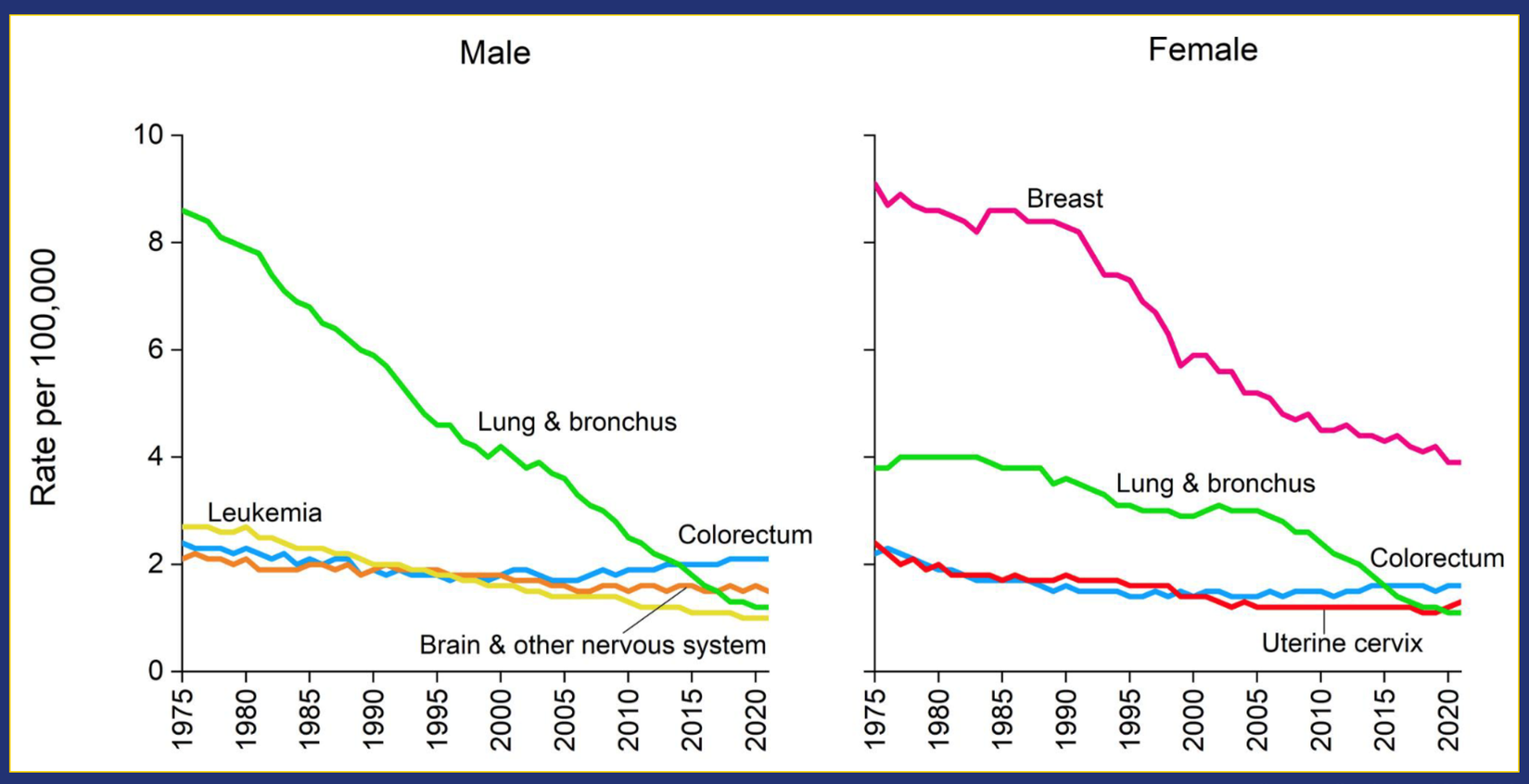
March
Colorectal Cancer Awareness Month

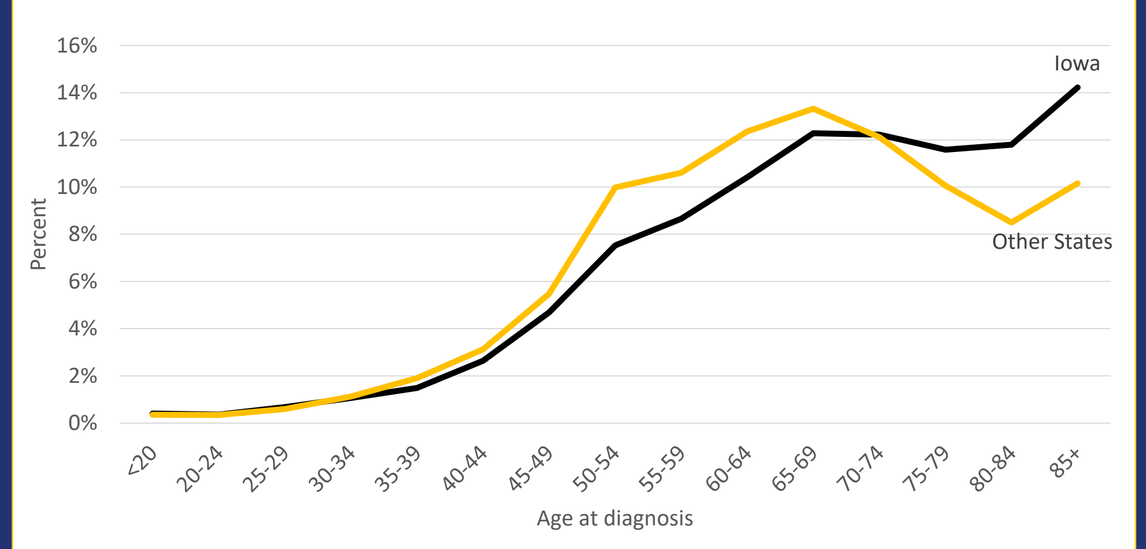
Early Onset CRC is now the leading cause of cancer death among people **under 50** in the US



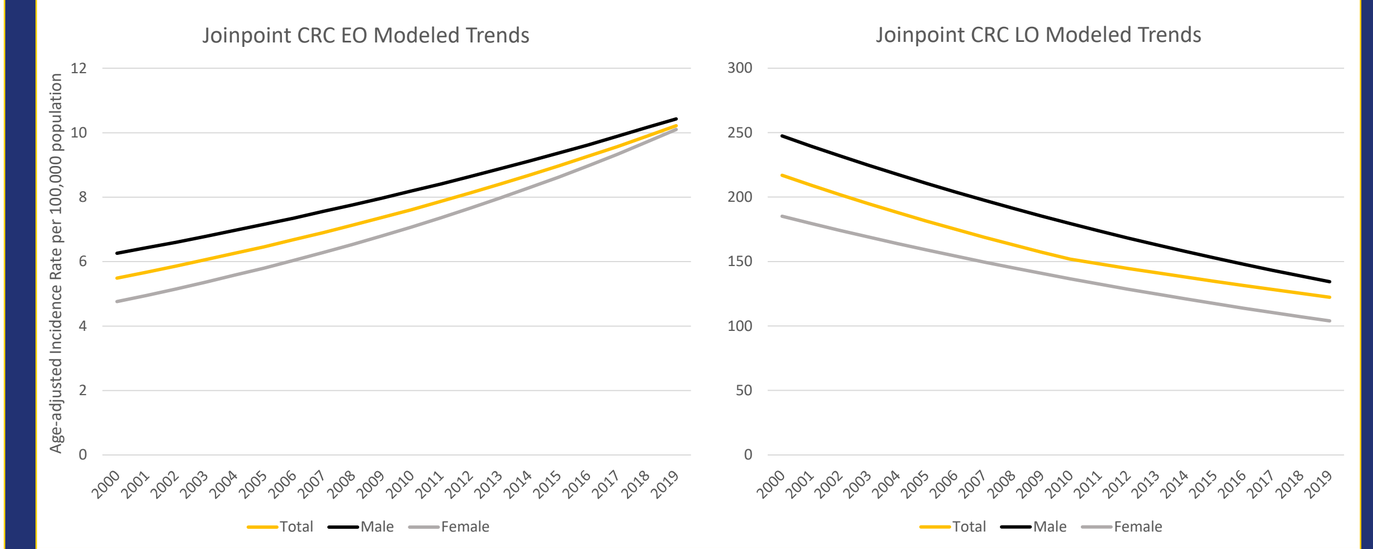
Colon cancer is #1 cause of cancer deaths for men under 50; #2 for women

Cancer Statistics 2024. CA Cancer J Clin. 2024: 1-38

The average age of Iowans diagnosed with CRC is **68**



Unfortunately, **Early Onset** CRC is on the rise in Iowa



TAKE HOME MESSAGE!

Early Onset
CRC incidence is on the rise

Early Onset
CRC is now a leading cause of death among people under 50

Most **Early Onset** CRC are diagnosed by symptoms

Most **Average Onset** CRC are diagnosed by screening

Iowa CANCER REGISTRY ICR
STATE HEALTH REGISTRY OF IOWA

MARCH

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Screening for Colorectal Cancer

Take control and Get Screened for Colon Cancer.

45 IS THE NEW 50*

*US Preventive Services Task Force guideline-June 5, 2018

The American Cancer Society lowered colorectal cancer screening age to **45** for those with average risk

Symptoms are the best tool to screen people **younger than 45**

Screening helps detect cancer in people **45 and older**

Colonoscopy is not the only way to screen

What Tests Are Used to Screen for Colorectal Cancer?

