



# MARCH IS COLORECTAL CANCER AWARENESS MONTH

*Colorectal Cancer: You Can Prevent It.*



## American College of Gastroenterology Sound Bites & Key Messages for Media Interviews and CRC Facts 2025

**TIP: Mention the ACG Web site in media interviews!**  
**[gi.org/ColonCancer](https://gi.org/ColonCancer) [Pronounce: "G-eye-dot-org-slash-Colon-Cancer"]**

### Sound Bites: Basic Call-to-Action from ACG as Trusted Source for Health Info

- According to physicians from the American College of Gastroenterology, screening by colonoscopy with polyp removal prevents colorectal cancer before it can start. *Learn more at [gi.org/ColonCancer](https://gi.org/ColonCancer)*
- "45 is the New 50" for Colorectal Cancer Screening! The American College of Gastroenterology recommends age 45 to start lifesaving colorectal cancer screening for average risk individuals. *Learn more at [gi.org/ColonCancer](https://gi.org/ColonCancer)*
- Physicians from the American College of Gastroenterology want you to know that screening tests can find and remove precancerous growths in the colon called "polyps" *before* they turn into colorectal cancer. *Learn more at [gi.org/ColonCancer](https://gi.org/ColonCancer)*
- Talk to your doctor about colorectal cancer screening tests! To learn more about colorectal cancer and screening options, visit the American College of Gastroenterology web site [gi.org/ColonCancer](https://gi.org/ColonCancer)

### Key Messages: About Colorectal Cancer for Media Interviews

#### 45 is the New 50: ACG's New CRC Screening Age

- Age 45 is now the age to start screening for colorectal cancer among all average risk adults according to 2021 guidelines from the American College of Gastroenterology.
- This is an important change from earlier guidelines that used to recommend starting at age 50 for most people and age 45 for African Americans only.
- Now "45 is the new 50" to start screening for everyone at average risk for colorectal cancer. Your gastroenterologist can diagnose colorectal cancers at an earlier stage, find colon polyps early so they can be safely removed, and help to prevent colorectal cancers.

## Alarming Trends in Young Onset Colorectal Cancer and What People Need to Know

- Data reveal that late-stage colon and rectal cancers are increasing dangerously among younger Americans, particularly people of color. No one – regardless of age – should ever ignore new or worrying bowel symptoms.
- Data published by Montminy, *et al.* in February 2022 reveal that Americans younger than 40 experienced the steepest rise in advanced cases of late-stage colon and rectal cancers between 2000 and 2016.\*
- Individuals between 20 and 39 years old experienced the steepest increase in distant-stage early-onset colorectal adenocarcinoma incidence between 2000 and 2016, with the youngest non-Hispanic Black and Hispanic populations experiencing greater proportions of distant-stage disease.\*

\* **Source:** Shifts in the Proportion of Distant Stage Early-Onset Colorectal Adenocarcinoma in the United States. Eric Montminy, Meijiao Zhou, Lauren Maniscalco, Rajiv Heda, Michelle Kang Kim, Swati G. Patel, Xiao-Cheng Wu, Steven H. Itzkowitz and Jordan J. Karlitz, *Cancer Epidemiol Biomarkers Prev* (2022) 31 (2): 334–341. DOI: 10.1158/1055-9965.EPI-21-0611 Published February 2022 <https://cebp.aacrjournals.org/content/early/2022/01/21/1055-9965.EPI-21-0611>. **Press release on Montminy Distant Stage Early Onset CRC article:** <https://www.eurekalert.org/news-releases/941026>

## Never Ignore New or Worrying Symptoms Bowel Symptoms!

- Everyone – no matter their age - should talk to their doctor about new or worrying bowel symptoms. Never ignore symptoms of blood in stool, change in stool shape or size, and/or rectal pain.
- It is essential to talk to your doctor about new or worrying bowel symptoms, even those that seem hard to discuss or share.

## CRC Facts: “Prevention by the Numbers”

- Approximately 4.4% of men (**1 in 23**) and 4.1% of women (**1 in 25**) will be diagnosed with CRC in their lifetime.<sup>1</sup>
- There will be over **154,270** new diagnoses of colorectal cancer in 2025 year in the United States.<sup>2</sup>
- Of the more than **52,900** people expected to die of colorectal cancer in 2025,<sup>2</sup> screening could save **more than 1/2** of them.<sup>3</sup>
- More than half (**54%**) of colorectal cancers in the U.S. are attributable to potentially modifiable risk factors, including excess body weight, physical inactivity, long-term cigarette smoking, high consumption of red or processed meat, heavy alcohol consumption, and low intake of calcium, whole-grain, and/or fiber-rich foods.<sup>4</sup>

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<sup>1</sup> ACS Colorectal Cancer Facts & Figures 2020-2022. See page 3 <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2020-2022.pdf>

