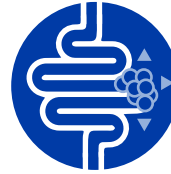


ABOUT COLORECTAL CANCER

Colorectal cancer (CRC) is cancer of the large intestine, which is made up of the colon and rectum. These cancers can also be called colon cancer or rectal cancer, depending on where they start.



Most CRC cases start as a growth on the inner lining of the colon or rectum. These growths are called polyps, though not all polyps become cancerous.



If cancer forms in a polyp, it can grow into the wall of the colon or rectum over time. When cancer cells are in the wall, they can spread into blood vessels and travel to nearby lymph nodes or to distant organs.¹

Prevalence of colorectal cancer

CRC is the **third most common** cancer worldwide. In 2020, **more than 1.9 million new cases** and 935,000 deaths were estimated to occur, representing about 1 in 10 cancer cases and deaths.²

By 2030, CRC is expected to **increase by 60%, to over 2.2 million new cases and 1.1 million deaths globally.**³

Risk factors of colorectal cancer*⁴

There are several risk factors that can increase the likelihood someone may develop CRC:



Personal or family history of colorectal polyps or CRC



Older age[†]



Inherited gene mutations



History of inflammatory bowel disease



Lifestyle factors such as poor diet, obesity, lack of exercise, alcohol use and smoking

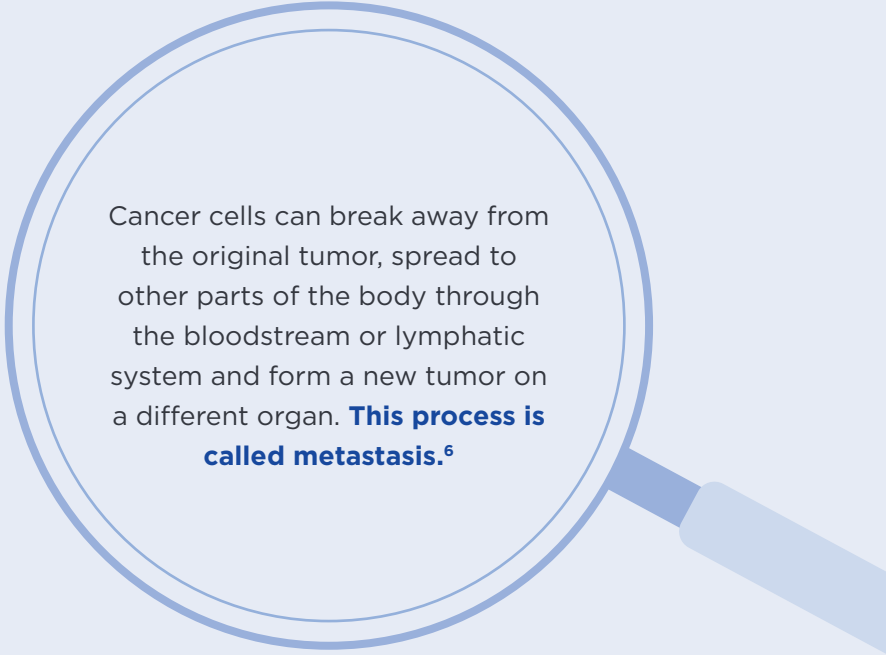
*Please note that this is not a comprehensive list of risk factors for CRC.

[†]CRC can be diagnosed at any age, but most patients are > 50 years old.⁴

A closer look at metastatic colorectal cancer

Metastatic CRC (mCRC) can also be referred to as advanced colon cancer or stage 4 colon cancer.⁵

Metastases are the main cause of CRC-related mortality.⁷



Cancer cells can break away from the original tumor, spread to other parts of the body through the bloodstream or lymphatic system and form a new tumor on a different organ. **This process is called metastasis.⁶**

In CRC, the liver is the most common site for metastasis to occur. **Up to 70% of patients will develop liver metastases** during their disease progression.⁸

Patients whose tumors spread to the liver can often experience complications including abdominal pain, decreased appetite and fatigue, which can lead to diminished survival outcomes.⁹

Diagnosis and treatment for metastatic colorectal cancer

mCRC is a highly heterogenous disease, meaning the disease can affect each patient differently. Given this, there is not a “one-size-fits-all” approach for treatment.