There are several tests that can be used to detect colorectal cancer. These include

- **Colonoscopy** uses a scope to look at the inside of the entire colon and rectum. It requires a bowel preparation that involves using laxatives to empty the colon beforehand.
- **Flexible sigmoidoscopy** uses a scope to look at the rectum and part of the colon.
- **CT colonography** ("**virtual colonoscopy**") is a special type of computed tomography (CT) scan that looks at the inside of the colon and rectum. It is noninvasive and does not involve a scope, but there is still some bowel preparation required.
- **Stool-based tests** involve collecting a sample of stool and looking for either blood or abnormal genetic material in the stool, which can be signs of cancer. Examples include the **fecal occult blood test**, **fecal immunochemical test**, and **stool DNA test**.

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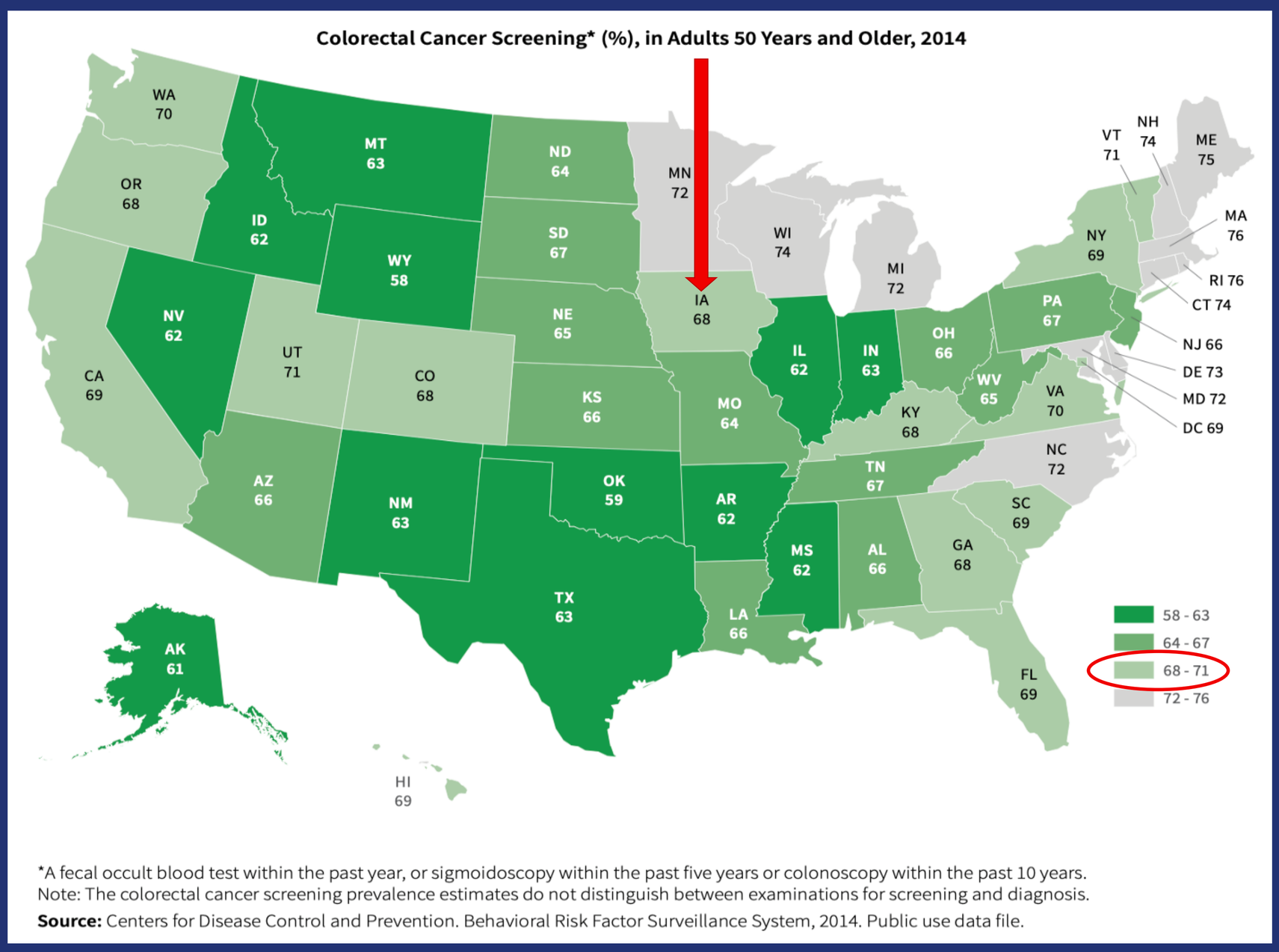
Colorectal Cancer Screening Rates per State



*A fecal occult blood test within the past year, or sigmoidoscopy within the past five years or colonoscopy within the past 10 years.
Note: The colorectal cancer screening prevalence estimates do not distinguish between examinations for screening and diagnosis.

Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, 2014. Public use data file.

