What We Know About Colorectal Cancer

Did you know?

In 2012, colorectal cancer was the 4th most commonly diagnosed and 4th most fatal cancer among men and women in the United States.\(^1\) The risk of developing colorectal cancer is slightly greater for men than women with 1 in 21 for men and 1 in 23 for women being diagnosed during their lifetime.\(^2\)

Colorectal cancer usually begins with a non-cancerous polyp on the inner lining of the colon or rectum. Some polyps become cancerous while others do not. Colorectal cancer screening can help detect and remove polyps before they become malignant.\(^3\)

From 2003-2012, incidence and mortality rates for colorectal cancer decreased by an average of 3.1% and 2.8% per year, respectively.\(^4\) This decrease can be attributed to advances in early detection and lifestyle modifications. Despite these improvements, progress still needs to be made. Current screening rates are below desired levels with slightly over half of adults meeting recommended screening guidelines.\(^5\)

Colorectal Cancer Statistics:\(^6\)

Estimated number of new cases in 2016:
- US: 134,490
- VA: 3,240

Estimated number of deaths in 2016:
- US: 49,190
- VA: 1,160

5-year Survival Rate:

Early detection of colorectal cancer is crucial to successful treatment outcomes. On average 65% of people with colorectal cancer will survive 5 years after diagnosis.\(^7\)

The survival rate increases to greater than 90% if detected at the localized stage. In contrast, if detected at a distant stage, 5-year survival decreases to 13.1%.

Types of Colorectal Cancer:

There is one primary type of colorectal cancer.

- Adenocarcinomas: 95% of all colorectal cancers

Several other types of cancer may start in the colon or rectum including

- carcinoid & gastrointestinal stromal tumors
- lymphomas and sarcomas.\(^8\)
Symptoms*: 

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Description</th>
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<tbody>
<tr>
<td>A change in bowel habits lasting more than a few days</td>
<td>Urge for a bowel movement but lack of relief in doing so</td>
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<tr>
<td>Rectal bleeding</td>
<td>Weakness</td>
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<tr>
<td>Blood in the stool</td>
<td>Fatigue</td>
</tr>
<tr>
<td>Cramping</td>
<td>Unintended weight loss</td>
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</tbody>
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*Symptoms may not be present until colorectal cancer has already progressed, regular screening may help prevent or detect colorectal cancer at an early stage.

Early Detection & Screening

_**U.S Preventive Services Task Force Guidelines**_  

For adults age 50 -75 and over at average risk*:

- Fecal Occult Blood Test (FOBT) every year  
  - OR
- Flexible Sigmoidoscopy every 5 years  
  - OR
- Colonoscopy every 10 years

*Individuals with a specific inherited syndrome, inflammatory bowel disease, or with first degree relatives with a history of colorectal cancer may require earlier screening. ALWAYS consult your physician regarding screening recommendations.

*Other screening exams for colorectal cancer include the fecal immunochemical test (FIT), stool DNA test, double-contrast barium enema, and CT colonography.

Treatment:

Six standard treatment options are available for the treatment of colorectal cancer. Treatment options are specific to the stage of colorectal cancer and may consist of one or more of the following:

- Surgery
- Chemotherapy
- Radiation therapy
- Targeted therapy
- Radiofrequency ablation
- Cryosurgery

Depending on the stage of the cancer, 2 or more of these types of treatments may be combined at the same time or used one after another.
Risk Factors

- Being overweight or obese
- Physical inactivity
- Poor diet
- Smoking
- Heavy alcohol use

High Risk Populations:

- Age > 50
- African Americans and Jews of Eastern European decent
- Inherited genetic predisposition
- Personal history of colorectal cancer or polyps
- Family history of colorectal cancer

Prevention:

You can reduce your risk for colorectal cancer by getting screened and choosing a healthy lifestyle.

- **Get Screened:**
  Colonoscopy has the ability to detect and remove pre-cancerous polyps, which significantly decreases cancer risk.

- **Know your risk:**
  Have a conversation with your physician to determine if you have increased risk of colorectal cancer.

- **Make healthy food choices:**
  Eat at least 2.5 cups of fruits and vegetables daily; this can decrease colon cancer risk by up to 25%.  
  Choose lean meats such as turkey, chicken, and fish, over red meats. Avoid processed meats.
  Choose whole grains (whole grain bread, cereals & pasta, brown rice, quinoa, etc.)

- **Maintain a healthy body weight:**
  Reach and maintain a healthy weight for your height. A body mass index (BMI) greater than 30 kg/m$^2$ increases colorectal cancer risk by 41%.

- **Be physically active:**
  Avoid sedentary behavior and participate in at least 150 minutes of moderate – intensity (e.g. brisk walking) aerobic exercise, and 2 days of muscle strengthening exercise per week.

- **Don’t smoke:**
  Both current and former smokers have over a 2-fold increased risk of developing colorectal cancer compared to never smokers. If you smoke, seek resources to help you stop.

- **Avoid heavy alcohol use:**
  Research shows that individuals who consume >45g alcohol (e.g. 3 - 5oz glasses of wine, 3 -12oz regular beers, 4.5 oz 80 proof spirits) have a 41% greater risk of developing colorectal cancer compared to non-drinkers.

**Additional Resources:**

References


