

THINK EARLY ONSET COLORECTAL CANCER: A GLOBAL CALL TO ACTION

*SUMMARY OF THE BARCELONA
GLOBAL THINK TANK, JUNE 2025*

F!GHTTM
★
COLORECTAL CANCER



IBSA
Instituto de Investigación
Biomédica de Salamanca



A RISING GLOBAL HEALTH CRISIS

Over the past several decades, rates of early-onset colorectal cancer (EOCRC)—diagnosed in men and women under 50—have been steadily rising. This alarming trend spans continents, affecting at least 14 countries across North America, Europe, Oceania, South America, and beyond. While advances in colorectal cancer prevention and treatment have benefited older adults, younger patients often experience delayed diagnoses, more aggressive disease, and profound personal, professional, and emotional impacts.

EOCRC is rising around the world, cutting short the lives and futures of thousands of young people each year. In response, Fight Colorectal Cancer (Fight CRC) engaged advocacy leaders, policymakers, researchers, patients, and caregivers to join forces to focus on the etiology of EOCRC and investigate a central question: Why is this happening?

In June 2025, Fight CRC hosted 71 experts and advocates from 18 countries in Barcelona, Spain, for the first-ever global think tank dedicated exclusively to EOCRC. Thanks to the generous support of individual giving and private fundraising, Fight CRC was able to host this historic, inaugural event.

The goal of the meeting was to begin to execute a unified global research strategy addressing the rise of early onset colorectal cancer.

This landmark gathering united a powerful coalition of advocacy organizations—including Bowel Cancer Australia, Bowel Cancer UK, Colorectal Cancer Canada, Digestive Cancers Europe (DiCE), and the Global Colon Cancer Association (GCCA)—to begin developing a unified global blueprint for ending EOCRC.



“Society expects us to “move on” like nothing happened. But in reality, everything changed. Truth is you don’t move on. You move forward with it. With the constant fear of recurrence, the changes, the challenges, the side effects. These aren’t just moments, they are permanent shifts.”

MILA OGALLA TOLEDO
@MILAOGALLATOLEDO
DIAGNOSED AT 25 YEARS OLD



Rates of colorectal cancer in people under 50 are rising sharply in multiple countries, even as overall CRC rates decline. This is not simply due to better detection; it is a real increase in disease prevalence that is disrupting lives, careers, and families around the world.

A RISING GLOBAL HEALTH CRISIS CONT.



TOP 10 COUNTRIES WITH RISING EOCRC AND APPROXIMATE ANNUAL CASES DIAGNOSED IN YOUNG ADULTS (UNDER 50):

| Rank | Country | Average Annual Percentage Increase (AAPC) | Estimated Annual EOCRC Cases (Recent Years) |
|------|----------------|---|---|
| 1 | United States | 1.5-2.0% | ~18,000/year |
| 2 | United Kingdom | 3.59% | ~2,000/year |
| 3 | Germany | 1.5-2.0% | ~1,700/year |
| 4 | France | 1.5-2.0% | ~1,600/year |
| 5 | Canada | 1.5-2.0% | ~1,200/year |
| 6 | Australia | 1.5-2.0% | ~1,100/year |
| 7 | New Zealand | 3.97% | ~350/year |
| 8 | Chile | 3.96% | ~300/year |
| 9 | Puerto Rico | 3.81% | ~250/year |
| 10 | Argentina | 1.5-2.0% | ~200/year |

An average increase of 1.5% to nearly 4% annually in countries is an alarming rate. A birth cohort effect (cohort effects describe how studying populations in different “cohorts” — having been born in a different time or region or having different life experiences), seen in populations born after 1950 across these countries, suggests environmental, lifestyle, or exposure-based changes could be contributing factors. An analysis using SEER data found that U.S. adults born ~1990 have twice the risk of colon cancer and four times the risk of rectal cancer compared with adults born ~1950. (Rebecca L. Siegel, Stacey A. Fedewa, William F. Anderson, Kimberly D. Miller, Jiemin Ma, Philip S. Rosenberg, Ahmedin Jemal, Colorectal Cancer Incidence Patterns in the United States, 1974–2013, JNCI: Journal of the National Cancer Institute, Volume 109, Issue 8, August 2017, djw322, <https://doi.org/10.1093/jnci/djw322>)