Colorectal Cancer Risk Factors – What We Know

Increased Risk

Heredity and Medical History	RR
Family history	
• 1 FDR (first degree relative)	2.2
• >1 relative	4.0
• Relative with cancer < 45 years	3.9
Inflammatory bowel disease	
• Crohn's disease	2.6
• Ulcerative colitis	
✧ Colon	2.8
✧ Rectum	1.9
Diabetes	1.2
Behavioral Factors	**RR**
Alcohol consumption	1.6
Obesity	1.2
Red meat consumption	1.2
Processed meat consumption	1.2
Smoking	1.2
Other Factors	
Male sex, black race	

Decreased Risk

Lifestyle Factors	RR
Physical activity (colon)	0.7
Dairy consumption	0.8
Fruit consumption	0.9
Vegetable consumption	0.9
Total dietary fiber (10g/day)	0.9
Aspirin use	0.5

Garcia-Rodriguez LA, Huerta-Alvarez C. *Epidemiology*, 12(1):88-93, 2001
American Cancer Society Colorectal Cancer Facts and Figures, 2017-2019

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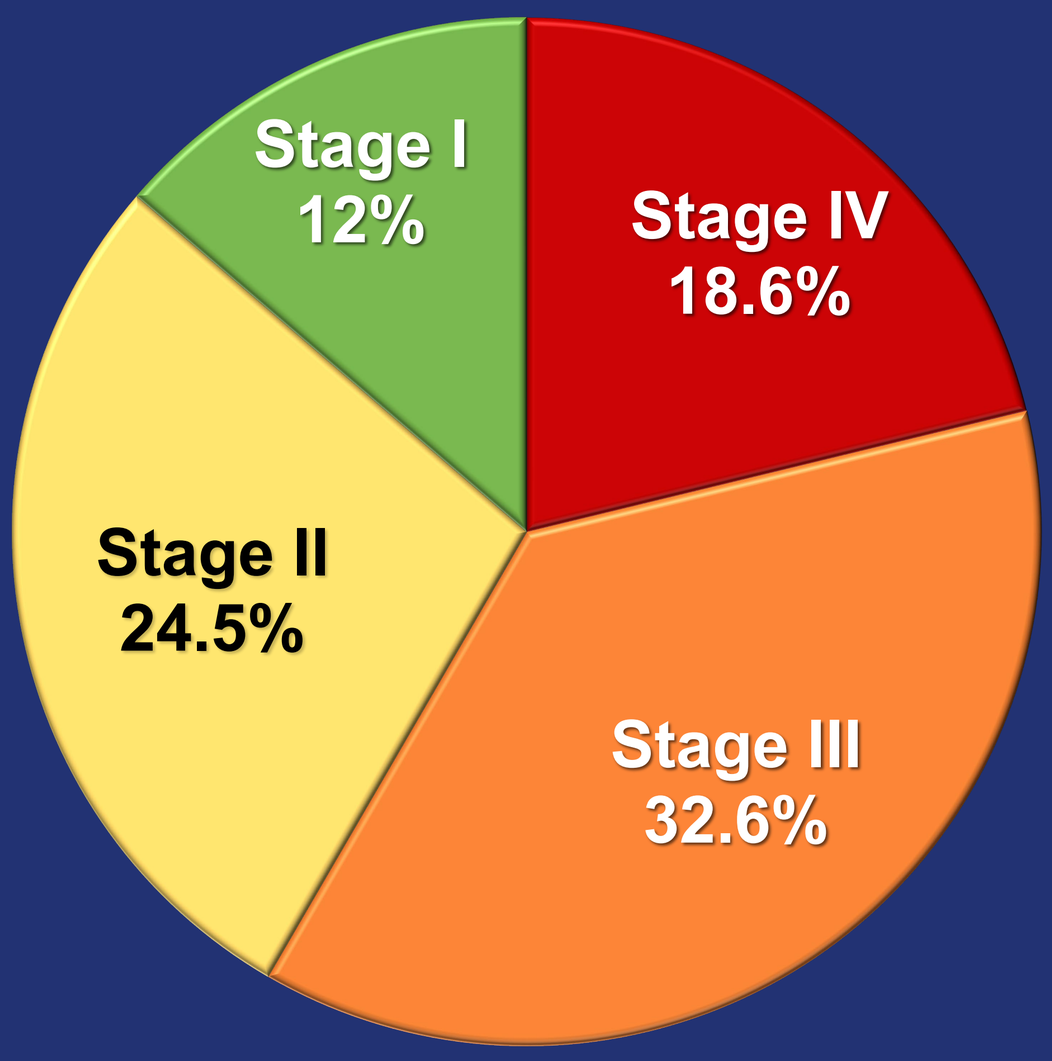
Distribution of Colon Cancer Stage at Presentation

