



cancer.org | 1.800.227.2345

Ap4 Is Colorectal Cancer?

What Is Colorectal Cancer?

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

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**.



[What Is Cancer? ¹](#)

Cancer starts when cells in the body begin to grow out of control. Cells in nearly any part of the body can become cancer cells. Learn more here.

[Anatomy Gallery: Digestive System ²](#)

Explore our 3D interactive tour of the digestive system.

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 **sphincters**) 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**.

Polyps are quite common, especially as you get older. Most polyps are benign, or noncancerous. Some types of polyps can change into cancer over time (usually over many years). 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 **precancerous condition**. The 3 types of adenomas are tubular, villous, and tubulovillous. Tubular adenomas are the most common type of adenomatous polyps. Villous adenomas are the least common type of adenomatous polyps, but are more likely to change into cancer.
- **Hyperplastic polyps and inflammatory polyps:** These polyps are more common, but in general they are not precancerous. 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 changing into cancer.

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

- **Size:** If a polyp larger than 1 cm
- **Number:** If more than 3 polyps are found
- **Histology:** If **dysplasia** is seen in the polyp. Dysplasia means that the cells look abnormal, but they haven't yet become cancer.



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 subtypes 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.

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 years of age, 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.

Hyperlinks

1. www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html
www.cancer.org/cancer/types/colon-rectal-cancer/causes-risks-prevention/risk-factors.html

What's New in Colorectal Cancer

Research?

Research in colorectal cancer continues to be very active. 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](#)
- [Finding colorectal cancer early](#)
- [Testing colorectal cancer cells](#)
- [Treating colorectal cancer](#)

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

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. Research has shown that some people may not even need surgery if their rectal cancer had a great response to chemotherapy and chemoradiation (called **Total Neoadjuvant Therapy**). Data continue to be collected to better understand this treatment approach.

When colorectal cancer recurs (comes back), it often spreads to the peritoneum (the thin lining of the abdominal cavity and organs inside the abdomen). These cancers are hard to treat. Surgeons are studying a procedure called **cytoreductive surgery (CRS)** and **hyperthermic intraperitoneal chemotherapy (HIPEC)**. First, surgery is done to remove as much of the cancer in the belly as possible (CRS). Then, while still in the operating room, the abdominal cavity is bathed in heated chemotherapy drugs (HIPEC). 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 near the liver (similar to a [port](#)⁸ for IV chemo but larger) that drains into 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. 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 experienced facilities.

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
 - Studying the best ways to sequence the different types of therapies
-

[causes.html](#)

With Measures of Microsatellite Instability, Mismatch Repair, or Tumor Mutational Burden. JAMA Netw Open. 2023 Jan 3;6(1):e2252244. doi: 10.1001/jamanetworkopen.2022.52244. PMID: 36689222; PMCID: PMC9871803.

Last Revised: March 19, 2024

Written by

The American Cancer Society medical and editorial content team
(<https://www.cancer.org/cancer/acs-medical-content-and-news-staff.html>)

Our team is made up of doctors and oncology certified nurses with deep knowledge of cancer care as well as journalists, editors, and translators with extensive experience in medical writing.

American Cancer Society medical information is copyrighted material. For reprint requests, please see our Content Usage Policy (www.cancer.org/about-us/policies/content-usage.html).

cancer.org | 1.800.227.2345