

# Colorectal cancer

Colorectal (colon) cancer is cancer that occurs in your colon or rectum. The treatment and survival rate for colon cancer has continually improved over the last few decades thanks in part to regular screenings.<sup>1</sup>

## Colorectal cancer risk factors

According to the Centers for Disease Control and Prevention (CDC), your risk of getting colorectal cancer increases as you age. About 90 percent of cases occur in people who are 50 years old and older.<sup>2</sup> Risk factors other than age include:

- A genetic syndrome (e.g., familial adenomatous polyposis, hereditary non-polyposis colorectal cancer, etc.)
- Alcohol consumption
- Diet-related issues, including
  - A diet low in fruits and vegetables
  - A low-fiber, high-fat diet
  - A diet high in processed meats
- Inflammatory bowel disease (such as Crohn's disease or ulcerative colitis)
- Lack of regular physical activity
- Personal or family history of colorectal cancer or colorectal polyps
- Tobacco use
- Weight (e.g., overweight, obesity)



## Reduce your risk

To reduce your risk of developing colorectal polyps or colorectal cancer:

- Don't smoke, vape, or chew tobacco
- Eat a diet low in animal fats and high in fruit, vegetables, and whole grains
- Increase physical activity
- Limit alcohol consumption

## Symptoms<sup>3</sup>

Sometimes, colorectal polyps and colorectal cancer do not cause symptoms. Sometimes they do. Symptoms can include:

- Abdominal ache, cramps, or pain that doesn't go away
- A change in bowel habits
- Blood in or on your stool (bowel movement)
- Constipation, diarrhea, or a feeling that the bowel does not empty all the way
- Weight loss that you cannot explain

Regular screenings for colorectal cancer are important. If you have any of the above symptoms, talk to your doctor.

## Screenings<sup>4</sup>

The American Cancer Society recommends that people at average risk\* of colorectal cancer **start regular screening at age 45**, either through:

- A sensitive test that looks for signs of cancer in a person's stool (a stool-based test), **or**
- An exam that looks at the colon and rectum (a visual exam)

After age 45, the American Cancer Society recommends ongoing screenings as follows:

- People in good health with a life expectancy of more than 10 years should continue regular colorectal cancer screening through the **age of 75**
- People ages **76 through 85**, should base a decision to be screened on personal preferences, life expectancy, overall health, and prior screening history

After age 85, the American Cancer Society suggests no further colorectal cancer screenings are needed.

\*For screening, people are considered as having average risk if they **do not** have:

- A confirmed or suspected hereditary colorectal cancer syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC)
- A family history of colorectal cancer
- A personal history of colorectal cancer or certain types of polyps
- A personal history of getting radiation to the abdomen (belly) or pelvic area to treat a prior cancer
- A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease)

## Screening tests

- Stool tests—There are several different options available. Tests are typically done every year with the use of a kit from your healthcare provider that you can do at home and return to your doctor or a lab<sup>5</sup>.
- Flexible sigmoidoscopy—Performed by a doctor every 5 years (or every 10 years if a fecal immunochemical test [stool test] is done every year) to check for polyps or cancer inside the rectum and lower third of the colon.\*
- Colonoscopy—Performed every 10 years by a doctor to check for polyps or cancer inside the rectum and the entire colon. During this test, the doctor can find and remove most polyps and some cancers.\*

**\*Note:** Before either a sigmoidoscopy or a colonoscopy, you will need to clean out your colon. Colon prep takes 1 to 2 days depending on the prep your doctor recommends. Some prep may be taken the evening before the test. For many people, prep may be scarier than the actual test. If possible, plan to stay home during your prep time since you will need to frequently use the bathroom. The colon prep causes loose, frequent stools and diarrhea, so that your colon will be empty for the test.

## Select the best colon cancer test for you

You and your doctor can determine when you start getting and how often you get colorectal screenings. Testing may depend on:

- Available resources
- Family history
- Medical condition
- Personal preference

1. “Key Statistics for Colorectal Cancer,” American Cancer Society, last accessed March 4, 2020, <https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html>, opens new window.
2. What Are the Risk Factors for Colorectal Cancer? The Centers for Disease Control and Prevention. [https://www.cdc.gov/cancer/colorectal/basic\\_info/risk\\_factors.htm](https://www.cdc.gov/cancer/colorectal/basic_info/risk_factors.htm). Last reviewed: February 8, 2021. Last accessed: March 18, 2021.
3. What Are the Symptoms of Colorectal Cancer? The Centers for Disease Control and Prevention. [https://www.cdc.gov/cancer/colorectal/basic\\_info/symptoms.htm](https://www.cdc.gov/cancer/colorectal/basic_info/symptoms.htm). Last reviewed February 8, 2021. Last accessed: March 18, 2021.
4. American Cancer Society Guideline for Colorectal Cancer Screening: For people at average risk <https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html>. Last accessed March 19, 2021.
5. Colorectal Cancer Screening Tests,” Centers for Disease Control and Prevention, last accessed March 4, 2020, [https://www.cdc.gov/cancer/colorectal/basic\\_info/screening/tests.htm](https://www.cdc.gov/cancer/colorectal/basic_info/screening/tests.htm), opens new window.

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**አማርኛ (Amharic):** ነፃ የቋንቋ ድጋፍ አገልግሎቶችን ለማግኘት ከላይ ባለው ስልክ ቁጥር ይደውሉ።

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