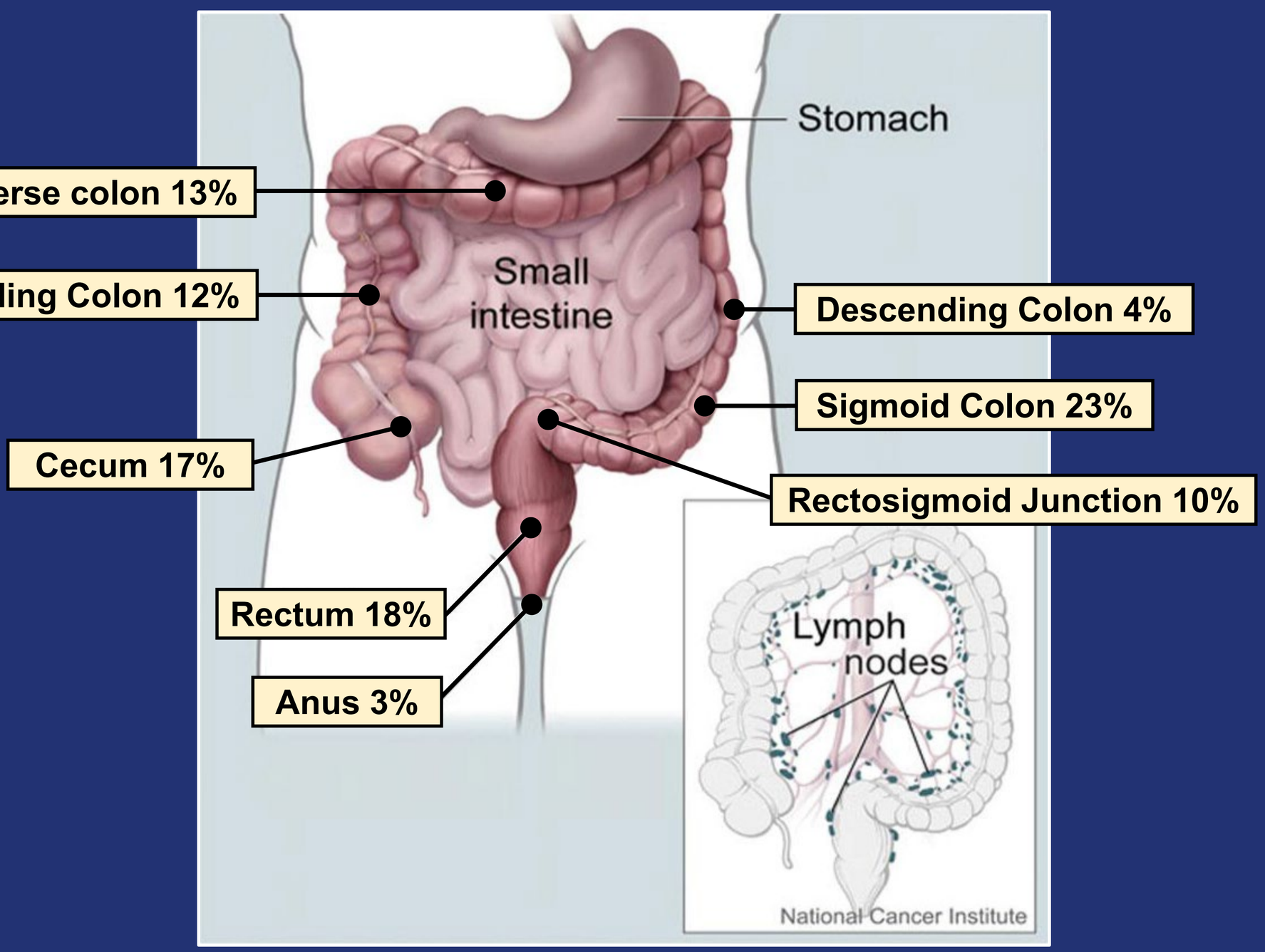


American Cancer Society, Facts and Figures. 2017-2019

SIGNS COMMON IN PEOPLE WHO DEVELOP EARLY-ONSET COLORECTAL CANCER

SOURCE: Fritz CDL, et al. *JNCI*, 2023.

Relative Frequency of Colon and Rectal Cancers by Anatomic Region



MARCH

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Ten leading cancer types for New Cancer Cases and Deaths by sex in the US, 2024

Estimated New Cases

Male			Female		
Prostate	299,010	29%	Breast	310,720	32%
Lung & bronchus	116,310	11%	Lung & bronchus	118,270	12%
Colon & rectum	81,540	8%	Colon & rectum	71,270	7%
Urinary bladder	63,070	6%	Uterine corpus	67,880	7%
Melanoma of the skin	59,170	6%	Melanoma of the skin	41,470	4%
Kidney & renal pelvis	52,380	5%	Non-Hodgkin lymphoma	36,030	4%
Non-Hodgkin lymphoma	44,590	4%	Pancreas	31,910	3%
Oral cavity & pharynx	41,510	4%	Thyroid	31,520	3%
Leukemia	36,450	4%	Kidney & renal pelvis	29,230	3%
Pancreas	34,530	3%	Leukemia	26,320	3%
All sites	**1,029,080**		**All sites**	**972,060**	

