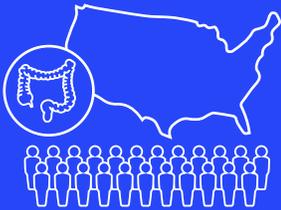


# Colorectal cancer: Catch it early and reduce your risk.



Colorectal cancer is the third most common cancer in men and women in the US. Cancer screening tests look for cancer in people who don't have any signs or symptoms. When colorectal cancer is found early during screening, it's usually smaller and might be easier to treat.

## US Colorectal Cancer Stats



While overall rates of colorectal cancer have gone down over the past 10 years, rates in people younger than age 50 have gone up by about 2% each year.



**1 in 5**

colorectal cancer cases are now in people under age 55.



**1 in 3**

people who get colorectal cancer have a family history. They're also more likely to get colorectal cancer at a earlier age.

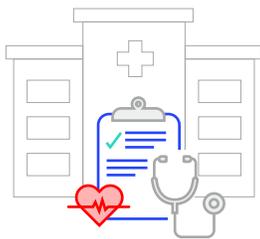


**1 in 5**

people ages 45 through 49 are up-to-date on colorectal screening, lower than any other age group.

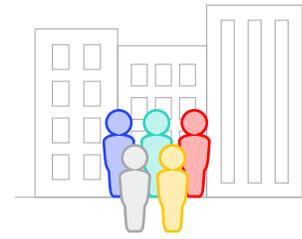
## Who gets colorectal cancer?

Anyone can get colorectal cancer, but some people have a higher risk than others.



### Certain health conditions increase risk.

- People with a personal or family history of colorectal cancer or polyps
- People with inflammatory bowel disease (ulcerative colitis and Crohn's)
- People with inherited gene changes, such as Lynch syndrome or familial adenomatous polyposis (FAP)
- People with type 2 diabetes



### Certain communities are at higher risk.

- American Indian and Alaska Native people have the highest rates of colorectal cancer in the US.
- Black individuals have the second-highest rates of colorectal cancer and are most likely to be diagnosed later, when the cancer has spread to other parts of the body.
- Colorectal cancer rates are highest in West Virginia, Kentucky, Arkansas, Mississippi, and Louisiana.



## Can colorectal cancer be prevented?

Everyone should start regular screening for colorectal cancer at age 45.\*

### Stool-based tests



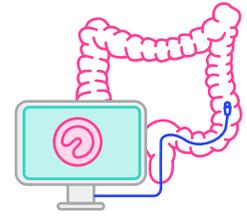
#### About stool-based tests

- Can be done at home
- Low cost
- No bowel prep or sedation
- Need to be done more often than visual tests
- Will need a colonoscopy if test is abnormal
- Can miss many polyps and some cancers

#### Stool-based test options

- Guaiac-based fecal occult blood test (gFOBT) **every year** or
- Fecal immunochemical Test (FIT) **every year** or
- Multi-targeted stool DNA test (MT-sDNA) **every 3 years**

### Visual-exam tests



#### About visual-exam tests

- Done in doctor's office or health facility
- Bowel prep needed
- Only a colonoscopy can remove and test polyps
- Any test other than a colonoscopy will require a colonoscopy if the test is abnormal.

#### Visual exam test options

- Colonoscopy **every 10 years** or
- CT colonography (virtual colonoscopy) **every 5 years** or
- Flexible sigmoidoscopy **every 5 years**

\*If you're at high risk of colorectal cancer based on family history or other factors, you may need to start screening before age 45, be screened more often, or get specific tests.

There are some differences between these tests to consider, but **the most important thing is to get screened, no matter which test you choose.**

### More than half of all colorectal cancers are linked to physical inactivity, poor nutrition, excess body weight, tobacco, and alcohol.



- Eat more vegetables, fruits, and whole grains.
- Limit or avoid red and processed meats, sugary drinks, and refined grains.
- Be as physically active as you can.
- Get to a healthy weight range.
- Don't use tobacco, and avoid secondhand smoke.
- Limit or avoid alcohol.

