

COLORECTAL CANCER FACTS AND STATS

UPDATED: JAN. 2025

#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 2030.¹
- * More than 27,000 people under age 50 will be diagnosed with CRC in 2030!¹
- * Among adults under 50, CRC is now the top cause of cancer death in men and the second top cause in women. This is a change from its fourth-place ranking in 1998.²
- * The number of patients in the US diagnosed under 55 years of age doubled from 11% in 1995 to 20% in 2019.²

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

- * In 2024, the American Cancer Society estimates that there will be 152,810 new cases of CRC in the U.S. and a total of 53,010 people will die from these cancers.²
- * In 2021, there were an estimated 1,392,445 people living with CRC in the U.S.³
- * In the U.S., CRC is the third most common cancer cause of death for both men and women.⁴
- * When we look at both men and women combined, CRC is the second most common cause of cancer death.⁴

#3: Those with a family history of CRC are at a higher risk and need to be screened earlier than 45.⁵

- * Between 25%-30% of CRC patients have a family history of the disease.
- * All individuals with a first degree relative (parents, biological siblings, and children) with a CRC diagnosis should begin screening at age 40, or 10 years before the youngest diagnosis of CRC in the family.

#4: The LGBTQ+ community is carrying a disproportionate cancer burden.⁶

- * It is estimated that there are more than 1 million LGBT cancer survivors in the country today.⁶
- * Transgender individuals are also significantly less likely to be screened for breast and CRC compared with cisgender individuals.⁷
- * The LGBTQ CRC screening rate compared to the state population rate in Tennessee was 29.9% vs. 69.1% (p<0.01) in 2018.⁸
- * Adults 50 years and older in the U.S. had CRC screening with combined stool/endoscopy of 71.8% gay/lesbian individuals, 62.7% straight individuals, and 53.2% bisexual individuals.⁹

#5: People with the lowest socioeconomic status are 40% more likely to be diagnosed with CRC than those with the highest socioeconomic status.¹⁰

- * In 2018, the median family income was \$41,361 among Blacks compared to \$70,642 among non-Hispanic white individuals, with 21% and 8%, respectively, living in poverty.¹⁰

#6: 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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#7: Approximately 57-60 million average-risk Americans are eligible for screening annually ¹¹

- * While approximately 59% of those eligible to be screened have done so, only 20% of those aged 45-49, and 50% of those aged 50-54 are up-to-date on their screening.⁴
- * The number of patients in the US diagnosed with advanced-stage colorectal cancer increased from 52% in the mid-2000s to 60% in 2019.⁴ Early stage cancer is easier to treat, get screened when you are eligible!

#8: CRC 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.¹³
- * 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.¹³
- * CRC survival rates are the lowest for Black Americans, one quarter of whom are diagnosed with distant (late) stage disease.
- * Black Americans are also underrepresented in research and clinical trials.²⁵

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.¹⁴
- * 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.¹⁴
- * Rates of CRC in AI/AN males older than 50 and for AI/AN females in all age groups are highest in Alaska.¹⁴
- * CRC is the third most commonly diagnosed cancer among all AI/AN men and women but is the second most commonly diagnosed cancer among Alaska Native men and women, who have the highest incidence globally.¹⁵
- * **The AI/AN population is notably the only racial and ethnic group for which CRC mortality rates are not declining.**¹⁴
- * The steepest increase in early-onset CRC is among non-Hispanic white and AI/AN populations.¹⁶

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.¹⁷
- * Screening rates are lowest among Asian Americans under the age of 50 compared to other racial/ethnic groups.¹⁸
- * 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.¹⁹

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

- * CRC is the third leading cause of cancer deaths in Hispanic men and Hispanic women and is the second leading cause when men and women are combined.²⁰

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

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

- * It is estimated that 68% of deaths from CRC could be prevented with screening. All adults 45 and older should be screened.²¹
- * Colonoscopy is often considered the "gold standard" for colon screening because it can identify polyps and remove them during the same procedure.²²
- * 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 screening you need depends on your risk. Consult your doctor about which screening method is right for you.

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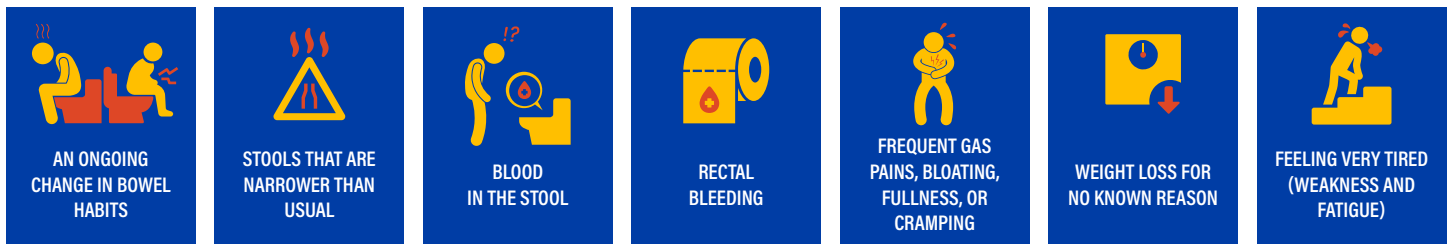
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#10: By knowing the risk factors and signs and symptoms, you may be able to catch CRC at its earliest stage.

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 CRC in the U.S. 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.²³

SIGNS AND SYMPTOMS



RISK FACTORS



#11: 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 50-64years (70%) because of late-stage diagnosis.²⁴

SCREENING QUIZ



SCAN HERE
for a free screening quiz
Learn more at
[FightCRC.org/screening-quiz/](https://fightcancer.org/screening-quiz/)

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