Estimated Deaths

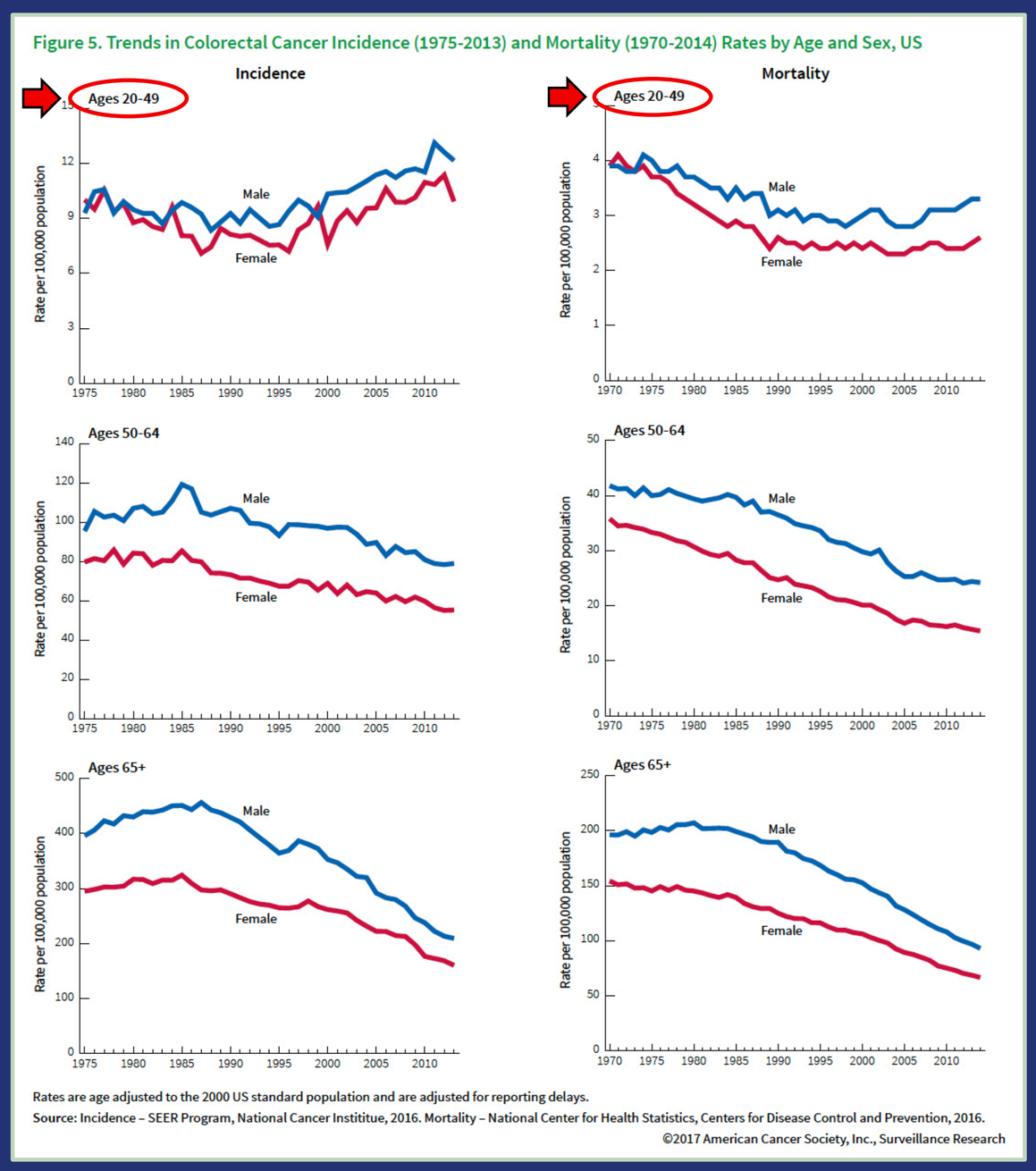
Male			Female		
Lung & bronchus	65,790	20%	Lung & bronchus	59,280	21%
Prostate	35,250	11%	Breast	42,250	15%
Colon & rectum	28,700	9%	Pancreas	24,480	8%
Pancreas	27,270	8%	Colon & rectum	24,310	8%
Liver & intrahepatic bile duct	19,120	6%	Uterine corpus	13,250	5%
Leukemia	13,640	4%	Ovary	12,740	4%
Esophagus	12,880	4%	Liver & intrahepatic bile duct	10,720	4%
Urinary bladder	12,290	4%	Leukemia	10,030	3%
Non-Hodgkin lymphoma	11,780	4%	Non-Hodgkin lymphoma	8,360	3%
Brain & other nervous system	10,690	3%	Brain & other nervous system	8,070	3%
All sites	**322,800**		**All sites**	**288,920**	

Estimates are rounded to the nearest 10, and cases exclude basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder. Estimates do not include Puerto Rico or other US territories. Ranking is based on modeled projections and may differ from the most recent observed data.