PATIENT VOICES REPRESENTED

The Barcelona Think Tank placed patient experiences at the heart of every discussion. A global survey of over 500 patients from 21 countries revealed:

- Only 15% knew before diagnosis that CRC could happen before 50.
- 70% said cancer or treatment changed their school or work plans.
- 80% reported changing major life goals, from family plans to careers.

Real time polling of attendees during the Think Tank found:

- Over 90% of attendees agreed that lack of awareness before diagnosis is a major barrier to early detection.
- Education and awareness campaigns were overwhelmingly identified as top priorities to close this gap.

Fight for **MORE TIME!**★



MILA OGALLA TOLEDO
STAGE III COLORECTAL CANCER



KAKIMOTO SATOSHI
STAGE IV COLORECTAL CANCER



LĀSMA NIKOLAISONE
STAGE III RECTAL CANCER



ANDI CARLAN
STAGE III COLON CANCER



MELISSA GROFF
STAGE III RECTAL CANCER



NATHANIEL DYE
STAGE IV COLORECTAL CANCER



TUMI RAMASODI
STAGE III COLON CANCER



ROBBIE BARNES
STAGE III COLORECTAL CANCER



Watch Jill's story at:
youtube.com/watch?v=CDaRSipPhbA

JILL MACDONALD
STAGE IV COLON CANCER,
FOREVER FIGHTER



WHAT THE GLOBAL DATA TELLS US

EXPERTS CONFIRMED:

- EOCRC incidence is rising in countries like the U.S., Australia, Canada, Germany, and more – even as overall CRC rates are declining.
- Mortality rates among young patients are increasing, confirming this is a true increase in disease, not just improved detection.
- Patterns are consistent across sexes, making hormonal causes unlikely.
- The disease primarily affects the rectum and sigmoid colon, with many patients diagnosed at later stages.

PARTICIPANTS DISCUSSED FACTORS REQUIRING URGENT STUDY:

- Dramatic shifts in diet and higher processed food consumption.
- Disrupted circadian rhythms (e.g., night shift work, poor sleep).
- Emerging evidence of microbiome changes.
- Genetic predispositions and potential novel mutations.
- Regional disparities suggest unique local drivers.

BUILDING ON WHAT WE KNOW:

We've made important strides in understanding factors like obesity in colorectal cancer, but now it's time to push the boundaries further. By exploring fresh perspectives and asking bold new questions, we can uncover deeper insights and drive meaningful progress for younger patients.

REGIONAL PERSPECTIVES & LOCAL IMPACT:

Regional leaders emphasized the trends and possible areas for research and solutions:

- North America: High rates of EOCRC in diverse populations with geographic, racial, and socioeconomic differences and disparities.
- Europe: Sharp post-1950 dietary and lifestyle changes strongly correlated with EOCRC rise.
- Oceania: Highest documented EOCRC rates in the world, with notable regional variations.
- South America: Rising urbanization and limited data call for investment in cancer registries.
- Asia & Middle East: Early signs of rising EOCRC, but lack of data hampers understanding.

These regional factors may be unique and require local attention but show possible clues about connections globally; no country can tackle this alone.

