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About Colorectal Cancer

Get an overview of colorectal cancer and the latest key statistics in the US.

Overview and Types

If you've been diagnosed with colorectal cancer or are worried about it, you likely have a lot of questions. Learning some basics is a good place to start.

- [What Is Colorectal Cancer?](#)

Research and Statistics

See the latest estimates for new cases of colorectal cancer and deaths in the US and what research is currently being done.

- [Key Statistics for Colorectal Cancer](#)
- [What's New in Colorectal Cancer Research?](#)

What Is Colorectal Cancer?

- [The colon and rectum](#)
- [How does colorectal cancer start?](#)
- [How colorectal cancer spreads](#)
- [Types of cancer in the colon and rectum](#)

Colorectal cancer starts in the colon or the rectum. These cancers can also be called colon cancer or rectal cancer, depending on where they start. Colon cancer and rectal cancer are often grouped together because they have many features in common.

Cancer starts when cells in the body start to grow out of control. To learn more about how cancers start and spread, see [What Is Cancer?](#)¹

The colon and rectum

To understand colorectal cancer, it helps to know about the normal structure and function of the colon and rectum.

The colon and rectum make up the large intestine (or large bowel), which is part of the digestive system, also called the *gastrointestinal (GI) system* (see illustration below).

Most of the large intestine is made up of the colon, a muscular tube about 5 feet (1.5 meters) long. The parts of the colon are named by which way the food is traveling through them.

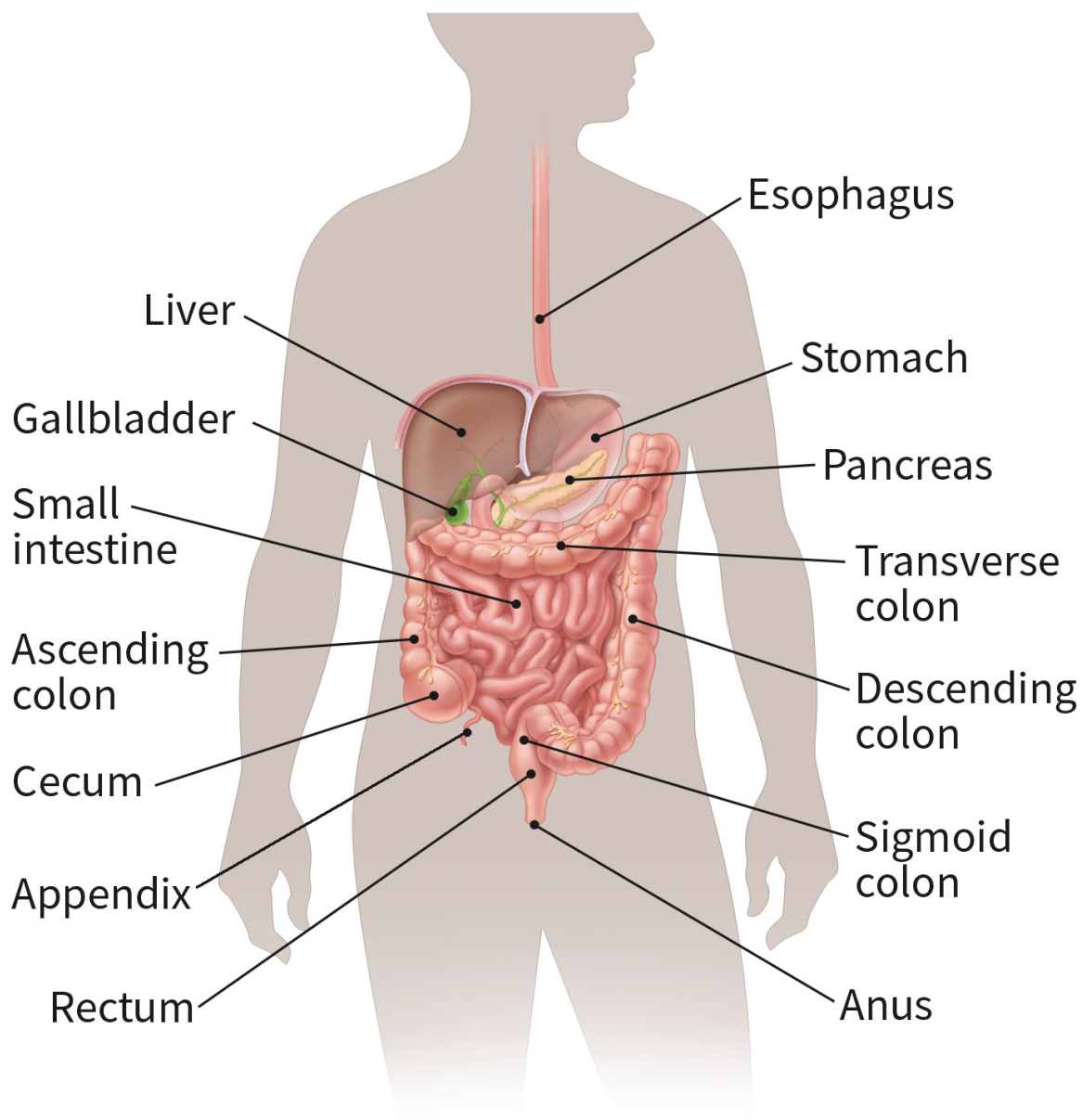
- The first section is called the **ascending colon**. It starts with a pouch called the cecum, where undigested food comes in from the small intestine. It continues upward on the right side of the abdomen (belly).
- The second section is called the **transverse colon**. It goes across the body from the right to the left side.
- The third section is called the **descending colon** because it descends (travels down) on the left side.
- The fourth section is called the **sigmoid colon** because of its “S” shape. The sigmoid colon joins the rectum, which then connects to the anus.

