



American Cancer Society – Colorectal Cancer Speaking Points

- The 2024 Cancer Facts & Figures report highlights a concerning trend of rising incidence of colorectal cancer in people younger than 55 years of age.
- Colorectal cancer has moved up from being the fourth leading cause of cancer death in men and women under 50 years to first in men and second in women in less than two decades.
- The American Cancer Society recommends that people at average risk of colorectal cancer start regular screening at age 45.
- Screening tests are used to look for cancer or pre-cancer in people who have no symptoms of the disease. Regular colorectal cancer screening is one of the most powerful tools for preventing colorectal cancer and finding it early when it might be easier to treat.
- Colorectal cancer incidence is rising in people younger than 55 years, increasing uptake of screening in people 45-49 years can help reverse this trend.
- Up to thirty percent of people diagnosed before age 50 have a family history or genetic predisposition; it's important for people with these risk factors to begin screening before age 45 years.

SYMPTOMS AND SCREENING

Early-stage colorectal cancer typically does not cause symptoms, which is why screening according to patient risk is so important.

- More than half of colorectal cancers in the U.S. are associated with lifestyle risk factors that can be changed, including lack of exercise, excess weight, smoking, heavy alcohol use, and eating a diet high in red or processed meat and low in fruits, vegetables, whole-grain fiber, and calcium. Visit cancer.org/getscreened to learn more.
- Colorectal cancer can develop silently, so there may be no symptoms until it has advanced to later, and more deadly, stages. It has a 91% survival rate when caught early, yet among those age 45-49, more than 80% are not getting screened. The faster the symptoms are recognized, the better the chances of treatment. Symptoms to look for include a change in bowel habits, rectal bleeding, abdominal discomfort, weakness and/or fatigue, and unexplained weight loss. People experiencing these symptoms should speak with a healthcare provider immediately. Visit cancer.org/getscreened to learn more.

- Screening can prevent colorectal cancer through the detection and removal of precancerous growths called polyps. Screening can also detect cancer at an early stage when treatment is usually more successful. Visit [cancer.org/getscreened](https://www.cancer.org/getscreened) to learn more.
- People at average risk should start screening at age 45, and those at higher risk may need to get checked earlier. There are many options for screening including at-home tests and colonoscopies, which help reduce the risk of colorectal cancer death.

Five Signs of Colorectal Cancer You Shouldn't Ignore – Even if You're a Younger Adult

- A change in bowel habits such as diarrhea, constipation, or narrowing of the stool that lasts more than a few days
- Blood present in the stool or the toilet
- Abdominal pain or cramping
- Unexplained, sudden weight loss
- Fatigue that does not go away or that keeps coming back

INCIDENCE AND MORTALITY

- In 2024, an estimated 106,590 cases of colon cancer and 46,220 cases of rectal cancer will be diagnosed in the U.S., and a total of 53,010 people will die from these cancers.
- Colorectal cancer incidence rates for all ages combined have declined since the mid-1980s due to changing patterns in risk factors and the widespread uptake of screening since 2000.
- Incidence trends differ by age, for example, incidence rates in people 65 years and older have declined by 1% per year since 2011; this is in contrast to people 55-64 years whose rates have stabilized and for people younger than 55 years rates have increased by 1% to 2% per year since the mid-1990s..
- Colorectal cancer mortality rates have dropped by 56%, from 29.2 (per 100,000) in 1970 to 12.8 in 2021 due to reductions in incidence, earlier detection through screening, and improvements in treatment.
- Overall, the death rate has declined in both men and women over the past decade, however, similar to incidence, trends in death rates differ by age group. The decline in colorectal cancer death rates are confined to older adults, for people 55 years and younger the death rate has increased by about 1% per year since the mid-2000s.

DISPARITIES

American Indian / Alaskan Native (AIAN) and Black people have the highest incidence and mortality rates of colorectal cancer.

CRC incidence is highest in people who are AIAN (50 per 100,000), or Black (40.8 per 100,000; versus 35.2 per 100,000 in Whites); mortality patterns are similar, with rates highest in people who are Alaska Native / American Indian (19 per 100,000), or Black (17.7 per 100,000; versus 13.1 per 100,000 in Whites).

PREVENTION

More than half (55%) of colorectal cancers in the US are attributable to potentially modifiable risk factors, including excess body weight, physical inactivity, long-term smoking, high consumption of red or processed meat, heavy alcohol consumption, and low calcium, whole-grain, and/or fiber intake.

ACS IMPACT

1. The American Cancer Society is improving the lives of people with cancer and their families through advocacy.
2. Following the 2021 USPSTF revised recommendation on colorectal cancer screening, ACS CAN working with partners (Fight CRC and the American Gastroenterological Association) advocated for the Department of Health and Human Services, the Department and Labor, and the Internal Revenue Service (collectively the Tri-Agencies) to issue an FAQ clarifying that follow-up colonoscopies conducted after a positive non-invasive stool-based screening test are part of the screening continuum and this should be covered without cost sharing.
3. The Tri-Agencies released an FAQ on January 10, 2022
4. With respect to Medicare coverage, in the CY 2023 Medicare Physician Payment Rule, CMS finalized two key policies which were supported by ACS CAN:
5. Lowering the minimum age of screening to 45, consistent with ACS guidelines. Previous to this rule, Medicare's minimum age of CRC began at 50.
6. Expanding the definition of a colorectal cancer screening test to include a follow-on colonoscopy after a positive result from a Medicare-covered non-invasive stool based colorectal cancer screening test.
7. In 2020 Congress enacted legislation that would phase out surprise out-of-pocket expenses for Medicare beneficiaries for whom a polyp is discovered and removed during a screening colonoscopy. Under the legislation, which is currently being implemented by CMS, coinsurance charges for polyps discovered during a screening colonoscopy will be phased out by 2030.

The American Cancer Society is improving the lives of people with cancer and their families through research.

- Currently funding over \$50 million in colorectal cancer research through 67 active grants.
- The American Cancer Society is improving the lives of people with cancer and their families through patient support.
 - We provide information, support, and resources 24/7 to people facing colorectal cancer through cancer.org and our helpline at 1-800-227-2345.
- The American Cancer Society National Colorectal Cancer Roundtable (ACS NCCRT) is leading efforts, in collaboration with more than 180 partner organizations, to increase colorectal cancer screening rates in the US with a goal of screening at least 80% of people in every community. Increasing the population rate of screening to 80% or greater would prevent tens of thousands of additional new cases of colorectal cancer and colorectal cancer deaths.
- In addition to providing transportation and lodging funding to health systems, the American Cancer Society runs over 30 Hope Lodge communities that provide a free place to stay during treatment and a Road to Recovery program that provides free rides to and from treatment.
- Working with and through community health clinics and health systems across the country to increase access to colorectal screening and follow-up in under-resourced communities. (NFL-funded CHANGE grants (Crucial Catch) are part of a group of nearly 200 projects launched by ACS that focus on improving cancer screening rates in targeted communities.)