LIST OF RISK FACTORS:

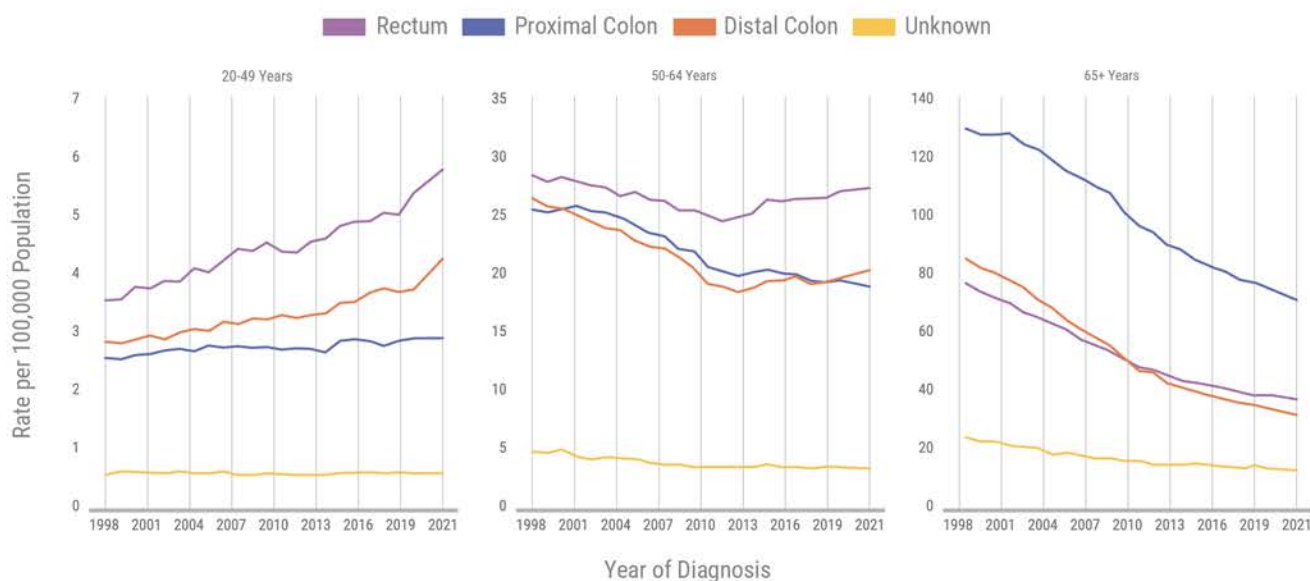
- Obesity and overweight
- Circadian disruptions (e.g., from shift work or irregular sleep patterns)
- Geographic heterogeneity in incidence rates
- Colibactin mutations in the APC gene
- Lifestyle exposures, including:
 - Smoking
 - Alcohol use
 - Lack of physical activity
 - Poor nutrition
 - High intake of processed foods
 - Low consumption of fruits and vegetables
- Epithelium and microbiome changes
- Genetic and familial syndromes
- Undiagnosed or unknown genetic predispositions
- Young-onset metabolic syndrome
- Diabetes mellitus
- Microbiome

These insights set the stage for global research priorities.

WHAT THE GLOBAL DATA TELLS US CONT.