The ascending and transverse sections together are called the **proximal colon**. The descending and sigmoid colon are called the **distal colon**.

How do the colon and rectum work?

The colon absorbs water and salt from the remaining food matter after it goes through the small intestine (small bowel). The waste matter that's left after going through the colon goes into the **rectum**, the final 6 inches (15cm) of the digestive system. It's stored there until it passes through the **anus**. Ring-shaped muscles (also called a *sphincter*) around the anus keep stool from coming out until they relax during a bowel

movement.



How does colorectal cancer start?

Polyps in the colon or rectum

Most colorectal cancers start as a growth on the inner lining of the colon or rectum. These growths are called *polyps*.

Some types of polyps can change into cancer over time (usually many years), but not all polyps become cancer. The chance of a polyp turning into cancer depends on the type of polyp it is. There are different types of polyps.

- **Adenomatous polyps (adenomas):** These polyps sometimes change into cancer. Because of this, adenomas are called a *pre-cancerous condition*. The 3 types of adenomas are tubular, villous, and tubulovillous.
- **Hyperplastic polyps and inflammatory polyps:** These polyps are more common, but in general they are not pre-cancerous. Some people with large (more than 1cm) hyperplastic polyps might need colorectal cancer screening with colonoscopy more often.
- **Sessile serrated polyps (SSP) and traditional serrated adenomas (TSA):** These polyps are often treated like adenomas because they have a higher risk of colorectal cancer.

Other factors that can make a polyp more likely to contain cancer or increase someone's risk of developing colorectal cancer include:

- If a polyp larger than 1 cm is found
- If more than 3 polyps are found
- If *dysplasia* is seen in the polyp after it's removed. Dysplasia is another pre-cancerous condition. It means there's an area in a polyp or in the lining of the colon or rectum where the cells look abnormal, but they haven't become cancer.

For more details on the types of polyps and conditions that can lead to colorectal cancer, see [Understanding Your Pathology Report: Colon Polyps²](#).

