

# COLON CANCER: CATCHING IT EARLY

American Cancer Society // Infographics

Despite decreases in colon cancer death rates over the past two decades, it remains the third most common cause of cancer-related death in men and women in the US. Routine testing can help prevent colon cancer or find it at an early stage, when it is smaller and easier to treat. If it's found and treated early, the 5-year survival rate is 90%. Many more lives could be saved by understanding colon cancer risks, increasing testing rates, and making lifestyle changes.



**90%**

**5-YEAR SURVIVAL RATE**  
IF FOUND AT THE LOCAL STAGE



**40%**

**DIAGNOSED AT AN EARLY STAGE**  
PARTLY DUE TO LOW TESTING RATES

## STAGES OF COLON CANCER



### POLYP

Most colon cancers develop from these noncancerous growths.

### IN SITU

Cancer has formed, but is not yet growing into the colon or rectum walls.

### LOCAL

Cancer is growing in the colon or rectum walls; nearby tissue is unaffected.

### REGIONAL

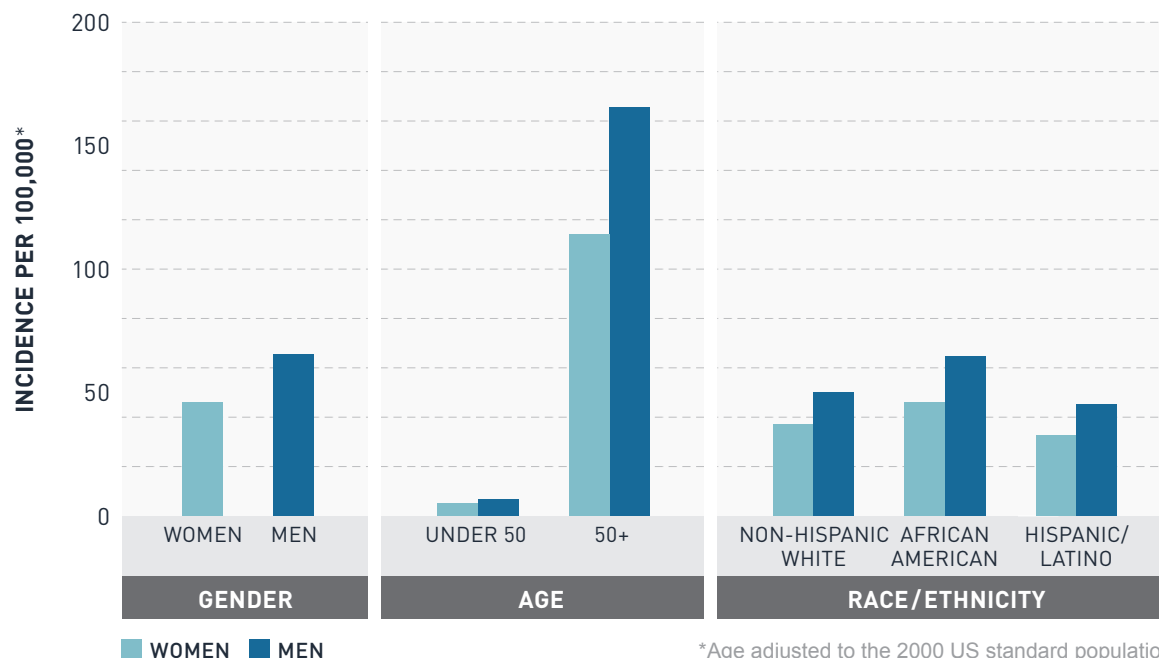
Growth is into tissue or lymph nodes, beyond the colon or rectum walls.

### DISTANT

Cancer has spread to other parts of the body, such as the liver or lungs.

## WHO GETS COLON CANCER?


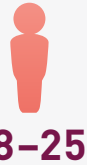



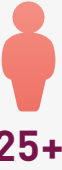


ANYONE CAN GET COLON CANCER, BUT SOME PEOPLE ARE AT AN INCREASED RISK



\*Age adjusted to the 2000 US standard population  
Source: *Colorectal Cancer Facts & Figures 2014-2016*

## WHAT CAN YOU DO ABOUT IT?

REDUCE YOUR RISK BY MANAGING YOUR DIET, WEIGHT, AND PHYSICAL ACTIVITY

	DIET	BODY MASS INDEX	ACTIVITY	LIFESTYLE
DO				
LIMIT				

IF YOU'RE 50 OR OLDER,\* TALK TO YOUR DOCTOR ABOUT GETTING TESTED

TYPE OF SCREENING TEST	PROS	CONS
<b>Flexible Sigmoidoscopy</b> 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"> <li>Fairly quick</li> <li>Sedation usually not used</li> <li>Does not require a specialist</li> </ul>	<ul style="list-style-type: none"> <li>Doesn't view upper part of colon</li> <li>Can't see or remove all polyps</li> <li>Colonoscopy needed if abnormal</li> </ul>
<b>Colonoscopy</b> Direct exam of colon and rectum. Polyps removed if present. Required for abnormal results from other tests.	<ul style="list-style-type: none"> <li>Can usually view entire colon</li> <li>Can biopsy and remove polyps</li> <li>Done every 10 years</li> </ul>	<ul style="list-style-type: none"> <li>Costs more than other tests</li> <li>Higher risk than other tests</li> <li>Full bowel preparation needed</li> </ul>
<b>Double-Contrast Barium Enema</b> X-ray exam of colon. Barium sulfate is put in through the rectum and spreads throughout the colon.	<ul style="list-style-type: none"> <li>Can usually view entire colon</li> <li>Relatively safe</li> <li>No sedation needed</li> </ul>	<ul style="list-style-type: none"> <li>Can miss small polyps</li> <li>Can't remove polyps during test</li> <li>Full bowel preparation needed</li> </ul>
<b>CT Colonography</b> 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"> <li>Fairly quick and safe</li> <li>Can usually view entire colon</li> <li>No sedation needed</li> </ul>	<ul style="list-style-type: none"> <li>Still fairly new test</li> <li>Can't remove polyps during test</li> <li>Full bowel preparation needed</li> </ul>
<b>Fecal Occult Blood Test / Fecal Immunochemical Test</b> Can detect blood in stool caused by tumors or polyps. Health care provider gives patient at-home kit	<ul style="list-style-type: none"> <li>No direct risk to the colon</li> <li>No bowel preparation</li> <li>Sampling done at home</li> </ul>	<ul style="list-style-type: none"> <li>Colonoscopy needed if abnormal</li> <li>May miss some polyps/cancers</li> <li>Should be done every year</li> </ul>
<b>Stool DNA Test</b> Looks for certain DNA changes from cancer or polyps cells. Health care provider has kit sent to patient.	<ul style="list-style-type: none"> <li>No direct risk to the colon</li> <li>No bowel preparation</li> <li>Sampling done at home</li> </ul>	<ul style="list-style-type: none"> <li>Colonoscopy needed if abnormal</li> <li>May miss some polyps/cancers</li> <li>Should be done every 3 years</li> </ul>

\*For average-risk individuals with no symptoms, testing should begin at age 50. If you are at increased risk or are experiencing symptoms, speak to your doctor 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.

## SUPPORT THE AMERICAN CANCER SOCIETY

When you support the American Cancer Society, you join millions of others who are committed to saving lives and celebrating life in your community and around the world. Thank you for supporting these lifesaving efforts that get us closer to a world free from the pain and suffering of cancer.

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