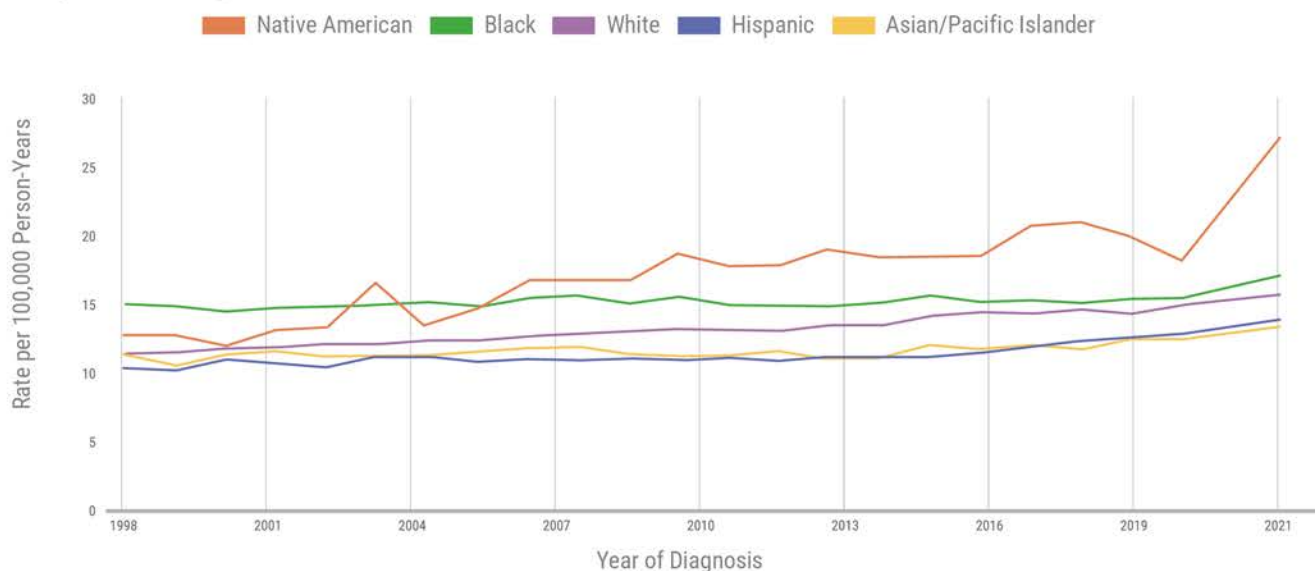
TRENDS IN COLORECTAL CANCER INCIDENCE BY SUBSITE AND AGE

Adapted from Siegel et al. Colorectal Cancer Statistics 2023, CA Cancer J Clin



TRENDS IN EARLY-ONSET COLORECTAL (<50 Y) CANCER BY RACE/ETHNICITY

Adapted from Siegel et al. Colorectal Cancer Statistics 2023, CA Cancer J Clin





BUILDING THE BLUEPRINT FOR ACTION

The workshop provided an interactive dedicated time to discuss strategies needed to advance a unified global research strategy for early-onset colorectal cancer. To move this vision forward, five workgroups were established—each focused on translating scientific strategies into specific actions to directly impact patients in the next two years. The specific workgroups at the meeting included:



SCIENTIFIC RESEARCH

- Led by: Kevin Monahan, FRCP, PhD
- Prioritize urgent questions about EOCRC causes so young people get answers faster.



EPIDEMIOLOGICAL TOOLS

- Led by: Folasade May, MD, PhD, MPhil
- Standardize data collection so discoveries can be shared and compared globally.



BIOBANKING

- Led by: Daniel Buchanan, PhD
- Ensure researchers everywhere can access high-quality, comparable tissue and blood samples.



GLOBAL SUSTAINABILITY AND ADVOCACY:

- Led by: Lorenzo de la Rica, PhD
- Collaborate across advocacy organizations to build a unifying message to accelerate research and awareness.



RISK STRATIFICATION & AWARENESS

- Led by: Andrea Dwyer, MPH
- Develop a global risk tier framework to guide early detection of high-risk patients and launch targeted awareness campaigns.

A UNIQUE GLOBAL PARTNERSHIP

This initiative is powered by unprecedented international collaboration. Advocacy organizations from every continent are uniting to:

- Share patient insights across borders.
- Coordinate awareness campaigns.
- Build momentum for policy changes in multiple countries simultaneously.

PARTICIPATING ADVOCACY PARTNERS INCLUDE:



Bowel Cancer
AUSTRALIA



Bowel Cancer^{UK}
Beating bowel cancer together



COLORECTAL
CANCER
CANADA



DIGESTIVE CANCERS
EUROPE



GLOBAL
COLON CANCER
ASSOCIATION

Together, they are using the power of patient stories and united advocacy to drive lasting change.



“Early onset colorectal cancer has clearly developed into a global problem that demands urgent solutions for younger generations. I am energized by this concerted effort to address the crisis through international collaboration and innovation.”

