

## Colorectal Cancer

The Average Lifetime Risk for Men = 1 in 23.  
The Average Lifetime Risk for Women = 1 in 25

The fourth most commonly diagnosed cancer in the U.S.

The second leading cause of cancer death in the U.S.

## 2023 Estimates

153,020 people will be diagnosed with Colorectal Cancer.

52,550 people will die from Colorectal Cancer.

## Young-onset CRC is on the rise

These are the statistics from 2007 through 2016.

Rates for people aged 65 or over dropped by 3.3% each year.

Rates for people under 50 increased 2.2% each year.

## Colorectal Cancer and Ethnicity

African Americans have the second highest incidence and mortality rates.

From 2009-2013, Colorectal Cancer incidence rates were 20% higher for African Americans.

Colorectal Cancer death rates are 35% higher for African Americans.

## What are the symptoms of colorectal cancer?

Colorectal cancer may not cause symptoms, particularly at first. Someone can have colon cancer or rectal cancer and not know it. That's why every person should get screened starting at age 45. People at higher risk may need to get checked earlier, according to their risk factors. When they occur, symptoms may include:

**Changing bowel habits:** Changing bowel habits may include intermittent or constant diarrhea and/or constipation, a change in the consistency of your stool, or stools that are more narrow than usual.

**Persistent abdominal discomfort:** Abdominal discomfort may present as cramps, gas, or pain. You may also feel full, bloated, or like your bowel is not completely empty. Nausea and vomiting can also be symptoms.

**Rectal bleeding:** Blood in or on your stool is a symptom of rectal cancer and colon cancer. The blood can be bright red, or the stool may be black and tarry or brick red.

**Weakness and/or fatigue:** Weakness and/or fatigue may be a sign of colorectal cancer. Weakness and/or fatigue may be accompanied by anemia or a low red blood cell count.

**Unexplained weight loss:** A loss of weight for no known reason should always be investigated. Nausea and/or vomiting are also possible symptoms.

## How does screening save lives?

Screening for colorectal cancer works in two ways:

1. By finding cancers early when treatment is most effective
2. By finding growths (polyps) inside the colon and removing them before they become cancer

## If screening works, why aren't more people doing it?

According to the Centers for Disease Control and Prevention, only 1 in 3 adults who need to be screened are actually doing it. Why so few? There are many reasons, including:

- Insurance coverage and paying for the test
- Fears about the test or preparation
- A primary care doctor hasn't suggested it. (Please be your own advocate! Know your options!)
- Too busy/don't think they have time

## What can I do if I can't afford to pay for a screening test or the costs associated with screening?

It's important to be aware that under the Affordable Care Act, screening colonoscopies are covered as a preventative measure for average risk populations with insurance. We recommend talking to your doctor, insurance provider or local gastroenterologist to learn more about your coverage and financial assistance options they may have.

## Why remove polyps if you don't have cancer?

Polyps are growths that may turn into colorectal cancer over time. While not every polyp turns to cancer, it is difficult to know which ones will. Also, almost every colorectal cancer begins as a small non-cancerous polyp. The good news is that during colonoscopy, these polyps can be identified and removed, preventing a possible colorectal cancer diagnosis. If a polyp is large enough, tissue can be taken and sent for biopsy to determine the exact type of polyp.

## What are my options for screening?

Although colonoscopy is the most well-known test, you have many options when it comes to getting checked. Visit our Screening Methods page and talk to your doctor about finding the test that's right for you.

