50. If you are at increased risk or are experiencing symptoms, speak to your health care provider right away. Symptoms include: Rectal bleeding, blood in the stool, dark- or black-colored stools, change in shape of stool, lower stomach cramping, unnecessary urge to have a bowel movement, prolonged constipation or diarrhea, and unintentional weight loss.

**A UNITED FORCE AGAINST CANCER**
The American Cancer Society is global grassroots force of two million strong. Our mission is to save lives, celebrate lives, and lead the fight for a world without cancer.