DR. ANDREW (ANDY) CHAN
PROFESSOR OF MEDICINE,
MASSACHUSETTS GENERAL HOSPITAL

OUR COMMITMENT TO EOCRC

Participants pledged to:

- Stay actively engaged in workgroups over the next two years to progress the meeting goal to execute a unified global research strategy.
- Share data and findings across borders.
- Advocate for new policies and increased research funding globally.

WHY THIS MATTERS TO YOU

If you are a researcher, clinician, or policy expert who is interested in engaging or learning further about this work, we welcome your interest and possible collaboration.

If you're a patient, survivor, or caregiver, you deserve real answers about why colorectal cancer is striking more young people. This global effort brings together leading doctors, researchers, advocates, and patients themselves—all recognized experts in their fields and deeply committed to changing the future of this disease.

By combining the highest-quality science with firsthand patient experiences, this work aims to uncover what's causing early onset colorectal cancer, find ways to detect it sooner, and improve treatment options. The goal is simple but powerful: So you, your loved ones, and future generations have a better chance at long, healthy lives, free from colorectal cancer.

SCIENTIFIC RESEARCH THEMES

WG LEAD:

KEVIN MONAHAN, FRCP, PHD
ST MARK'S THE NATIONAL BOWEL HOSPITAL
UNITED KINGDOM

FACILITATOR:

ELSA STAPLES, MPH
UNIVERSITY OF COLORADO CANCER CENTER
UNITED STATES



SCIENTIFIC RESEARCH: ELSA STAPLES, MPH

The GEOCRCTT Scientific Research Themes Workgroup aims to develop a comprehensive, interdisciplinary framework of research questions to guide the next generation of etiologic and pre-clinical studies on early onset colorectal cancer (EOCRC).

At the launch meeting in Barcelona, the workgroup came together to outline its initial approach for the next two years. Recognizing the urgency of the rising global burden of EOCRC, the group emphasized the need for a collaborative international research agenda to better understand the disease's underlying causes and improve outcomes for young people affected worldwide. This agenda will serve as a strategic roadmap to inform interdisciplinary studies, data collection, and funding priorities.

The workgroup breakout session included participants from nine countries across six continents, representing diverse expertise in EOCRC research. The session was led by Kevin Monahan, MD, PhD (Gastroenterologist, St Mark's Hospital, London), while I, Elsa Staples, MPH (Senior Program Manager for the Colorado Cancer Screening Program, University of Colorado) facilitated the discussion. Together, we are committed to guiding the group as it lays the foundation for this global initiative moving forward.

During the session, the group drafted a set of deliverables for the two-year project. A key early milestone will be a systematic review of global literature on EOCRC etiology to identify knowledge gaps and inform future research priorities. This evidence-based foundation will ensure that proposed topics are timely, relevant, and built on the latest findings.

An important strength of this initiative is its ability to align efforts across all Fight CRC EOCRC research workgroups to ensure synergy. The Scientific Research Themes group will collaborate with workgroups focused on biobanking, epidemiologic tools, risk stratification, and global sustainability & advocacy—ensuring access to the tools and resources needed to answer pressing research questions.

"I'm energized by the global potential of this initiative. Launching this workgroup presents a powerful opportunity to not only advance our research priorities but also shape the science around biobanking, epidemiologic tools, and risk stratification—all in parallel." - Kevin Monahan

Fight CRC's strategy to support the advancement of EOCRC research is unique in that it truly fosters multidisciplinary collaboration from the scientific, patient, and advocacy lenses. Since rates of EOCRC are rapidly increasing in several countries throughout the world, the research on its causes must also be inclusive of diverse populations—geographically, demographically, and socioeconomically.

Once additional information about the etiologic factors for EOCRC can be uncovered, interventions to target these factors can be implemented to improve outcomes throughout the disease continuum including for prevention, screening, treatment, and survivorship.

