Gastrointestinal (GI) cancers include tumors of the colon, rectum, stomach, pancreas, esophagus, anus, gallbladder, liver, small intestine, and bile duct.

**DIAGNOSIS**
Colorectal cancer is the third most common cancer in men and women in the United States. It is the most common type of GI cancer. The number of people diagnosed with colorectal cancer has been declining in the last 20 years. From 2007 to 2011, incidence rates declined by 4.3% per year among adults age 50 and older, for whom screening is recommended. Incidence rates increased by 1.8% per year among those younger than 50, however. After slowly increasing for the past 10 years, the incidence of pancreatic cancer was stable between 2007 and 2011. The incidence of liver cancer has doubled in men and women in the past 20 years, increasing by 3.4% each year between 2007 and 2011. The overall incidence of esophageal cancer has been declining by 1% per year over the last 10 years, but the incidence of esophageal adenocarcinoma has been steadily increasing in the United States during the last decade.

**SURVIVAL**
The overall decline in colorectal cancer incidence and mortality is likely due to increased screening and polyp removal, which help prevent invasive cancer from developing. The overall survival rates for many other GI cancers are low because there are few clear early symptoms of these cancers or effective screening methods.

**Five-Year Survival Rates for Select Gastrointestinal Cancers, 2004-2010**

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>All Stages</th>
<th>Local</th>
<th>Regional</th>
<th>Distant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colon &amp; rectum</td>
<td>65%</td>
<td>90%</td>
<td>71%</td>
<td>13%</td>
</tr>
<tr>
<td>Stomach</td>
<td>28%</td>
<td>64%</td>
<td>29%</td>
<td>4%</td>
</tr>
<tr>
<td>Esophagus</td>
<td>18%</td>
<td>40%</td>
<td>21%</td>
<td>4%</td>
</tr>
<tr>
<td>Liver</td>
<td>17%</td>
<td>30%</td>
<td>11%</td>
<td>3%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>7%</td>
<td>26%</td>
<td>10%</td>
<td>2%</td>
</tr>
</tbody>
</table>
MORTALITY
Colorectal cancer is the third most common cause of cancer death in men and women. Between 2007 and 2011, deaths from colorectal cancer have decreased by 2.5% per year. Pancreatic cancer is the fourth most common cause of cancer death in men and women. It is often called the “silent killer” because there are few early symptoms. Between 2007 and 2011, deaths from pancreatic cancer increased by 0.3%, and deaths from liver cancer increased by 2.5% per year. Deaths from esophageal cancer have been declining by 0.7% per year between 2002 and 2011.

RISK FACTORS
Because GI cancers are a large group of cancers that start in different organs, the risk factors are not the same for all types of GI cancers. Generally, the risk of developing cancer increases with age, and risk factors for many GI cancers include tobacco use, a poor diet, alcohol use, obesity, and lack of physical activity. Learn more about the risk factors for each type of cancer:

- Colorectal Cancer
- Pancreatic Cancer
- Liver Cancer
- Stomach Cancer
- Esophageal Cancer
- Gallbladder Cancer
- Anal Cancer
- Bile Duct Cancer
- Gastrointestinal Stromal Tumor (GIST)

PREVENTION
No intervention is guaranteed to prevent cancer. However, the following steps may help reduce the risk of developing certain GI cancers:

- Colorectal cancer can often be prevented through regular screening, which can find precancerous polyps.
- In the United States, certain types of liver cancer can usually be avoided by preventing viral hepatitis and cirrhosis using vaccines and/or medications and by limiting alcohol intake.
- The risk of anal cancer may be reduced by vaccination against human papillomavirus (HPV) before exposure to HPV. Other ways to decrease the risk of anal cancer are to avoid anal sexual intercourse, minimize the number of sexual partners, use condoms (which partially protect against HPV), and avoid smoking.
- Doing regular physical activity, maintaining a healthy weight, not smoking, and limiting alcohol consumption may also help reduce the risk of developing certain GI cancers.

SCREENING
With the exception of colorectal cancer, there are few screening recommendations for GI cancers.

Colorectal Cancer Screening Recommendations
The American Gastroenterological Association, the American College of Gastroenterology, the American Society for Gastrointestinal Endoscopy, the American Cancer Society, and the American College of Radiology have developed consensus guidelines for screening for colorectal cancer, with the goal of cancer prevention.

Beginning at age 50, both men and women of average risk should follow one of the testing schedules below.
The following tests detect both polyps and cancer:

- Flexible sigmoidoscopy, every five years
- Colonoscopy, every 10 years
- Double-contrast barium enema (DCBE), every five years
- CT colonography, every five years

These tests primarily detect cancer:

- Guaiac-based fecal occult blood test (FOBT), every year
- Fecal immunochemical test, every year
- Stool DNA test, as often as your doctor recommends

The U.S. Preventive Health Services Task Force (USPSTF) also has guidelines for colon cancer screening, which differ somewhat from those mentioned above. The USPSTF recommends one of the following testing methods:

- A high-sensitivity FOBT, every year
- Flexible sigmoidoscopy, every five years, with FOBT testing between tests
- Colonoscopy, every 10 years

In addition, this task force did not think there was enough evidence of benefit or harm to recommend CT colonography or stool DNA testing.

According to the USPSTF, adults between ages 76 and 85 should not have routine screening because the risks outweigh the benefits, and adults older than 85 can forgo colorectal cancer screening. It is often recommended that people with a personal or family history of colorectal polyps or cancers have earlier and/or more frequent screening.

It is important to note that, regardless of the screening test and schedule, any test that indicates an abnormality should be followed up with a colonoscopy.

Other Screening Recommendations

Many doctors may recommend that patients with Barrett esophagus, a condition that increases the risk of developing esophageal cancer, have endoscopic examinations and biopsies on a regular basis to check for esophageal cancer. There are no screening guidelines for stomach, pancreatic and liver cancers.

For medical illustrations of the different stages of colorectal cancer, please visit the Stages section of the Cancer.Net Guide to Colorectal Cancer.

Sources: