

Colorectal Cancer

Colorectal cancer is the second-leading cancer killer of men and women combined in the U.S. The majority 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 30% of adults within the recommended colorectal cancer screening age range are not up to date with their regular screenings. 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 2024 an estimated **152,810 cases** of colon and rectal cancer will be diagnosed in the United States.
- An estimated **53,010 people** in the United States will die from colorectal cancer in 2024.
- The five-year survival rate for colorectal cancer discovered early and before the cancer spreads is **91%**, but only about 35% of colorectal cancers are identified in this early stage.
- In Texas in 2024, there will be **12,260 expected new cases** of colon and rectal cancer and **4,410 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 and familial adenomatous polyposis (FAP) increase risk of colorectal cancer. Lynch syndrome is responsible for about 2%-4% of colorectal cancers, and those with the condition have a lifetime risk of up to 50% of developing colorectal cancer. FAP, which can increase polyp development, causes about 1% 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 on 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; virtual colonoscopy every five years; or colonoscopy every 10 years. Although not as common, those unable to undergo a colonoscopy may do a double-contrast barium enema (DCBE) test. People with increased risk factors should consult their physician regarding whether to begin screenings earlier than age 45. Those with symptoms or a positive test result from another type of test should have a colonoscopy.
- **Lifestyle:** Maintaining a healthy weight through regular exercise and a 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 medicine. Specific needs may be addressed by surgeons, gastroenterologists, or medical or radiation oncologists. For complex treatments, a team of specialists may be involved.

About Texas Oncology

With more than 530 physicians and 280 locations, Texas Oncology is an independent private practice, a member of The US Oncology Network, that sees more than 71,000 new cancer patients each year. Founded in 1986, Texas Oncology provides comprehensive, multidisciplinary care, and includes Texas Center for Proton Therapy, Texas Breast Specialists, Texas Colon & Rectal Specialists, Texas Oncology Surgical Specialists, Texas Urology Specialists and Texas Infusion and Imaging Center. Texas Oncology's robust community-based clinical trials and research program has contributed to the development of more than 100 FDA-approved cancer therapies. Learn more at [TexasOncology.com](https://www.texasoncology.com).

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



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