**What Is Colorectal Cancer?**

* Colorectal cancer is also called *colon cancer.*
* It is found in the colon (or large intestine) or in the rectum and often develops slowly.1
* Before cancer develops, an abnormal growth called a *polyp* may develop on the inner lining of the colon or rectum. Polyps are common and typically don’t cause symptoms, but some are dangerous and may turn into cancer over time.1

**What Are the Symptoms of Colorectal Cancer?**

Colorectal cancer often has no obvious signs or symptoms in its early stages, so regular screenings are important.1 If you experience any of the following symptoms of colorectal cancer, see your health care provider right away:

* 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, but you don’t feel relief after having one
* Blood in your stool
* Cramping or stomach pain
* Weakness and fatigue
* Unexpected weight loss

**Why Is Screening Important?**

The American Cancer Society recommends that average-risk adults 45 years of age and older be screened regularly for colorectal cancer.2 Colorectal cancer is often considered one of the most preventable—but least prevented—cancers.3 **In 2021, it’s estimated that 149,500 people will be diagnosed with colorectal cancer and 52,980 people will die of the disease.**4 When caught in earlier stages, colorectal cancer is treatable in 90% of people.5\*

Even if you don’t have any symptoms, guidelines recommend screening because it can1:

* Identify precancerous polyps or adenoma; and
* Find colorectal cancer early, when it is more treatable.

**Risk Factors: What Causes Colorectal Cancer?**

Colorectal cancer has no single cause, but certain factors may increase your risk. Even if you don’t have the following risk factors, it’s still important to talk with your health care provider and get screened regularly1:

* Your risk of CRC increases with age.
* You have a family history of colorectal cancer.
* You have certain alterations in your genes.
* You eat a diet high in red and processed meats.
* You use alcohol heavily.
* You are a smoker.
* You have diabetes, are obese, or do not exercise regularly.

**What’s the Difference Between Precancer and Cancer?**

Before colorectal cancer develops, an abnormal growth called a *polyp* may develop on the inner lining of the colon or rectum. Polyps are common and begin as noncancerous growths, but some can turn into cancer over time.1 The earlier colorectal cancer is found, the more treatable it is.5\*

**What Are Your Colorectal Cancer Screening Options?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Colonoscopy (visual exam)** | Multitarget stool DNA test**\* (Cologuard®)** | **FIT/FOBT\*\* (fecal immunochemical test/ fecal occult blood test)** |
| **How does it work?** | Uses a scope to look for and remove abnormal growths in the colon/rectum | Detects abnormal DNA and/or blood in the stool sample | Detects blood in the stool sample |
| **Whom is it for?** | Adults at high or average risk | Adults 45 years of age and older at average risk | Adults at average risk |
| **How often?** | Every 10 years† | Every three years6 | Once a year |
| **Noninvasive?** | No | Yes, used at home | Yes, used at home |
| **Prep required?** | Yes: full bowel prep, including fasting and laxatives | No | No/yes‡ |
| **Time it takes?** | One to two days for bowel prep and procedure | The time it takes to collect a sample | The time it takes to collect a sample |
| **Covered by insurance?§** | Covered by most insurers | Covered by most insurers | Covered by most insurers |
| **After a positive test?** | Polyps removed and examined (biopsy) | Follow-up colonoscopy | Follow-up colonoscopy |

Patients should talk to their provider about which screening option is best for them

\*\*All positive results on noncolonoscopy screening tests should be followed up with timely colonoscopy.

†For adults at high risk, testing may be more frequent and should be discussed with a health care provider.

‡FIT does not require changes to diet or medication. FOBT requires changes to diet or medication.

§Insurance coverage can vary; only your insurer can confirm how colorectal cancer screening would be covered under your insurance policy.

Learn more by visiting <https://www.cancer.org/cancer/colon-rectal-cancer/about.html>

\*Based on 5-year survival

**References: 1.** American Cancer Society. Colorectal cancer facts and figures 2020-2022. Atlanta: American Cancer Society; 2020. **2.** Wolf A, Fontham E, Church TR, et al. Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society. CA Cancer J Clin. 2018;68:250-281. doi:10.3322/caac.21457. **3.** Itzkowitz SH. Incremental advances in excremental cancer detection tests. *J Natl Cancer Inst*. 2009;101(18):1225-1227. doi:10.1093/jnci/djp273 **4.** Siegel RL, Miller KD, Fuchs HE, Jemal A. Cancer statistics, 2021. CA Cancer J Clin. 2021;71:7-33. doi:10.3322/caac/21654. **5.** National Cancer Institute. Cancer stat facts: colorectal cancer. Accessed July 7, 2021**.** https://seer.cancer.gov/statfacts/html/colorect.html. **6.** American Cancer Society guideline for colorectal cancer screening. American Cancer Society. Updated November 17, 2020. Accessed March 3, 2021. https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html

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