EPIDEMIOLOGICAL TOOLS

WG LEAD:

FOLASADE MAY, MD, PHD, MPHIL
UNIVERSITY OF CALIFORNIA LOS ANGELES
UNITED STATES

FACILITATOR:

KIRAN ILAGAN, DRPH
FIGHT COLORECTAL CANCER
UNITED STATES



EPIDEMIOLOGICAL TOOLS: JOSÉ PEREA, MD, PHD

During the Epidemiological Tools workgroup session, our group members discussed key considerations and strategies for advancing the epidemiologic study of early onset colorectal cancer (EOCRC).

A central focus was the need to assess the current global landscape—including published literature and existing data—related to EOCRC risk factors, particularly as they vary across populations. The group emphasized the importance of identifying and tracking published, standardized surveys that examine lifestyle and behavioral risk factors, while also acknowledging the challenges of standardization across diverse regions and populations.

One of the discussion's main themes was the value of exploring existing birth cohorts or long-term follow-up studies that include both cases and controls. These cohorts offer opportunities to examine the relationship between multiple exposure factors and EOCRC development over time. Even if these studies were not originally designed with EOCRC in mind, they may still hold relevant and actionable insights.

The group also discussed the concept of the exposome, which refers to exposures—environmental, dietary, behavioral, and otherwise—occurring early in life that may contribute to sporadic EOCRC. Identifying cohorts that include such early-life data, even if not yet linked specifically to EOCRC outcomes, was seen as a particularly promising avenue for future research.

In light of the global scope of this effort, participants noted the importance of harmonizing data collection tools, especially surveys that assess habits and lifestyle factors. The idea of creating or agreeing upon a core set of standardized questions—to be used across studies and populations—was discussed as an ambitious yet essential goal to enable meaningful comparisons and pooled analyses worldwide.

These approaches will help lay the groundwork for more coordinated, data-driven efforts to uncover the underlying causes of EOCRC and support the broader GEOCRCTT research framework.

It was an honor to facilitate the Epi Tools Workgroup discussion alongside Workgroup Lead, Dr. Folasade May, and witness the depth of expertise and shared commitment to understanding the epidemiology of EOCRC on a global scale amongst the group. The ideas raised in this session will help lay a strong foundation for future collaboration. I look forward to working together to turn these insights into action and advance our collective efforts to uncover the causes of EOCRC and improve outcomes worldwide.
-Kiran Ilagan, PhD

BIOBANKING

WG LEAD:

DANIEL BUCHANAN, PHD
MELBOURNE MEDICAL SCHOOL
AUSTRALIA

FACILITATOR: LISA WILDE, PHD

BOWEL CANCER UK
UNITED KINGDOM



BIOBANKING: DANIEL BUCHANAN, PHD

Thank you to the members of the Biobanking workgroup (WG) session and the wonderful facilitator Lisa Wilde for your engagement and contributions to “kicking off” the important work we plan to achieve over the next two years. Cognisant of the overarching goal of GEOCRCTT to develop and execute a unified global research strategy addressing the rise of EOCRC, the Biobanking WG mapped out its purpose, objectives, deliverable and milestones. Coordination with the four other WGs was considered a critical operational consideration for the Biobanking WG.

The purpose of this project and the Biobanking working group is to collate and share a global overview on existing biobanks and develop standardised protocols and recommend best practices for biobanking in EOCRC research. A key objective determined by the WG was to capture the breadth of biological specimen (and molecular data) resources, their strengths and weaknesses and collate this information in the form of a database for the global community to use. This will enable researchers to reach out to the Biobanking leads to facilitate collaborative research and, importantly, validate key etiological findings.