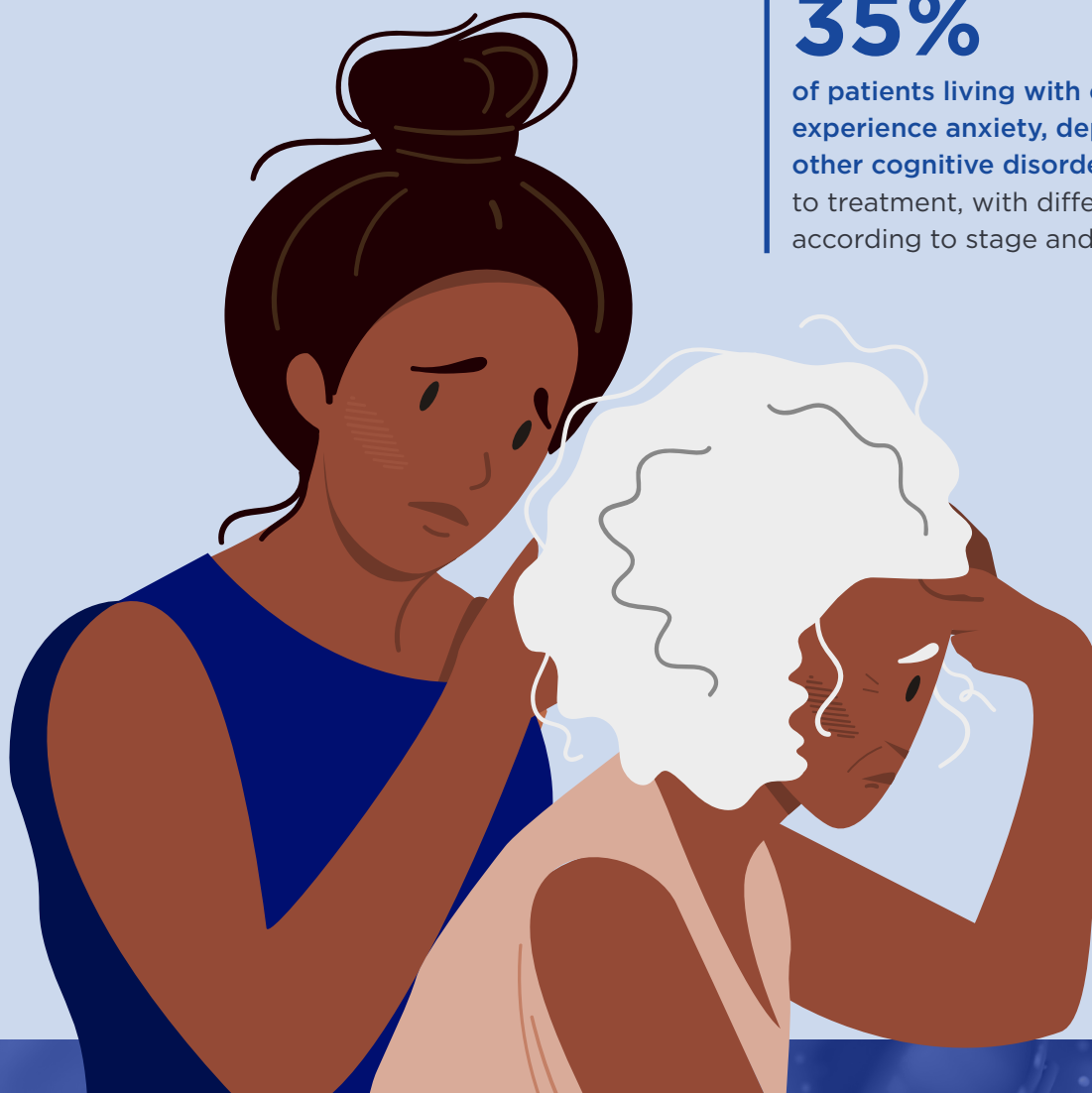
- **Early-stage CRC can sometimes be surgically removed;** however, 20% of people are diagnosed at an advanced stage, after their cancer has metastasized. Another 25% who are diagnosed with early-stage disease will later develop metastases.¹⁰
- **In some cases, mCRC can also be surgically removed,** but patients with unresectable metastatic disease typically require systemic therapy, which is usually limited to chemotherapy regimens for most patients.¹¹
- **Other treatment options for mCRC could include targeted therapies, image-guided (MRI or CT) therapies, radiation therapy and clinical trials.⁵**
- **Certain patients have tumors with unique molecular characteristics that can help direct their treatment,** as some treatments are more effective against certain genetic mutations. However, most patients have tumors that do not have these unique characteristics.¹²⁻¹⁶

Treatment planning and sequencing is critical to ensure patients have the chance to receive all available treatment options.¹⁷

In addition to the physical effects of mCRC, patients can experience a great deal of mental distress.

Nearly
35%

of patients living with cancer experience anxiety, depression and other cognitive disorders secondary to treatment, with differences according to stage and type.¹⁸



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