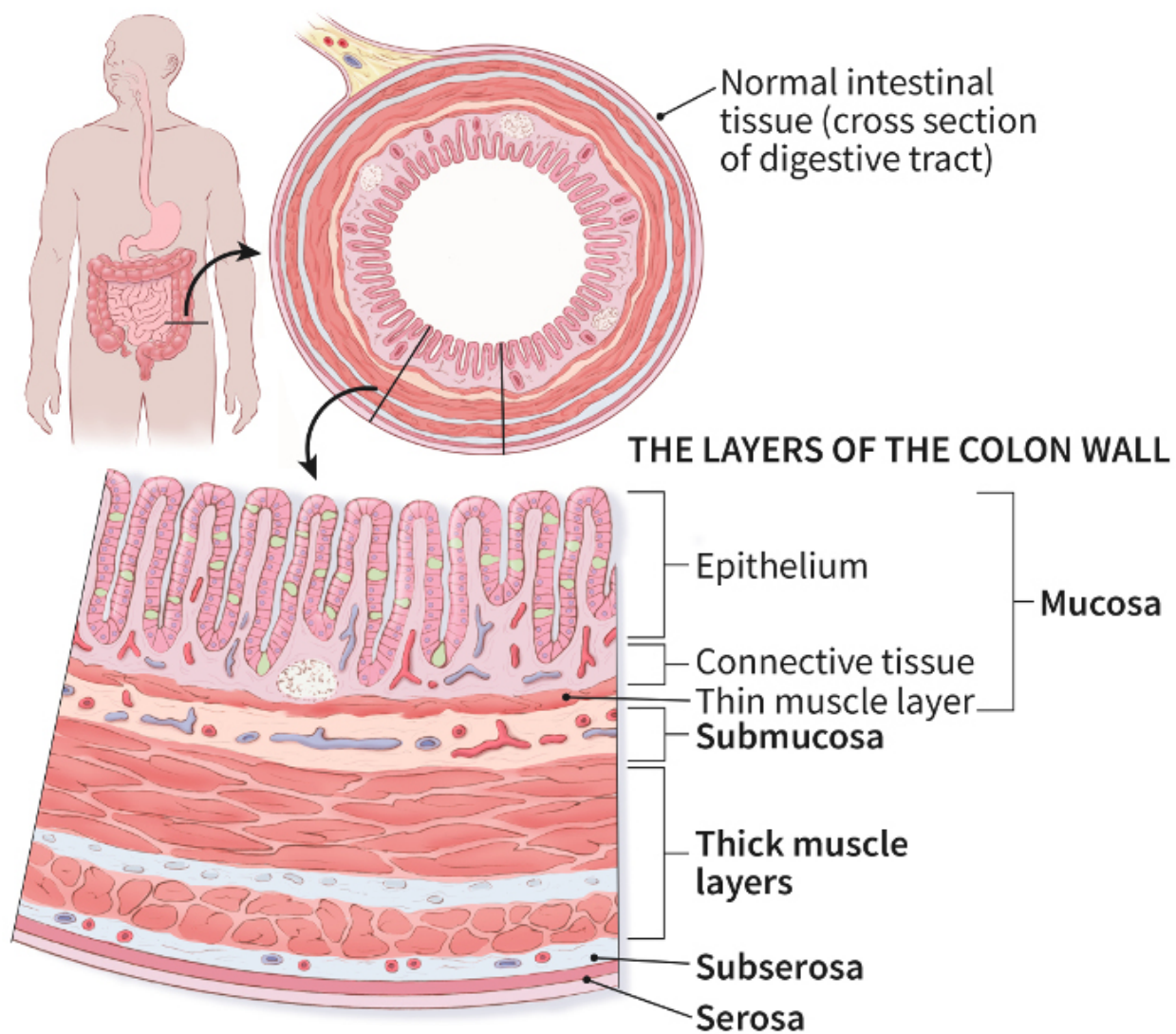
How colorectal cancer spreads

If cancer forms in a polyp, it can grow into the wall of the colon or rectum over time. The wall of the colon and rectum is made up of many layers. Colorectal cancer starts in the innermost layer (the mucosa) and can grow outward through some or all of the other layers (see picture below).

