

# COLORECTAL CANCER FACTS AND STATS

UPDATED: FEB. 2022

## **#1: Of all cancers, colorectal cancer (CRC) will take the most lives of people under 50 by 2030.**

- \* The incidence of early-age onset (EAO) CRC — diagnoses under age 50 — is expected to increase by more than 140% by 2030.
- \* More than 27,000 people under age 50 will be diagnosed with colorectal cancer in 2030.

## **#2: One in 23 men and 1 in 25 women will be diagnosed with CRC in their lifetime.**

- \* In 2022, the American Cancer Society estimates there will be 106,180 new cases of colon cancer and 44,850 cases of rectal cancer.

## **#3: Colorectal cancer incidence and mortality rates are not uniform across race and ethnicity.**

### Black Americans are at higher risk for CRC.

- \* Black Americans are about 20% more likely to get CRC and about 40% more likely to die from it than most other groups.
- \* One in 46 Black males will die from CRC, compared with one in 55 White males. The risk is similar for women: One in 51 Black females will die from CRC, compared with one in 59 White females.

### Indigenous communities have higher rates of CRC.

- \* 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 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 and for AI/AN females in all age groups are highest in Alaska.

### CRC is one of the top three cancer affecting Asian American men and women.

- \* Less than 50% of Asian Americans are up-to-date with CRC screening, however, this rate may vary drastically among Asian American subgroups.

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

## **#4: Those with a family history of CRC are at a higher risk and need to be screened earlier than 45.**

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

## **#5: One in 3 adults (45-75 yrs old) are not getting screened as recommended.**

- \* There are more than 20 million Americans eligible for CRC screening who have not been screened.

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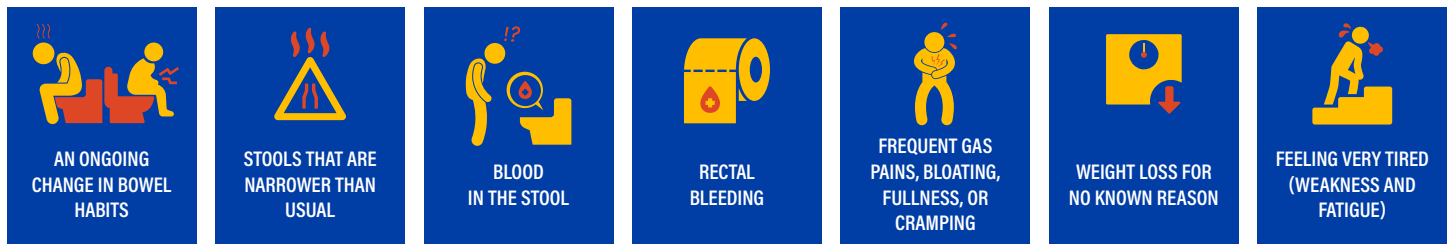
## #6: CRC is preventable with screening and affordable take-home options.

- \* 68% of deaths from CRC could be prevented with screening. All adults 45 and older should be screened.
- \* Colonoscopy is often considered the “gold standard” for colon screening because it can identify polyps and remove them during the same procedure.
- \* If your take-home screening test comes back positive, it is extremely important for you to get a colonoscopy to identify and examine any abnormalities or suspicious areas.
- \* The type of CRC screening you need depends on your risk. Consult your doctor about which screening method is right for you.

## #7: By knowing the risk factors and signs and symptoms, you may be able to catch CRC 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 CRC!

## SIGNS AND SYMPTOMS



## RISK FACTORS



## #8: CRC is underfunded by the federal government.

- \* Of the top five cancer killers, CRC is the only one that doesn't have its own research program and dedicated funding stream in the Department of Defense Congressionally Directed Medical Research Program. Instead CRC must compete for limited funding with about a dozen other cancers.
- \* CRC is increasing in young people, but we aren't seeing the game-changing advances in research that could help patients of all ages.

## #9: There are more than 1.5 million CRC survivors in the United States.

- \* Although CRC patients younger than 50 have higher five-year relative survival rates than their older counterparts for every stage of diagnosis, overall survival among patients younger than age 50 (68%) is similar to that in ages 50-64 years (69%) because of late-stage diagnosis.