

# COLORECTAL CANCER: CATCHING IT EARLY

American Cancer Society // Infographics // 2017

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.



## 90%

**5-YEAR SURVIVAL RATE**  
IF FOUND AT THE LOCAL STAGE



## 39%

**DIAGNOSED AT AN EARLY STAGE**  
PARTLY DUE TO LOW TESTING RATES

### 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

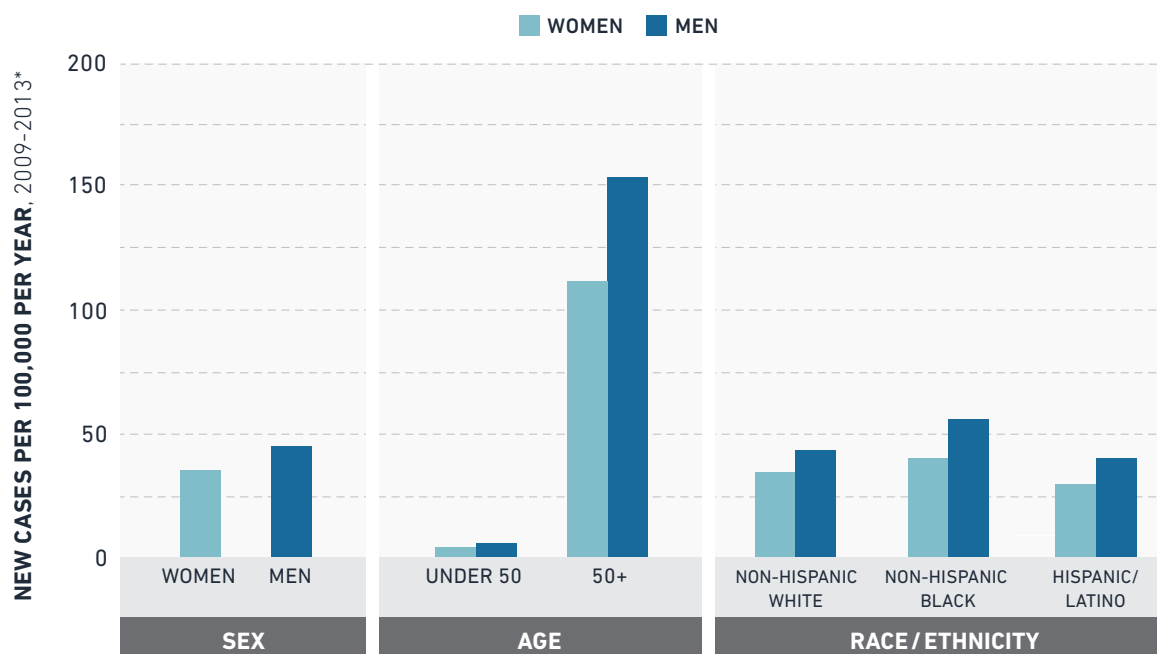
Growth is through the wall of the colon or rectum; tissue or lymph nodes beyond the colon or rectal walls may also be affected.

#### DISTANT

Cancer has spread to other parts of the body, such as the liver or lungs.

## 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 2017-2019

## WHAT CAN YOU DO ABOUT IT?

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

	DIET	BODY MASS INDEX	ACTIVITY	LIFESTYLE
DO		 <b>18–25</b>		
LIMIT		 <b>25+</b> A BMI of 25 or higher is considered overweight or obese.		

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

TYPE OF SCREENING TEST	PROS	CONS
<b>VISUAL EXAMINATION TESTS</b>		
<b>Flexible Sigmoidoscopy</b> 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"> <li>Fairly quick</li> <li>Sedation usually not used</li> <li>Does not require a specialist</li> <li>Should be done every 5 years</li> </ul>	<ul style="list-style-type: none"> <li>Doesn't view upper part of colon</li> <li>Can't see or remove all polyps</li> <li>Colonoscopy needed if abnormal</li> </ul>
<b>Colonoscopy</b> Direct exam of colon and rectum. Polyps removed if present. Required for abnormal results from other tests.	<ul style="list-style-type: none"> <li>Can usually view entire colorectum</li> <li>Can biopsy and remove polyps</li> <li>Done every 10 years</li> </ul>	<ul style="list-style-type: none"> <li>Can be expensive</li> <li>Higher risk than other tests</li> <li>Full bowel preparation needed</li> </ul>
<b>Double-contrast Barium Enema</b> X-ray exam of colon. Barium sulfate is put in through the rectum and spreads throughout the colon.	<ul style="list-style-type: none"> <li>Can usually view entire colorectum</li> <li>Relatively safe</li> <li>No sedation needed</li> <li>Should be done every 5 years</li> </ul>	<ul style="list-style-type: none"> <li>Can miss small polyps</li> <li>Can't remove polyps during test</li> <li>Full bowel preparation needed</li> <li>Colonoscopy needed if abnormal</li> </ul>
<b>CT Colonography</b> 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"> <li>Fairly quick and safe</li> <li>Can usually view entire colorectum</li> <li>No sedation needed</li> <li>Should be done every 5 years</li> </ul>	<ul style="list-style-type: none"> <li>Still fairly new test</li> <li>Can't remove polyps during test</li> <li>Full bowel preparation needed</li> <li>Colonoscopy needed if abnormal</li> </ul>
<b>STOOL TESTS</b>		
<b>Guaiac-based Fecal Occult Blood Test/ Fecal Immunochemical Test</b> Can detect blood in stool caused by tumors or polyps. Health care provider gives patient at-home kit.	<ul style="list-style-type: none"> <li>No direct risk to the colorectum</li> <li>No bowel preparation</li> <li>Sampling done at home</li> </ul>	<ul style="list-style-type: none"> <li>May miss some polyps/cancers</li> <li>Done every year</li> <li>Colonoscopy needed if abnormal</li> </ul>
<b>Stool DNA Test</b> Looks for certain DNA changes from cancer or polyps cells. Health care provider has kit sent to patient.	<ul style="list-style-type: none"> <li>No direct risk to the colorectum</li> <li>No bowel preparation</li> <li>Sampling done at home</li> </ul>	<ul style="list-style-type: none"> <li>May miss some polyps/cancers</li> <li>Colonoscopy needed if abnormal</li> </ul>

\*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.

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