When cancer cells are in the wall, they can then grow into blood vessels or lymph vessels (tiny channels that carry away waste and fluid). From there, they can travel to nearby lymph nodes or to distant parts of the body.

The stage (extent of spread) of a colorectal cancer depends on how deeply it grows into

the wall and if it has spread outside the colon or rectum. For more on staging, see [Colorectal Cancer Stages](#)³.



Types of cancer in the colon and rectum

Most colorectal cancers are **adenocarcinomas**. These cancers start in cells that make mucus to lubricate the inside of the colon and rectum. When doctors talk about colorectal cancer, they're almost always talking about this type. Some sub-types of adenocarcinoma, such as signet ring and mucinous, may have a worse prognosis (outlook) than other subtypes of adenocarcinoma.

Other, much less common types of tumors can also start in the colon and rectum.

These include:

- **Carcinoid tumors.** These start from special hormone-making cells in the intestine. See [Gastrointestinal Carcinoid Tumors](#)⁴.
- **Gastrointestinal stromal tumors (GISTs)** start from special cells in the wall of the colon called the *interstitial cells of Cajal*. Some are benign (not cancer). These tumors can be found anywhere in the digestive tract, but are not common in the colon. See [Gastrointestinal Stromal Tumor \(GIST\)](#)⁵.
- **Lymphomas** are cancers of immune system cells. They mostly start in [lymph nodes](#)⁶, but they can also start in the colon, rectum, or other organs. Information on lymphomas of the digestive system can be found in [Non-Hodgkin Lymphoma](#)⁷.
- **Sarcomas** can start in blood vessels, muscle layers, or other connective tissues in the wall of the colon and rectum. Sarcomas of the colon or rectum are rare. See [Soft Tissue Sarcoma](#)⁸.

Hyperlinks

1. www.cancer.org/cancer/understanding-cancer/what-is-cancer.html
2. www.cancer.org/cancer/diagnosis-staging/tests/biopsy-and-cytology-tests/understanding-your-pathology-report/colon-pathology/colon-polyps-sessile-or-traditional-serrated-adenomas.html
3. www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/staged.html
4. www.cancer.org/cancer/types/gastrointestinal-carcinoid-tumor.html
5. www.cancer.org/cancer/types/gastrointestinal-stromal-tumor.html
6. www.cancer.org/cancer/diagnosis-staging/lymph-nodes-and-cancer.html
7. www.cancer.org/cancer/types/non-hodgkin-lymphoma.html
8. www.cancer.org/cancer/types/soft-tissue-sarcoma.html

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Last Revised: June 29, 2020

Key Statistics for Colorectal Cancer

- [How common is colorectal cancer?](#)
- [Lifetime risk of colorectal cancer](#)
- [Deaths from colorectal cancer](#)

How common is colorectal cancer?

Excluding skin cancers, colorectal cancer is the third most common cancer diagnosed in both men and women in the United States. The American Cancer Society's estimates for the number of colorectal cancers in the United States for 2024 are:

- About 106,590 new cases of colon cancer (54,210 in men and 52,380 in women)
- About 46,220 new cases of rectal cancer (27,330 in men and 18,890 in women)

The rate of people being diagnosed with colon or rectal cancer each year has dropped overall since the mid-1980s, mainly because more people are [getting screened](#)¹ and changing their [lifestyle-related risk factors](#)². From 2011 to 2019, incidence rates dropped by about 1% each year. But this downward trend is mostly in older adults. In people younger than 55, rates have been increasing by 1% to 2% a year since the mid-1990s.

Lifetime risk of colorectal cancer

Overall, the lifetime risk of developing colorectal cancer is about 1 in 23 for men and 1 in 25 for women. However, each person's risk might be higher or lower than this, depending on their [risk factors for colorectal cancer](#)³.

Deaths from colorectal cancer

In the United States, colorectal cancer is the third leading cause of cancer-related deaths in men and the fourth leading cause in women, but it's the second most common cause of cancer deaths when numbers for men and women are combined.

It's expected to cause about 53,010 deaths during 2024.