©2024, American Cancer Society, Inc., Surveillance and Health Equity Science

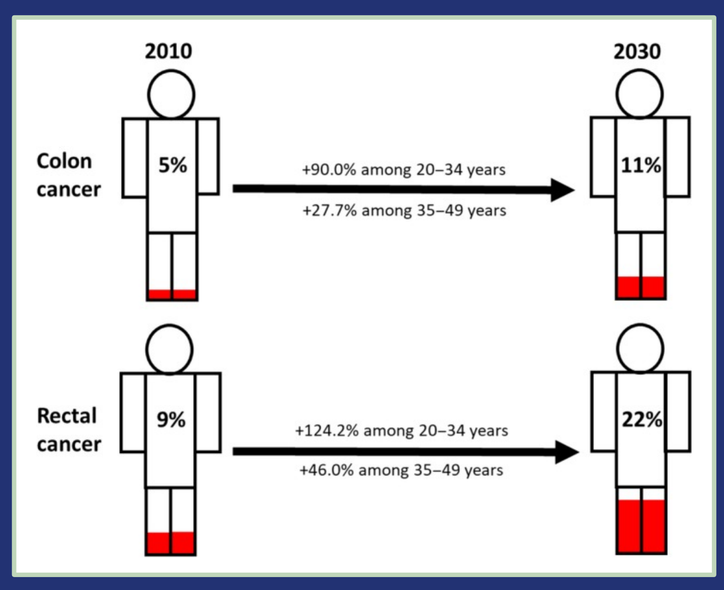
Siegel, et al, 2024

Incidence and Mortality Rate is Increasing in Patients < Age 50

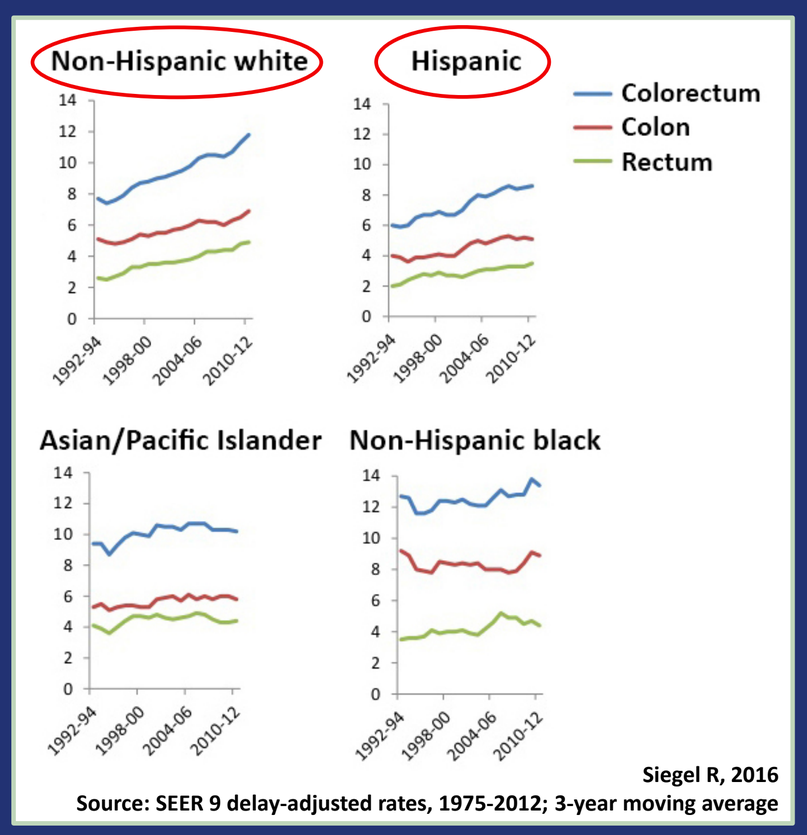


American Cancer Society, Facts and Figures. 2017-2019

This Increase is Estimated to Continue Through 2030 (men and women)



This Uptick is Seen Mostly in Non-Hispanic White Patients



Siegel R, 2016

Source: SEER 9 delay-adjusted rates, 1975-2012; 3-year moving average

MARCH

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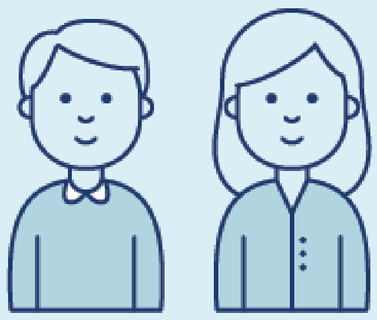
Screening Guidelines – No Family History of Colorectal Cancer

