

# 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. <sup>(JAMA Network)</sup>
- \* More than 27,000 people under age 50 will be diagnosed with colorectal cancer in 2030. <sup>(JAMA Network)</sup>

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

- \* In 2023, the American Cancer Society estimates that there will be 106,970 new cases of colon cancer and 46,050 cases of rectal cancer in the US and a total of 52,550 people will die from these cancers <sup>(American Cancer Society)</sup>
- \* In 2019, there were an estimated 1,369,005 people living with colorectal cancer in the United States. <sup>(NCI)</sup>
- \* Colorectal cancer (CRC) is the third most common cause of cancer death in both men and women in the United States, and ranks second when men and women are combined. <sup>(ACS Journals)</sup>

## #3: Those with a family history of CRC are at a higher risk and need to be screened earlier than 45. <sup>(American Cancer Society)</sup>

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

## #4: The LGBTQ+ Community is carrying a disproportionate cancer burden. <sup>(LGBT Cancer Network)</sup>

- \* Estimated that there are more than 1 million LGBT cancer survivors in the country today. <sup>(LGBT Cancer Network)</sup>
- \* Transgender individuals are also significantly less likely to be screened for breast and colorectal cancer compared with cisgender individuals. <sup>(NIH)</sup>
- \* The LGBTQ CRC screening rate compared to the state population rate was 29.9% v. 69.1% ( $p < 0.01$ ) in 2018. <sup>(GIE Journal)</sup>
- \* Adults 50 years and older in the US had colorectal cancer screening with combined stool/endoscopy of 71.8% gay/lesbian, 62.7% straight, and 53.2% bisexual. <sup>(NIH)</sup>

## #5: People with the lowest socioeconomic status are 40% more likely to be diagnosed with CRC than those with the highest socioeconomic status. <sup>(American Cancer Society)</sup>

- \* In 2018, the median family income was \$41,361 among blacks compared to \$70,642 among non-Hispanic whites, with 21% and 8%, respectively, living in poverty. <sup>(American Cancer Society)</sup>

## #6: One in 3 adults (45-75 yrs old) are not getting screened as recommended. <sup>(CDC)</sup>

- \* There are more than 20 million Americans eligible for CRC screening who have not been screened. <sup>(CDC)</sup>

## #7: 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.

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## #8: 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. (American Cancer Society)
- \* 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. (American Cancer Society)
- \* CRC survival rates are the lowest for Black Americans, one quarter of whom are diagnosed with distant (late) stage disease.

### 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. (CDC)
- \* 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. (CDC)
- \* Rates of CRC in AI/AN males older than 50 and for AI/AN females in all age groups are highest in Alaska. (CDC)
- \* CRC is the third most commonly diagnosed cancer among all AIAN men and women but is the second most commonly diagnosed cancer among Alaska Native men and women, who have the highest incidence globally. (American Cancer Society)
- \* Notably, AIANs are the only racial and ethnic group for which CRC mortality rates are not declining. (American Cancer Society)
- \* The steepest increase in early-onset CRC is among non-Hispanic whites and American Indians and Alaska Natives. (American Cancer Society)

### CRC is one of the top three cancers 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. (NIH)
- \* Screening rates are lowest among Asian Americans under the age of 50 compared to other racial/ethnic groups. (American Cancer Society)
- \* Colorectal cancer (CRC) is the third most commonly diagnosed cancer and the second leading cause of cancer deaths among South Asian American males and second in incidence and fourth in cancer mortality among females. (Journal of Asian Health)
- \* Less than 50% of Asian Americans are up-to-date with CRC screening, however, this rate may vary drastically among Asian American subgroups. (NIH)

### Hispanic and Latino Americans face barriers when it comes to getting screened for colorectal cancer, including language and cultural barriers.

- \* Colorectal cancer is the third leading cause of cancer deaths in Hispanic men (American Cancer Society)
- \* Colorectal cancer is the third leading cause of cancer deaths in Hispanic women (American Cancer Society)

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

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## #9: 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. <sup>(NIH)</sup>
- \* Colonoscopy is often considered the “gold standard” for colon screening because it can identify polyps and remove them during the same procedure. <sup>(American Society of Gastrointestinal Endoscopy)</sup>
- \* 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.

## #10: 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!

- \* More than half (55%) of colorectal cancers in the US are attributable to potentially modifiable risk factors, including excess body weight, high consumption of red or processed meat, low calcium intake, heavy alcohol consumption, and very low intake of fruits and vegetables and whole-grain fiber. <sup>(American Cancer Society)</sup>

## SIGNS AND SYMPTOMS



## RISK FACTORS



## #11: There are more than 1.5 million CRC survivors in the United States. <sup>(American Cancer Society)</sup>

- \* 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. <sup>(American Cancer Society)</sup>

## SCREENING QUIZ