The death rate from colorectal cancer has been dropping in older adults for several decades. There are a number of likely reasons for this. One is that colorectal polyps are now being found more often by screening and removed before they can develop into cancers. Screening also results in many colorectal cancers being found earlier, when they are likely to be easier to treat. In addition, treatments for colorectal cancer have improved over the last few decades. In people under 55, however, death rates have been increasing about 1% per year since the mid-2000s.

Statistics related to survival among people with colorectal cancer are discussed in [Survival Rates for Colorectal Cancer](#)⁴.

Visit the [American Cancer Society's Cancer Statistics Center](#)⁵ for more key statistics.

Hyperlinks

1. www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html
2. www.cancer.org/cancer/types/colon-rectal-cancer/causes-risks-prevention/risk-factors.html
3. www.cancer.org/cancer/types/colon-rectal-cancer/causes-risks-prevention/risk-factors.html
4. www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/survival-rates.html
5. cancerstatisticscenter.cancer.org/

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Last Revised: January 17, 2024

What's New in Colorectal Cancer Research?

- [Reducing colorectal cancer risk](#)
- [Finding colorectal cancer early](#)
- [Testing colorectal cancer cells](#)
- [Treating colorectal cancer](#)

Research is always going on in the area of colorectal cancer. Scientists are looking for causes and ways to prevent colorectal cancer, better ways to find it early (when it's small and easier to treat), and ways to improve treatments. Here are some examples of current research.

Reducing colorectal cancer risk

Many studies are looking to identify the [causes of colorectal cancer](#)¹. The hope is that this might lead to new ways to help prevent it.

Some studies are looking to see if certain types of diets, dietary supplements, or medicines can lower a person's risk of colorectal cancer. For example, many studies have shown that aspirin and pain relievers like it might help lower the risk of colorectal cancer, but these drugs can have serious side effects. Researchers are now trying to figure out if the benefits might outweigh the risks for certain groups of people at high colorectal cancer risk.

Finding colorectal cancer early

Doctors are looking for better ways to [find colorectal cancer early](#)² by studying new types of screening tests (like blood tests) and improving the ones already being used. Researchers are also trying to figure out if there's any test or screening plan that clearly works best.

They're also looking for ways to educate and encourage people to get the routine [screening tests](#)³ that are available today and known to help reduce the number of deaths from this cancer.

Testing colorectal cancer cells

Not all colorectal cancers are the same. Researchers are trying to identify some of the differences between colorectal cancers based on things like the gene or protein changes in the cancer cells. This might lead to better understanding of how colorectal cancer grows and spreads. It might also help determine which cancers are more likely to be helped by certain treatments, as well as which ones are more likely to come back after treatment.

Molecular tests to help plan treatment

In some colorectal cancers, the cancer cells have changes in certain genes or proteins that might affect how they grow, as well as how well they might respond to certain cancer medicines.

When colorectal cancer has been found, lab tests are now routinely done on the cancer cells to look for certain gene or protein changes, which are sometimes referred to as **biomarkers**. The results of [biomarker testing](#)⁴ might affect a person's treatment options by showing if certain medicines are (or are not) likely to be helpful. Several biomarkers are now routinely tested for (see [Tests to Diagnose and Stage Colorectal Cancer](#)⁵), and many others are now being studied to see if they might help improve colorectal cancer treatment.

Tests to look for cancer cells or DNA in the blood

Researchers have found that the blood of people with colorectal cancer often contains cancer cells as well as pieces of DNA from the cancer. Removing blood and testing it for cancer (cells or DNA) is sometimes referred to as a **liquid biopsy**.

Researchers are now studying whether liquid biopsy samples can be tested for specific gene or protein changes to help guide treatment, in the same way that tumor samples are tested for these biomarkers. This type of testing might be useful in some situations because it is usually much easier to get a blood sample than to remove a piece of tumor for testing.

