



# Colorectal Cancer

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# What We'll Be Talking About

- How common is colorectal cancer?

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- What is colorectal cancer?

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- Causes of colorectal cancer

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- Colorectal cancer risks factors

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- Colorectal cancer signs and symptoms

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- Colorectal cancer prevention

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# How Common is Colorectal Cancer?

- 3rd most common cancer in both men and women in the U.S. (not including skin cancer).
- 2nd leading cause of cancer-related death in the U.S. for men and women.

# Colorectal Cancer Basics

# The Colon and the Rectum

The **colon** (large bowel or large intestine)

- A muscular tube about 5 feet long
- Part of the digestive system
- Absorbs water and salt from food
- Stores waste matter

The **rectum** is the last 6 inches of the digestive system



# What is Colorectal Cancer?

- Cancer is the growth of abnormal cells.
- Cancer cells can invade and damage normal tissue.
- Colorectal cancer starts in the colon or the rectum (parts of the digestive system).
- ColoRectal Cancer is often abbreviated as CRC.

# Causes of Colorectal Cancer

The exact cause of colorectal cancer is not known.

The most likely cause is related to changes in the genetic material (DNA) in our cells.

- Certain DNA changes are passed on from parents (**inherited**).
- Other DNA changes can happen during a person's life (**acquired**).

# Colorectal Cancer Risk Factors

# Colorectal Cancer Risk Factors You Can Change

- **Diet**

Certain types of diets can increase your risk for colorectal cancer.

- **Physical activity**

Regular moderate to vigorous physical activity → decreased risk.

- **Being overweight or obese**

Obesity and being overweight → increased risk of having and dying from colorectal cancer.

# Colorectal Cancer Risk Factors You Can Change

- **Smoking** → increased risk
- **Alcohol use** → colorectal cancer has been linked to alcohol use

# Colorectal Cancer Risk Factors You Can't Change

- Personal history of colorectal polyps or cancer
- Family history of colorectal cancer or adenomatous polyps
- Genetic risk factors

About 5% of people who develop colorectal cancer have inherited gene mutations

- Lynch syndrome (HPNCC) is the most common hereditary colorectal cancer syndrome
- Familial adenomatous polyps (FAP) also increases cancer risk

# Colorectal Cancer Risk Factors You Can't Change

- Personal history of inflammatory bowel disease
- Getting older
  - Colorectal cancer risk goes up as you age.
- Racial and ethnic background
  - African Americans and people of Ashkenazi Jewish descent are at higher risk for colorectal cancer.
- Having type 2 diabetes
  - People with type 2 diabetes have an increased risk of colorectal cancer.

# Colorectal Cancer Signs and Symptoms

# Colorectal Cancer Signs and Symptoms

- Change in bowel habits that lasts more than a few days.
- Feeling that you need to have a bowel movement that doesn't go away after having one
- Rectal bleeding with bright red blood
- Blood in the stool
- Cramping or abdominal (belly) pain
- Weakness and fatigue
- Unintended weight loss

# Colorectal Cancer Prevention

# Lowering Colorectal Cancer Risk

Get to and stay at a healthy weight

Move more through regular physical activity

- Adults should engage in 150-300 minutes of moderate-intensity physical activity per week, or 75-150 minutes of vigorous-intensity physical activity, or an equivalent combination; achieving or exceeding the upper limit of 300 minutes is best
- Children and adolescents should engage in at least 1 hour of moderate or vigorous intensity activity each day.

# Lowering Colorectal Cancer Risk

Follow a healthy eating pattern

A healthy eating pattern includes:

- Foods high in nutrients and lower in calories
- A colorful variety of fruits and vegetables
- Fiber-rich beans and peas
- Whole grains

A healthy eating pattern limits or does not include:

- Red and processed meats
- Sugar-sweetened beverages
- Highly processed foods and refined grain products

Avoid alcohol: it's best not to drink alcohol

- Drinking any amount of alcohol increases your risk of colorectal cancer



# Colorectal Cancer Early Detection

# Colorectal Cancer Screening

Screening is testing used to find cancer, or other diseases in people who don't have symptoms.

Screening can help find colorectal cancers when they are small, have not spread, and might be easier to treat.

Colorectal cancer screening can be done with:

- Visual exams
- Stool-based tests

# Colorectal Cancer Screening Tests

- **Stool-based tests:** These tests check the stool (feces) for signs of cancer or polyps.
- **Visual (structural) tests:** These tests look at the structure of the colon and rectum for any abnormal areas.

# Stool-based Tests

- Fecal immunochemical test (FIT)
  - Guaiac-based fecal occult blood test (gFOBT)
  - Stool DNA tests (sDNA)
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- These tests check the stool (feces) for signs of cancer.
  - They are less invasive and easier to do, but need to be done more often.
  - They are less likely to find polyps than visual exams.
  - Colonoscopy will be needed if results are abnormal.

# Visual Exams

## Tests that can find both polyps and cancer

- Colonoscopy
- CT colonography (“virtual colonoscopy”)
- Flexible sigmoidoscopy

These tests look inside the colon or rectum to find abnormal areas.

