Colon Cancer Facts for Patients

**What is colon cancer?**
- Also referred to as colorectal cancer
- Occurs in the colon (or large intestine) or in the rectum
- Often develops slowly

Before cancer develops, an abnormal growth called a polyp may develop on the inner lining of the large intestine or rectum. Polyps are common and typically do not cause symptoms; however, some are dangerous and may turn into cancer over time.

**What are the symptoms of colon cancer?**
Colon cancer often has no obvious signs or symptoms in its early stages. By the time colon cancer symptoms can be noticed, in many cases the cancer has advanced to a later stage.

If you experience any of the following symptoms, which may be associated with colon cancer, you should see your healthcare provider immediately:
- A change in bowel habits, such as diarrhea or constipation that lasts for more than a few days
- A feeling that you need to have a bowel movement that is not relieved by having one
- Blood in your stool
- Cramping or stomach pain
- Weakness and fatigue
- Unexpected weight loss

**Why is screening important?**
Colon cancer is one of the most preventable yet least prevented cancers. It is the fourth most diagnosed cancer and the second leading cause of cancer-related death in the United States. Despite these facts, colon cancer can be prevented if precancer is found and is one of the most treatable cancers if it is found early through screening and diagnosis.

Yet, 1 in every 3 adults 50 years of age or older is still not getting screened as recommended. Even if you don’t have any symptoms, screening is strongly recommended by medical guidelines because it can:
- Identify precancerous polyps or adenoma
- Find colon cancer early, when it is highly treatable

When identified as localized disease, colon cancer has a 90% 5-year survival rate.
Risk factors: What causes colon cancer?
There is no single factor that leads to colon cancer, but certain factors may increase your risk:

- [45/50] years of age or older\(^1\)
- Family history of colon cancer\(^1\)
- Certain genetic alterations\(^1\)
- Diet high in red and processed meats\(^1\)
- Heavy alcohol use\(^1\)
- Smoking\(^1\)
- Diabetes, obesity, and lack of exercise\(^1\)

Even if you do not have these risk factors, it's important to talk with your healthcare provider and get screened regularly.

What’s the difference between precancer and cancer?
Before colon cancer develops, an abnormal growth called a polyp may develop on the inner lining of the large intestine or rectum. Polyps are common and begin as noncancerous growths, but some can turn into cancer over time.\(^1\)

The earlier colon cancer is found, the easier it is to treat.\(^2\) This is why regular screening is worthwhile—screening has the potential to save lives through early detection of precancer and cancer.

What are your screening options?
You have multiple colon cancer screening options, including noninvasive options. According to the US Preventive Services Task Force (USPSTF) and the American Cancer Society (ACS), widely available screening options include:

- Colonoscopy: a procedure performed in a hospital/outpatient clinic that requires sedation and patient prep; uses a tube to visually search the colon for cancer and precancer; recommended every 10 years\(^5,6\)
- Flexible sigmoidoscopy: a procedure performed in a hospital/outpatient clinic that requires patient prep and may require sedation; uses a tube to visually search the rectum and part of the colon for cancer and precancer; recommended every 5 years\(^5,6\)
- CT colonography: a noninvasive imaging method performed in a hospital/outpatient clinic that requires patient prep; X-rays are used to form a computer-generated image of the colon to identify polyps and abnormal growths; recommended every 5 years\(^5,6\)
- Fecal immunochemical test or fecal occult blood test (also known as FIT or FOBT): a noninvasive, at-home test that may require diet restrictions; tests for blood in stool; recommended every year\(^5,6\)
- Stool DNA test: a noninvasive, at-home test that requires no patient prep; detects abnormal DNA and blood in stool; recommended every 3 years\(^5,6\)

CT, computed tomography.

Talk to your healthcare provider about which option is right for you.

*Based on people diagnosed with CRC in stage I, stage IIa, or stage IIb between 2008 and 2014. **Localized**: There is no sign that the cancer has spread outside of the colon or rectum. This includes AJCC stage I, IIa, and IIb cancers.


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