

Colorectal Cancer

Incidence & Mortality. In the U.S. an estimated 108,070 cases of colon and 40,740 cases of rectal cancer occurred in 2008. Colorectal cancer is the third most common cancer in both men and women. Colorectal cancer incidence rates have been decreasing for most of the last 2 decades partly due to an increase in screening. An estimated 49,960 deaths from colon and rectum cancer occurred in 2008 in the U.S., accounting to 9% of all cancer deaths. Mortality rates from colorectal cancer have declined in both men and women over the past two decades. This decrease reflects declining incidence rates and improvements in early detection and treatment.

Symptoms. Early stage colorectal cancer does not usually have symptoms; therefore, screening is necessary to detect colorectal cancer in its early stages. Advanced disease may cause rectal bleeding, blood in the stool, a change in bowel habits, and cramping pain in the lower abdomen.

Risk factors. The risk of colorectal cancer increases with age; more than 90% of cases are diagnosed in individuals aged 50 and older. Risk is also increased by certain inherited genetic mutations, a personal or family history of colorectal cancer and/or polyps, or a personal history of chronic inflammatory bowel disease. Several modifiable factors are associated with increased risk of colorectal cancer. Among these are obesity, physical inactivity, smoking, heavy alcohol consumption, a diet high in red or processed meat, and inadequate intake of fruits and vegetables. Studies indicate that men and women who are overweight are more likely to develop and die from colorectal cancer.

Screening. Beginning at age 50, men and women who are at average risk for developing colorectal cancer should begin screening. Screening can result in the detection and removal of colorectal polyps before they become cancerous, as well as the detection of cancer that is at an early stage. Thus, screening reduces mortality both by decreasing incidence and by detecting a higher proportion of cancers at early, more treatable stages. For more details see here. *Link: [presept/patients/screening](#)*

Treatment. Surgery is the most common treatment for colorectal cancer. For cancers that have not spread, surgical removal may be curative. A permanent colostomy (creation of an abdominal opening for elimination of body wastes) is very rarely needed for colon cancer and is infrequently required for rectal cancer. Chemotherapy alone, or in combination with radiation (for rectal cancer), is given before or after surgery to most patients whose cancer has penetrated the bowel wall deeply or spread to lymph nodes. In addition to chemo and radiation therapy, three new targeted monoclonal antibody therapies were recently approved by the US Food and Drug Administration (FDA) to treat metastatic colorectal cancer.

Survival. The 1- and 5-year relative survival for persons with colorectal

cancer is 82% and 64%, respectively. Survival continues to decline beyond 5 years to 57% at 10 years after diagnosis. When colorectal cancers are detected at an early, localized stage, the 5-year survival is 90%; however, only 39% of colorectal cancers are diagnosed at this stage, mostly due to low rates of screening. After the cancer has spread regionally to involve adjacent organs or lymph nodes, the 5-year survival drops to 68%. For persons with distant metastases, 5-year survival is 10%.

Modified from American Cancer Society. Cancer Facts & Figures 2008. Atlanta: American Cancer Society; 2008.