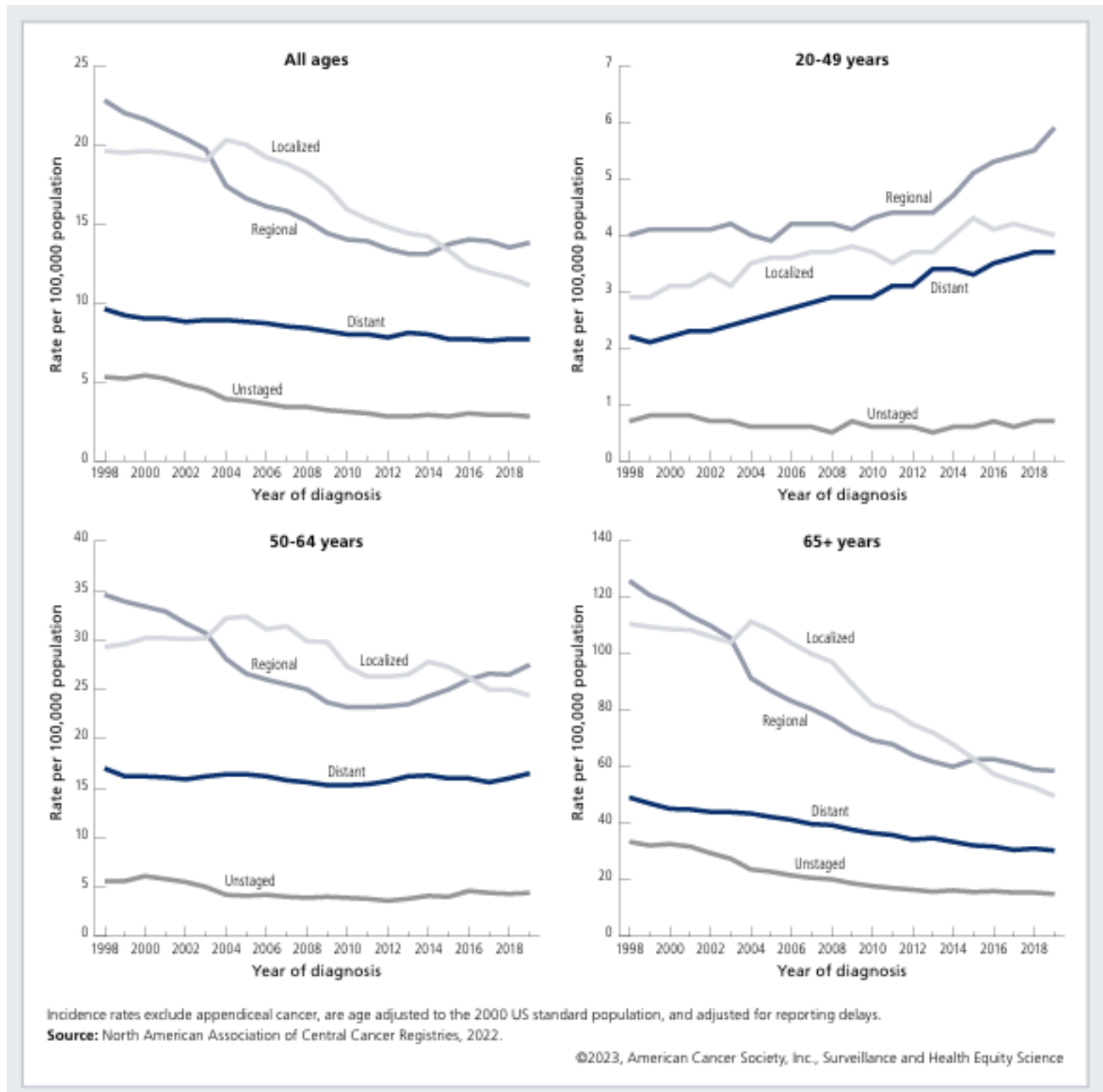
<sup>2</sup> Cancer Facts & Figures 2025. See page 15, <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2025/2025-cancer-facts-and-figures-acf.pdf>

<sup>3</sup> American Cancer Society [Cancer Facts & Figures 2013](#) page 45 footnote 197 Colditz GA, Colditz G, Atwood K, Emmons K, et al, For the Risk Index Working Group, Harvard Center for Cancer Prevention. Harvard Report on Cancer Prevention Volume 4: Harvard Cancer Risk Index. *Cancer Causes Control*. 2000;11(6):477-488.

<sup>4</sup> ACS Cancer Facts & Figures 2025. See page 14, <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2025/2025-cancer-facts-and-figures-acf.pdf>

- Regular screening for, and removal of, polyps reduces the risk of developing colorectal cancer - by up to **90** percent with colonoscopy.<sup>5</sup>
- Removing precancerous polyps through colonoscopy can not only reduce the risk of colorectal cancer but also reduce the number of deaths from the disease by **53%**, according to the National Polyp Study.<sup>6</sup>

**From the American Cancer Society: Trends in Colorectal Cancer Incidence by Age and Stage at Diagnosis, 1998-2019, US**



<sup>5</sup> Winawer SJ, Zauber AG, Ho MN, O'Brien MJ, Gottlieb LS, Sternberg SS, Waye JD, Schapiro M, Bond JH, Panish JF, et al., and the National Polyp Study Workgroup. Prevention of Colorectal Cancer by Colonoscopic Polypectomy. *N Engl J Med*. 1993; 329:1977-1981.

<sup>6</sup> Zauber AG, Winawer SJ, O'Brien MJ, Lansdorp-Vogelaar J, van Ballegooijen M, Hankey BF, Shi W, Bond JH, Schapiro M, Panish JF, Stewart ET, Waye JD. Colonoscopic polypectomy and long-term prevention of colorectal-cancer deaths. *N Engl J Med*. 2012 Feb 23;366(8):687-96.

## Notes on Trends in Colorectal Cancer Incidence by Age and Stage at Diagnosis, 1998-2019, US

Over the past decade, incidence has declined steeply for localized-stage disease (by about 4% annually from 2006 to 2019 overall) but ticked up for advanced disease, especially in people younger than 65 years of age.

Since circa 2010, rates increased for regional- and distant-stage disease by about 3% per year in people younger than 50 years of age and by 2% and 0.5% per year, respectively, in people ages 50-64 years while stabilizing in people 65 years of age and older since about 2015.

As a result, a crossover in the incidence of localized- and regional-stage disease has occurred such that regional stage is now the most common diagnosis in people older than 50 years of age, as well as in younger adults.

**Source:** ACS Colorectal Cancer Facts & Figures 2023-2025. *See page 8*

<https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2023.pdf>