If polyps are found, they may be removed before they develop into cancer, so these tests can help prevent cancer.

# Colonoscopy

A thin, lighted tube is put in through the anus and passed up into the rectum and colon to look for abnormal areas.

Tissue can be taken from any areas of concern and polyps can be removed if needed.



# CT colonography (virtual colonoscopy)

- Advanced type of computed tomography (CT) scan of the colon and rectum that can show abnormal areas, like polyps or cancer.
- Special computer programs use both x-rays and a CT scan to make 3-dimensional pictures of the inside of the colon and rectum.

# **American Cancer Society Recommendations for The Early Detection of Colorectal Cancer**

# People at average risk

- Men and women should start regular screening at **age 45**
- People who are in good health and with a life expectancy of more than 10 years should continue regular colorectal cancer screening through **age 75**
- For people **ages 76 through 85**, the decision to be screened should be based on their preferences, life expectancy, overall health, and prior screening history
- People over **age 85** should no longer get colorectal cancer screening

# Test Options for Colorectal Cancer Screening

## Stool-based tests:

- Highly sensitive fecal immunochemical test (FIT)\* every year, OR
- Highly sensitive guaiac-based fecal occult blood test (gFOBT)\* every year, OR
- Multi-targeted stool DNA test (MT-sDNA)\* every 3 years

\* If a person chooses to be screened with a test other than colonoscopy, any abnormal test result should be followed up with colonoscopy.

# Test Options for Colorectal Cancer Screening

## Visual exams:

- Colonoscopy every 10 years, OR
- CT colonography (virtual colonoscopy)\* every 5 years, OR
- Flexible sigmoidoscopy\* every 5 years

\* If a person chooses to be screened with a test other than colonoscopy, any abnormal test result should be followed up with colonoscopy.

# People at High Risk

- The American Cancer Society does not have screening guidelines specifically for people at high risk for colorectal cancer.
- People at high risk for colorectal cancer might need to start colorectal cancer screening before age 45, be screened more often, and/or get specific tests.
- People at high risk for colorectal cancer should talk to their doctors about the screening plan that might be right for them.

# 2018 Colorectal Cancer Screening Guideline for men and women at average risk



## Ages 45 – 75

Get screened. Several types of tests can be used. Talk to your doctor about which option is best for you.



## Ages 76 – 85

Talk to your doctor about whether you should continue screening. When deciding, take into account your own preferences, overall health, and past screening history.



## Age 85 +

People should no longer get colorectal cancer screening.

## TESTING OPTIONS

- Stool-based tests look for signs of cancer in a person's stool.
- Visual exams such as colonoscopy or CT colonography, look at the inside of the colon and rectum for polyps or cancer.
- No matter which test you choose, the most important thing is to get tested.

Visit [cancer.org/colonguidelines](https://www.cancer.org/colonguidelines) to learn more.

All positive results on non-colonoscopy screening tests should be followed up with a timely colonoscopy to complete the screening process. Talk to your doctor about screening, and contact your insurance provider about insurance coverage for screening.

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You can get more information on colorectal cancer on our website, [cancer.org](https://www.cancer.org), or call **1-800-227-2345** and talk to one of Cancer Information Specialists.

More information



# New York

- An estimated 8,920 New York residents will be diagnosed with colorectal cancer this year and approximately 2,820 New Yorkers will lose their battle to colorectal cancer.
- African Americans are about 20% more likely to get colorectal cancer and about 40% more likely to die from it than most other groups.

# Barriers to Screening

- Cost—lack of insurance
- Transportation
- Time

# Age 45 Coverage

- 50+ ACA (Obamacare) requires coverage
- <50 Coverage is optional—until 2023
- 1000+ New Yorkers UNDER the age of 50 will be diagnosed with CRC in 2022

# Follow Up Colonoscopy

- As New Yorkers are increasingly opting for less-invasive colorectal cancer screening tests that can be administered at home, insurance companies are looking for ways to cut their costs.
- While these home tests are covered by insurance, patients can face large out-of-pocket costs if a follow-up colonoscopy is deemed necessary by their doctor.
- Often insurance companies are requiring patients to pay out of pocket BEFORE they can get their doctor recommended colonoscopy.

**This delay in screening can have a deadly impact.**



# Action Needed

- The New York State Legislature is considering a bill **S.906/B.2085-A** that would prohibit insurers from charging patients for that follow up colonoscopy.
- This legislation would remove a critical barrier to colorectal cancer screening.
- Waiving cost sharing for follow-up colonoscopy may help to close the gap in health disparities.
- Passed in the Assembly, waiting in the Senate.



# Take Action

## Call

- NYS Senator Timothy M. Kennedy—Buffalo
  - 716-826-2683, 518-455-2426
- NYS Senator Michael Gianaris—Deputy Majority Leader
  - 718-728-0960, 518-455-3486
- NYS Senator Andrea Stewart Cousins—Majority Leader
  - 914-423-4031, 518-455-2585

**Text SCREEN to 40649** to sign the petition



# Thank You

# FightCancer.org/NY

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646-502-9145