Testing the blood for tumor cells or DNA could have other uses as well. For example, some newer tests look for **circulating tumor DNA (ctDNA)** in a patient's blood. This type of testing might be helpful in certain situations, such as after surgery to see if any cancer cells might have been left behind (and therefore more treatment might be needed). Research is under way to see how helpful these tests are. Some ctDNA tests are already available, although not all doctors agree on how useful they are at this time.

Researchers are also studying if ctDNA testing might be helpful after treatment is

complete, to look for possible signs that the cancer has come back (recurred). The hope is that this type of testing might be able to detect a recurrence earlier than imaging tests (such as CT scans) or other tests could.

Treating colorectal cancer

Researchers are always looking for better ways to treat colorectal cancer.

Surgery

Surgeons continue to improve the [operations used for colorectal cancers](#)⁶. Rectal cancer [surgery done through the anus](#)⁷, without cutting the skin, is also being studied.

Organ preservation -- keeping your body working the way it normally does -- is another research goal. For instance, doctors are looking at the ideal timing of surgery after chemo is used to shrink a rectal tumor and how to know when they've got the best response in each patient.

Sometimes when colorectal cancer recurs (comes back), it spreads to the peritoneum (the thin lining of the abdominal cavity and organs inside the abdomen). These cancers are often hard to treat. Surgeons have been studying a procedure called **hyperthermic intraperitoneal chemotherapy (HIPEC)**. First, surgery is done to remove as much of the cancer in the belly as possible. Then, while still in the operating room, the abdominal cavity is bathed in heated chemotherapy drugs. This puts the chemo right in contact with the cancer cells, and the heat is thought to help the drugs work better. Some patients are living longer with this type of treatment, but more studies are needed to know which patients it can help. This type of treatment also requires doctors and nurses with special training and specialized equipment, so it's not widely available.

For colorectal cancer that has spread to the liver and can't be removed by surgery, another procedure being studied is **hepatic arterial infusion chemotherapy (HAIC)**. In this procedure, surgery is done to implant a pump or port (similar to a [port](#)⁸ for IV chemo but larger) close to the hepatic artery, which is the blood vessel feeding most cancers in the liver. The doctor can then put chemo into the pump, which is released directly into the liver and helps kill the cancer cells while leaving healthy liver cells unharmed. Often, HAIC is given along with systemic chemo (chemotherapy given through a vein or central venous catheter). More research is being done to find out which patients are the best candidates for this procedure. Currently it can only be done in facilities that are experienced.

Chemotherapy

[Chemotherapy](#)⁹ is an important part of treatment for many people with colorectal cancer, and doctors are constantly trying to make it more effective and safer. Different approaches are being tested in clinical trials, including:

- Testing new chemo drugs or drugs that are already used against other cancers.
- Looking for new ways to combine drugs already known to work against colorectal cancer to see if they work better together.
- Studying the best ways to combine chemotherapy with radiation therapy, targeted therapies, and/or immunotherapy.

Better ways to identify, prevent, and treat chemo [side effects](#)¹⁰ are other areas of research interest.

Targeted therapy

Targeted therapy drugs work differently from standard chemotherapy drugs. They affect specific parts of cancer cells that make them different from normal cells. Several [targeted therapy drugs](#)¹¹ are already used to treat advanced colorectal cancer. Researchers are studying the best way to give these drugs, as well as looking for new targeted drugs.

Most advanced colorectal cancers that have spread are now tested for mutations (changes) in certain genes (or changes in the proteins they code for) to see if targeted drugs might be an option for treatment. To learn more, see [Tests to Diagnose and Stage Colorectal Cancer](#)¹².

[Colorectal Cancer Research Highlights](#) ¹³

Through research, the American Cancer Society helps find answers to critical questions about Colorectal Cancer. Check out the latest cancer prevention studies & overall death rates.

Hyperlinks

1. www.cancer.org/cancer/types/colon-rectal-cancer/causes-risks-prevention/what-causes.html
2. www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/detection.html

3. www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/screening-tests-used.html
4. www.cancer.org/cancer/diagnosis-staging/tests/biomarker-tests.html
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Last Revised: March 30, 2023

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