The recognition that Biobanking is a resource-intensive exercise that presents challenges at regional and local levels was highlighted by the WG members. The future activities and recommendations from the WG would endeavour to facilitate building infrastructure and overcoming barriers to biobanking. The WG discussed the objective to develop consistent, experiment-informed recommendations for the collection, storage and management of biological samples from EOCRC patients to ensure the quality, integrity and reproducibility of biobanks across Research Institutions. These standards will facilitate the integration of EOCRC biobank data into collaborative, multi-site research efforts, enhance data sharing, and improve the reliability of findings related to the genetic, molecular, and environmental factors driving EOCRC. Ultimately, the development of these standards will foster collaboration, promote global consistency, and support high-impact, multidisciplinary studies that advance understanding and treatment of EOCRC.

The WG agreed upon an initial deliverable that involves creating a database of existing EOCRC biobanks and studies with available molecular, genetic, and pathology data that could facilitate international collaborative research. The biobanks and studies would be identified through literature and surveying key stakeholders.

Our initial milestones were to establish: 1) the Biobanking WG leadership, members, and meeting schedule; 2) Biobanking WG data sharing and teamworking tools; 3) EOCRC biobanking resources from literature and surveys; and 4) biological specimen and biobanking “gap” analysis. A strategic direction review was agreed upon at the end of year one. Subsequent milestones would centre around developing biobanking “best practices,” standards, and protocols.

This is the beginning of an exciting and important chapter for EOCRC research but....“we have work to do!”

GLOBAL SUSTAINABILITY & ADVOCACY

WG LEAD:

LORENZO DE LA RICA, PHD
CANCER GRAND CHALLENGE
UNITED KINGDOM

FACILITATOR:

ANJEE DAVIS, MPPA
FIGHT COLORECTAL CANCER
UNITED STATES



GLOBAL SUSTAINABILITY AND ADVOCACY: ANJEE DAVIS, MPPA

This session brought together global advocacy leaders to chart a sustainable path forward for the Think Tank's collaborative vision. Participants included Monique Wakefield (CEO, Digestive Cancers Europe), Barry Stein (President and CEO, Colorectal Cancer Association of Canada), Genevieve Edwards (CEO, Bowel Cancer UK), and Julien Wiggins (CEO, Bowel Cancer Australia), each representing key national and regional efforts focused on early-age onset colorectal cancer.

The purpose of the Global Sustainability & Advocacy Workgroup is to sustain and support the global collaboration initiated at the Think Tank over the next two years, ensuring the momentum continues and grows. This includes advancing shared goals, amplifying impact across advocacy networks, and planning for a second global Think Tank convening in 2027.

The discussion centered on a shared commitment to advancing global collaboration. Leaders explored how their organizations could contribute to the initiative, including co-developing international grant proposals, identifying collaborative fundraising strategies, and creating a structure to maintain momentum across workgroups. A central theme was that no single organization should—or could—lead this work alone. Instead, success depends on an equitable, distributed approach across all participating countries and groups.

The group emphasized the importance of sustained partnership to investigate the root causes of EOCRC within diverse communities and geographies. Participants agreed on the need for collective ownership of progress, acknowledging that our best chance at scientific discovery, funding growth, and policy impact lies in working together.

A key outcome was the consensus to build a shared system for exchanging materials—such as templates, research data, statistics, and fundraising tools that would empower ongoing collaboration and reduce duplicative efforts. This system will serve as a foundation for the coalition's continued impact, ensuring each advocacy partner can contribute meaningfully to the mission and long-term sustainability of the Think Tank initiative.

Milestones for this workgroup include:

- Establishing a global communications hub for sharing tools, documents, and studies
- Developing a shared fundraising template and grant tracking system
- Identifying joint funding opportunities to support the workgroups
- Planning and securing funding for the next global Think Tank convening in 2027

RISK STRATIFICATION & AWARENESS

WG LEAD:

ANDREA DWYER, MPH
UNIVERSITY OF COLORADO CANCER CENTER,
FIGHT CRC ADVISOR
UNITED STATES

FACILITATOR:

CARLI KING, PHD
FIGHT CRC
UNITED STATES



RISK STRATIFICATION & AWARENESS: ANDREA DWYER, MPH

We kicked off a super timely and provocative project aimed at tackling the rise in early onset colorectal cancer (EOCRC), especially among younger people.

