

Colorectal cancer is the third most common 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 may be easier to treat. If it's found early, the 5-year survival rate is more than 90%. Many more lives could be saved by understanding colorectal cancer risks, increasing screening rates, and making lifestyle changes.



91%

5-YEAR SURVIVAL RATE
IF FOUND AT THE LOCAL STAGE



38%

DIAGNOSED AT AN EARLY STAGE
PARTLY DUE TO LOW TESTING RATES

OVERALL
-1%

AGE <50
+2%

AGE 50-64
+1%

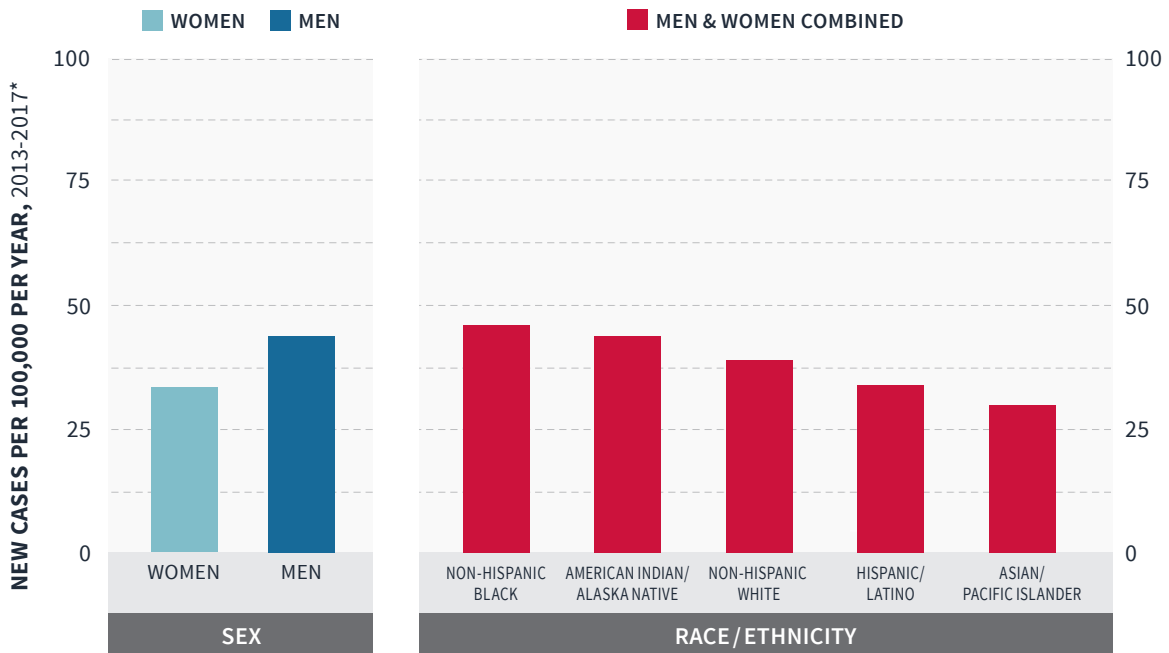
While overall incidence rates of colorectal cancer have been decreasing by about 1% per year, this mostly reflects a decrease in older adults. The incidence rate among people younger than age 50 has been increasing by 2% each year and by 1% for people ages 50-64.

RISK FACTORS FOR COLORECTAL CANCER

| | | | | |
|-----------|-----------------------------------------------------------|----------------------------|-----------------------------------------------|-----------------|
| OLDER AGE | PERSONAL OR FAMILY HISTORY OF COLORECTAL CANCER OR POLYPS | INFLAMMATORY BOWEL DISEASE | HEREDITARY SYNDROMES (SUCH AS LYNCH SYNDROME) | TYPE 2 DIABETES |
|-----------|-----------------------------------------------------------|----------------------------|-----------------------------------------------|-----------------|

WHO GETS COLORECTAL CANCER?

ANYONE CAN GET COLORECTAL CANCER, BUT SOME PEOPLE ARE AT AN INCREASED RISK.



*Age adjusted to the 2000 US standard population
Data source: Colorectal Cancer Facts & Figures 2020-2022

IF YOU'RE AGE 45 OR OLDER,* TALK TO YOUR DOCTOR ABOUT GETTING SCREENED.

| TYPE OF SCREENING TEST | PROS | CONS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| STOOL-BASED TESTS | | |
| Guaiaac-based Fecal Occult Blood Test/ Fecal Immunochemical Test Can detect blood in stool caused by tumors or polyps. Health care provider gives patient at-home kit. | <ul style="list-style-type: none"> No bowel preparation Sampling done at home | <ul style="list-style-type: none"> May miss some polyps/cancers Colonoscopy needed if abnormal Done every year |
| Multi-targeted Stool DNA Test (MT-sDNA) Looks for certain DNA changes found in cancer or polyps. Health care provider has kit sent to patient. | <ul style="list-style-type: none"> No direct risk to the colon or rectum No bowel preparation Sampling done at home | <ul style="list-style-type: none"> May miss some polyps/cancers Colonoscopy needed if abnormal Done every 3 years |
| VISUAL EXAMINATION TESTS | | |
| Colonoscopy Direct exam of colon and rectum. Polyps removed if present. Required for abnormal results from other tests. | <ul style="list-style-type: none"> Can usually view entire colon and rectum Can biopsy and remove polyps Done every 10 years | <ul style="list-style-type: none"> Can be expensive Higher risk than other tests Full bowel preparation needed |
| CT Colonography Detailed, cross-sectional, 2-D or 3-D views of the colon and rectum with an x-ray machine linked to a computer | <ul style="list-style-type: none"> Fairly quick and safe Can usually view entire colon and rectum No sedation needed Should be done every 5 years | <ul style="list-style-type: none"> Still fairly new test Can't remove polyps during test Full bowel preparation needed Colonoscopy needed if abnormal |
| Flexible Sigmoidoscopy Slender tube inserted through the rectum into the colon. Provides visual exam of rectum and lower part of colon. | <ul style="list-style-type: none"> Fairly quick Sedation usually not used Does not require a specialist Should be done every 5 years | <ul style="list-style-type: none"> Doesn't view upper part of colon Can't see or remove all polyps Colonoscopy needed if abnormal |

*For average-risk individuals with no symptoms, testing should begin at age 45. 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.

WHAT CAN YOU DO ABOUT IT?

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

| | DIET | WEIGHT | ACTIVITY | LIFESTYLE |
|-----------------------|------|-------------------------------------------|----------|-----------|
| DO | | Get to and maintain a healthy weight. | | |
| LIMIT OR AVOID | | Avoid weight gain as an adult. | | |

TOGETHER, WE ARE STRONGER THAN CANCER.

The American Cancer Society is fighting cancer on all fronts. Our mission is to save lives, celebrate lives, and lead the fight for a world without cancer.

[Learn More](https://cancer.org/colon) // cancer.org/colontesting
[Detect It Early](https://cancer.org/nupa) // [Live Healthy](https://cancer.org/nupa) // cancer.org/nupa

