

MARCH 2021 – COLORECTAL CANCER FACTS

March is Colorectal Cancer Awareness Month.

Let's spread the word that colorectal cancer (CRC) is preventable with screening and treatable if caught early.

STATS AND FACTS ABOUT COLORECTAL CANCER (CRC)

#1: 1 IN 23 MEN AND 1 IN 25 WOMEN WILL BE DIAGNOSED.

- In 2021, the American Cancer Society estimates that there will be 104,270 new cases of colon cancer and 45,230 cases of rectal cancer.
- There are over one million colorectal cancer survivors in the U.S.

#2: CRC IS THE SECOND-LEADING CAUSE OF CANCER DEATHS AMONG MEN AND WOMEN COMBINED IN THE U.S.

- 52,980 deaths from colorectal cancer are expected in 2021.
- At its most treatable (stage I), it's 90% curable. But only 38% of CRCs are diagnosed at stage I.
- For those diagnosed before age 50, around 10% have late-stage disease (stages III and IV).

#3: CRC IS PREVENTABLE WITH SCREENING AND AFFORDABLE TAKE-HOME OPTIONS EXIST.

- 68% percent of deaths could be prevented with screening.
- The American Cancer Society Guidelines recommend screening starting at 45 years old.
- Always consult your doctor about which screening method is right for you.

#4: FAMILY HISTORY OF CRC = HIGHER RISK = GET SCREENED EARLIER!

- Between 25-30% of CRC patients have a family history of the disease.



Take our family history quiz at FightCRC.org/FamilyHistoryQuiz.

#5: BY KNOWING THE RISK FACTORS AND SIGNS AND SYMPTOMS, YOU CAN CATCH IT AT ITS EARLIEST STAGE.

- If you are 45 or older you should talk to your doctor about screening. But:
 - Anyone, at any age, can get colorectal cancer.
 - Those experiencing signs and symptoms need a diagnostic exam.

SIGNS AND SYMPTOMS



RELENTLESS CHAMPIONS OF HOPE IN THE FIGHT AGAINST COLORECTAL CANCER

RISK FACTORS



FOR MORE INFORMATION AND FREE RESOURCES, VISIT [FIGHTCRC.ORG](https://fightcrc.org).

COLORECTAL CANCER AND HEALTH DISPARITIES

In general, people with more education are less likely to die prematurely (before the age of 65) from colorectal cancer than those with less education, regardless of race or ethnicity.

Black Americans are at higher risk for CRC than their White counterparts.

- Black Americans are about 20% more likely to get CRC and about 40% more likely to die from it than most other groups.
- 1 in 41 Black males will die from colorectal cancer, compared to 1 in 48 White males. The risk is similar for women. 1 in 44 Black females will die from colorectal cancer, compared to 1 in 53 White females.
- Black Americans have the highest death rate and shortest survival of any racial and ethnic group in the U.S. for most cancers.
- Research shows that Black Americans are being diagnosed at a younger average age than other people. Therefore, experts suggest that Black Americans should begin their screening at age 45.

Black Americans face treatment delays

- [Black](#) and Hispanic Medicare patients are less likely to receive surgery after a diagnosis of colon cancer compared with their White peers.
- [Black](#) patients are less likely to receive any treatment after a diagnosis of colon cancer, including chemotherapy.

Indigenous communities have higher rates of CRC than their White counterparts.

- Overall, rates of CRC are higher in all age groups for American Indian/Alaska Native (AI/AN) males and females compared with the White population.
- Rates of CRC in AI/AN males younger than 50 years are highest in the Northern Plains. Rates for AI/AN females younger than 50 years are highest in Alaska.
- Rates of CRC in AI/AN males older than 50 years and for AI/AN females in all age groups are highest in Alaska.

For Asian American men and women, CRC is one of the top three cancers experienced.

Less than 50% of Asian Americans are up-to-date with CRC screening, with variability across Asian subgroups.

Jews of Eastern European descent (Ashkenazi Jews) have one of the highest colorectal cancer risks of any ethnic group in the world.

RELENTLESS CHAMPIONS OF HOPE IN THE FIGHT AGAINST COLORECTAL CANCER

HEALTH DISPARITIES AND CLINICAL TRIALS

- In 2019, only 4% of participants in cancer drug clinical trials were Black.
- Since 2015, less than 5% of Black patients were included in trials for 24 of the 31 cancer drugs approved.
- In 2012, only 17% of patients enrolled in industry-sponsored clinical trials were of a racial or ethnic minority, despite these groups making up about 1/3 of the population.

THIS HAS TO CHANGE.

Every patient deserves access to [screening](#) and [high-quality care](#), no matter their race, ethnicity, sexual orientation, gender identity, disability, religion, or socioeconomic status.

COVID-19 revealed a sad fact about what many already working on health equity already knew: [underserved communities face greater hurdles when seeking care in our country](#).

Fight CRC is committed to reducing disparities. In addition to recognizing the needs of our patients, the [Health Equity Committee](#) was formed to help shape the culture of our diversity and inclusion and better engage our employees, survivors, patients, and caregivers.

Learn more at FightCRC.org/Health-Equity