

10 FACTS ABOUT COLORECTAL CANCER

1. Excluding skin cancer, colorectal cancer is the 3rd most common diagnosed cancer and cause of cancer related death in American men and women.¹ The American Cancer Society predicts that Texas will have the 2nd highest volume of new colorectal cancer cases in the US in 2020.
2. There is a 1 in 23 lifetime risk of getting colorectal cancer for men and women combined.²
3. Even though colorectal cancer still occurs more often in people over 55 years of age, rates have risen dramatically in Gen X and Millennials. Three in ten rectal cancer diagnoses are now in patients under 55. Younger adults are more likely to be diagnosed when their cancer is in advanced stages.¹
4. Symptoms of colorectal cancer include unexplained weight loss, rectal bleeding, change in bowel habits, change in color or shape of stool, and/or abdominal or back pain. There are often no symptoms until colorectal cancer is in advanced stages which is why screening to find precancerous polyps is so important in preventing colorectal cancer.
5. In 2018 the American Cancer Society lowered the age of colorectal cancer screening to 45 in the person with an average risk of colorectal cancer (no symptoms or family history). Not all organizations, including the U.S. Preventive Services Task Force, have changed their guidelines from screening at 50 years of age. Some organizations still recommend African Americans start screening at age 45.
6. Earlier screening is recommended for people considered high risk including those with the following²:
 - family history of colon cancer/adenomatous polyps, especially a first degree relative who was < 50 years of age when diagnosed; screening is usually recommended 10 years prior to the age the relative was diagnosed
 - Inflammatory bowel disease (Crohn's/Ulcerative colitis) ≥ 8-10 years
 - family history of inherited colon cancer syndromes such as lynch syndrome
7. Colonoscopy is not the only screening test but is considered the gold standard by the colorectal surgeons and gastroenterology organizations. It allows doctors to take biopsies, remove cancer in situ (contained within the colon and has not spread), and tattoo tumors for future surgery. Any other screening test that is positive may require the person to get a colonoscopy which will then be considered diagnostic, not a screening test. Currently, only about two-thirds of people aged 50 or older, for whom screening is recommended, report having received colorectal cancer testing consistent with current guidelines.³ Excuses cited for people not getting screened include not having a family history and not having symptoms.
8. Though the anus is the last part of the large intestine, anal cancer is different than colorectal cancer. [Appendix](#) cancer is also different than colorectal cancer.

References:

1. American Cancer Society www.cancer.org
2. Colorectal Cancer Alliance www.ccalliance.org/
3. Colon Cancer Coalition <https://coloncancercoalition.org/>