

Colorectal Cancer

Colorectal cancer is the second-leading cancer killer of men and women combined in the U.S. More than 90 percent of colorectal cancer cases are discovered in people age 50 and over. Screening is essential to diagnosing colorectal cancer because the disease typically lacks symptoms in the early stages. Approximately one-third of adults over 50 have not been screened. Colorectal cancer develops in the cells lining the colon and rectum. The stage is based on the extent of the spread of cancer through deeper layers, lymph nodes, and surrounding structures.

Statistics

- In 2021, an estimated **149,500 cases** of colon and rectal cancer will be diagnosed in the United States.
- An estimated **52,980 people** in the United States will die from colorectal cancer in 2021.
- The five-year survival rate for colorectal cancer discovered early and before the cancer spreads is **90 percent**, but only 38 percent of colorectal cancers are identified in this early stage.
- In Texas in 2021, there are **11,280 expected new cases** of colon and rectal cancer and **4,030 deaths**.

Risk Factors

- **Age:** People age 50 and over have a higher risk of developing colorectal cancer. However, colorectal cancer in people under 50 is rising.
- **Family History:** People with a family history of colorectal polyps, along with a family history of colorectal cancer, are at greater risk and should consult a doctor about screening frequency.
- **Inflammatory Bowel Disease:** People with inflammatory bowel disease have a higher risk of colorectal cancer and may need earlier or more frequent screening.
- **Diet:** Diets that contain large amounts of red and processed meats can increase risk.
- **Personal Health:** Overweight and inactive people are at a higher risk. Type 2 diabetes has been linked to an increased risk of colorectal cancer. People with a history of polyps are also at an increased risk, and may need earlier or more frequent screening. Long-term smoking and heavy alcohol use raise risk.
- **Inherited Syndromes:** Lynch Syndrome (HNPCC) and familial adenomatous polyposis (FAP) increase risk of colorectal cancer. Lynch syndrome is responsible for about 2-4 percent of colorectal cancers, and those with the condition have a lifetime risk of up to 50 percent of developing colorectal cancer. FAP, which can increase polyp development, causes about 1 percent of colorectal cancer cases. Genetic testing can determine if a person has the gene mutation associated with these syndromes.

Symptoms and Signs

Typically, people in the early stages of colorectal cancer do not have symptoms; symptoms become apparent as the disease advances. If a person experiences any of the following symptoms, he or she should consult a physician.

- Abnormal bowel habits
- Vomiting, diarrhea, constipation
- Cramping or stomach discomfort
- Frequent gas or feeling bloated
- Bleeding from the rectum
- Blood in the stool
- Feeling of weakness or fatigue
- Stools that are narrower than usual
- Anemia
- Decreased appetite
- Unexplained weight loss
- Feeling bowel doesn't fully empty

Prevention

- **Screening:** Men and women age 45 and older with an average risk for developing colorectal cancer should discuss the most appropriate screening test with their physician. Screening tests include annual guaiac-based fecal occult blood test (gFOBT) or fecal immunochemical test (FIT); multi-targeted stool DNA (MT-sDNA) test every three years; flexible sigmoidoscopy every five years; double-contrast barium enema every five to 10 years; virtual colonoscopy every five years; or colonoscopy every 10 years. Those with increased risk factors should consult their physician whether to begin screenings earlier than age 45. Those with symptoms or a positive test from another type of test should have a colonoscopy.
- **Lifestyle:** Maintaining a healthy weight through a regular exercise schedule and healthy diet may decrease the risk of colorectal cancer. A healthy diet includes plenty of fruits, vegetables, and whole grains. Long-term smoking increases risk. Aspirin, ibuprofen, and naproxen are linked to lower risk of colorectal cancer and polyps. However, these drugs can have serious side effects. You should talk with your physician before taking them specifically to lower your risk.

Treatment

Main types of treatment for colorectal cancer include surgery, radiation therapy, proton therapy, chemotherapy, ablation, immunotherapy, targeted therapies, and palliative care. Specific needs may be addressed by surgeons, gastroenterologists, or medical or radiation oncologists. For complex treatments, a team of specialists may be involved.

Sources: American Cancer Society, Centers for Disease Control and Prevention, Colorectal Cancer Alliance, and National Cancer Institute



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