

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.



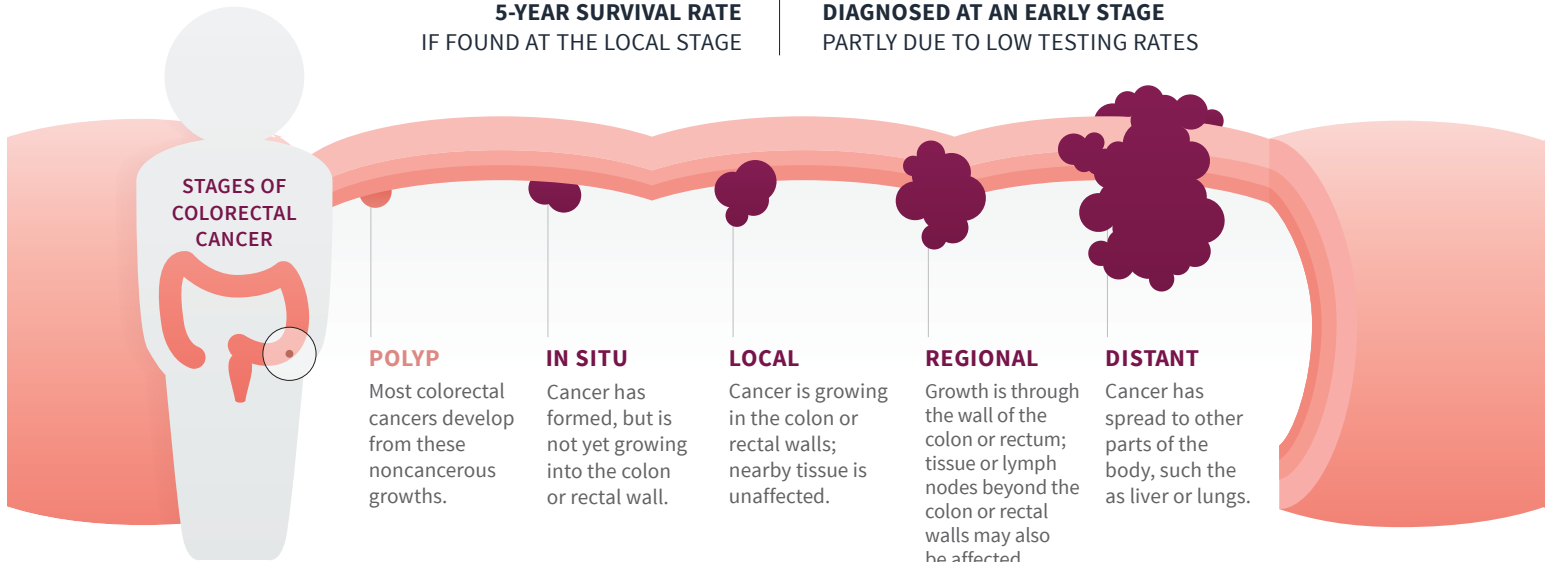
90%

5-YEAR SURVIVAL RATE
IF FOUND AT THE LOCAL STAGE



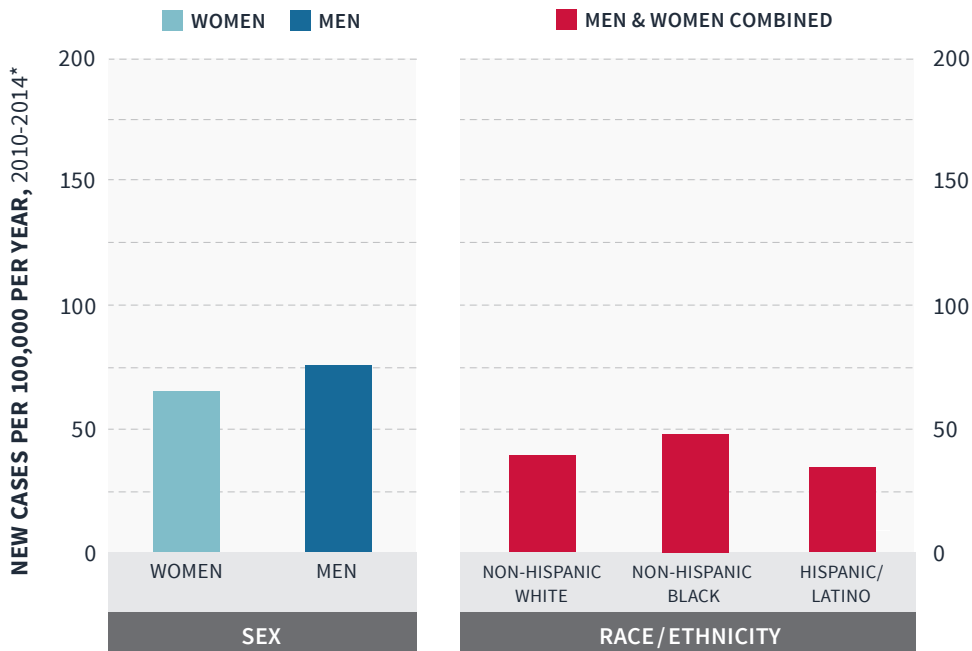
39%

DIAGNOSED AT AN EARLY STAGE
PARTLY DUE TO LOW TESTING RATES



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 2018*

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				
LIMIT				

IF YOU'RE 45 OR OLDER,* TALK TO YOUR DOCTOR ABOUT GETTING TESTED.

TYPE OF SCREENING TEST	PROS	CONS
STOOL TESTS		
Guaiaac-based Fecal Occult Blood Test/ Fecal Immunochemical Test Can detect blood in stool caused by tumors or polyps. Health care provider gives patient at-home kit.	<ul style="list-style-type: none"> • No direct risk to the colorectum • No bowel preparation • Sampling done at home 	<ul style="list-style-type: none"> • May miss some polyps/cancers • Done every year • Colonoscopy needed if abnormal
Multi-targeted stool DNA test (MT-sDNA) Looks for certain DNA changes from cancer or polyps cells. Health care provider has kit sent to patient.	<ul style="list-style-type: none"> • No direct risk to the colorectum • No bowel preparation • Sampling done at home 	<ul style="list-style-type: none"> • May miss some polyps/cancers • Colonoscopy needed if abnormal • Done every 3 years
VISUAL EXAMINATION TESTS		
Flexible Sigmoidoscopy 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"> • Fairly quick • Sedation usually not used • Does not require a specialist • Should be done every 5 years 	<ul style="list-style-type: none"> • Doesn't view upper part of colon • Can't see or remove all polyps • Colonoscopy needed if abnormal
Colonoscopy Direct exam of colon and rectum. Polyps removed if present. Required for abnormal results from other tests.	<ul style="list-style-type: none"> • Can usually view entire colorectum • Can biopsy and remove polyps • Done every 10 years 	<ul style="list-style-type: none"> • Can be expensive • Higher risk than other tests • Full bowel preparation needed
CT Colonography 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"> • Fairly quick and safe • Can usually view entire colorectum • No sedation needed • Should be done every 5 years 	<ul style="list-style-type: none"> • Still fairly new test • Can't remove polyps during test • Full bowel preparation needed • Colonoscopy needed if abnormal

* For average-risk individuals with no symptoms, testing should begin at age 45. 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.

TOGETHER, WE ARE STRONGER THAN CANCER.

The American Cancer Society is a global grassroots force of nearly two million strong. Our mission is to save lives, celebrate lives, and lead the fight for a world without cancer.

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