Screening for Colorectal Cancer

Population



ADULTS

Aged 45 to 85 years

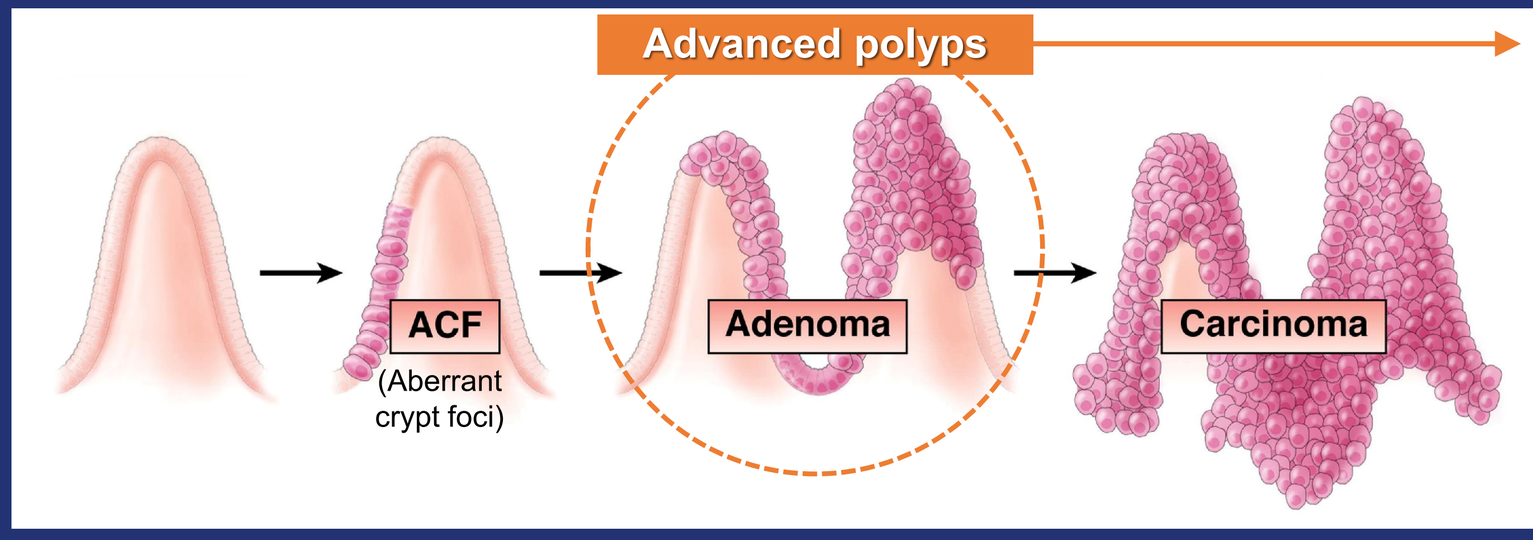
***USPSTF recommendation grade**

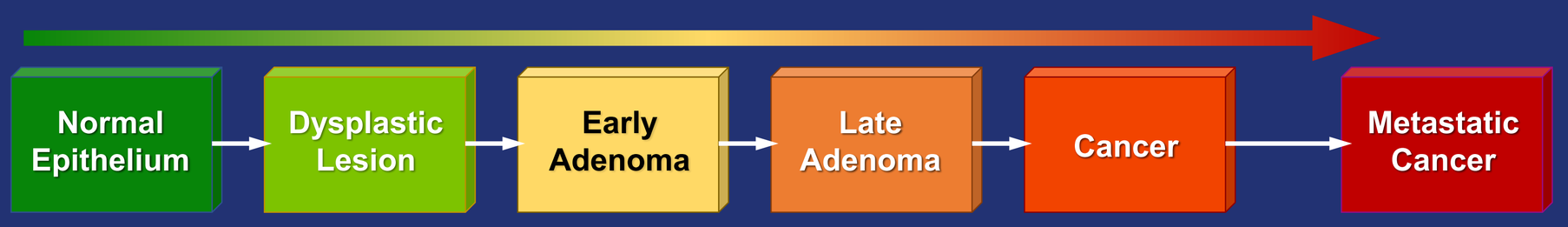
A — Age 45 to 75 years: Recommended

C — Age 76 to 85 years: Recommendation depends on the patient's situation

*US Preventive Services Task Force

From Polyp to Cancer: Adenoma to Carcinoma Sequence





Screening Guidelines – 1st Degree Relative with Advanced Colorectal Polyp

	Family history	Age to initiate screening	Preferred test, interval
USMSTF (ACG, aga, ASGE)			
	Advanced adenoma in 1 FDR <60y or in 2 FDRs (any age)	**Age 40**, or 10y younger than age of diagnosis of FDR*	Colonoscopy every 5y
	Advanced adenoma in 1 FDR ≥60y	**Age 40**	Same as average-risk persons (colonoscopy every 10y or FIT annually)
NCCN National Comprehensive Cancer Network®	Confirmed Advanced polyp in 1 FDR (any age)	**Age 40,** or at age of diagnosis of advanced adenoma in FDR*	Colonoscopy every 5–10y