The main goal? *To figure out who's actually at increased risk and use that knowledge to reduce mortality.*

It's not just about catching cancer earlier—it's about understanding why it's happening in the first place. If we do this right, we're not only going to help save lives through earlier detection, but we could also start piecing together the underlying causes behind this alarming trend. That's what makes this work so exciting—it's not just practical, it's potentially groundbreaking; further-moving this project together on a global scale will be unprecedented.

The core of our effort is all about defining what "increased risk" actually looks like across different populations. That definition is the springboard for everything else—public education, tools for healthcare providers, and smarter, earlier detection strategies that make sense for people under 50. We're aiming to develop a global set of recommendations that are flexible enough to be tailored by region, along with a clear risk-tier framework to help guide action. Just as important, we want to make sure the framework is understood and used through well-thought-out education efforts.

We also set some clear boundaries: We're not addressing screenings for adults over 50 or the general screening guidelines for people at average risk. That work is already being handled elsewhere, and we want to stay focused on the EOCRC space where there's still a major gap. For our first year, we've lined up some solid milestones—starting with refining the research question, building a literature database, and drafting a narrative review. We'll also work with advocacy partners to shape complementary education strategies, and we'll start putting together the first draft of our risk-tier framework.

Overall, this project is ambitious, timely, and potentially transformative. Not only are we aiming to shift how risk is defined and addressed in EOCRC, but the work could also play a key role in uncovering the underlying etiologic factors contributing to this rise. This is more than a framework—it's a steppingstone toward real change in how we understand, prevent, and talk about cancer in young people.

WE HAVE WORK TO DO.



POST EVENT TOOLKIT AND PHOTOGRAPHY:

Download templates
and images from the
Barcelona event:

[fightcrc.mediavalet.com/
portals/2025_GEOCRCTT](https://fightcrc.mediavalet.com/portals/2025_GEOCRCTT)



COMMUNITY OF CHAMPIONS:

Join our community
for GEOCRCTT and
workgroup updates:

[community.fightcrc.org/spa
ces/17759356/page](https://community.fightcrc.org/spaces/17759356/page)



CONTACT US:

Fight Colorectal Cancer

134 Park Central Square #210

Springfield, MO 65806

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WHAT YOU CAN DO TO HELP:

We welcome support from industry leaders, private donors, and government partners to strengthen the work of the Barcelona Global Think Tank on Early Onset Colorectal Cancer. Your support will help advance research, influence policy, drive clinical innovation, and foster global collaboration. Together, we can fund essential research, support expert groups, and amplify awareness to keep EOCRC a global health priority.

In addition to all of the GEOCRCTT attendees, we extend a special thanks to Emma Williams, Carli King, and Natalie Keiser for their respective contributions to planning, research, and managing this event; the Fight CRC Brand Marketing Team—Savanna Doud, Merritt Jones, and Andy Weber—for their strategic vision and creative execution; and Fight CRC Board of Directors and Leadership—Eric Hausmann, Folasade May, Kim Salls, Erin Stratton, Michell Baker, Molly McDonnell, and Anjee Davis—for their guidance and unwavering support to propel our mission forward.

Your efforts helped bring this event to life. Thank you!

THANK YOU

TO OUR PARTNERS AND ADVISORS:

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Chief Department of Surgery,
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Director of Research Advocacy,
Fight CRC

RYAN SOISSON

Facilitator,
Founder of Soisson & Associates

BOWEL CANCER AUSTRALIA

BOWEL CANCER UK

COLORECTAL CANCER CANADA

DIGESTIVE CANCERS EUROPE

GLOBAL COLON CANCER ASSOCIATION

FIGHTTM
★
COLORECTAL CANCER



IBSAL
Instituto de Investigación
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