



Congress of the United States  
House of Representatives

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American College of Gastroenterology:

According to the American Cancer Society, over 153,000 Americans will be diagnosed with colorectal cancer this year and over 52,550 will lose their lives to this disease. Colorectal cancer is projected to be the number two cancer killer in 2023 among men and women combined. These staggering statistics are unconscionable, because colorectal cancer is highly preventable through screening and curable when detected early.

Black Americans historically have the highest rates of colorectal cancer incidence and mortality among any racial or ethnic group in our nation. Compared to other racial and ethnic groups in the United States, Black Americans are screened at lower rates but have a 20 percent higher incidence rate. In addition, Black Americans are 40 percent more likely to die from colorectal cancer and have the lowest five-year survival rate of any racial group in the United States. According to the American College of Gastroenterology's (ACG's) 2021 clinical guidelines, 19 percent of the racial disparity in colorectal cancer mortality rates is attributable to lower screening rates and 36 percent is due to lower stage-specific survival among Black Americans.

The disparities in colorectal cancer screening rates and outcomes must be addressed. We can and must do more to increase the survival rate of Americans, especially Black Americans, to ensure a colorectal cancer diagnosis is not a death sentence.

In recent years there has also been an alarming increase in the onset of colorectal cancer among younger Black Americans. Between 2000 and 2016, Americans under the age of 40 experienced the steepest rise in advanced cases of late-stage colon and rectal cancers, with the youngest non-Hispanic Black and Hispanic populations suffering from advanced disease at the highest rates.

As highlighted in the ACG guidelines, incidence rates have also doubled in 20-to-49-year-olds. Americans born around 1990 are now estimated to have twice the risk of colon cancer and four times the risk of rectal cancer compared to those born around 1950.

We must do better. Black Americans are facing a disproportionate burden of illness, suffering, and death because of colorectal cancer. Screening rates have increased, but continue to lag among Black Americans across the country.

In Congress, I'm proud to be leading bipartisan legislation that would expand access to emerging early detection cancer screenings once they become FDA approved. I am hopeful that with our continued advocacy, Congress will soon pass this bill and deliver it to President Biden's desk for signature. This legislation is a critical component of our broader effort to catch cancer earlier than ever before and end the glaring racial disparities in cancer diagnosis and treatment.

I want to commend the American College of Gastroenterology and other physician and patient groups for their efforts to promote screening for this most preventable of cancers. As we observe National Colorectal Cancer Awareness Month, we must expand collaborative efforts between physician, patient and public health organizations to increase screening and reduce inequities, especially for Black Americans.

I also want to thank my Congressional colleagues and the Administration for their efforts to remove copays and deductibles that serve as a barrier to colorectal cancer screening. Unfortunately, some copays and deductibles remain and there is more we can do to lessen the burden on those who would benefit most from screening.

Let's use this month to commit ourselves to ensuring that all who need colorectal cancer screening have unfettered access to the means to detect this deadly but preventable disease.

Sincerely,



Terri A. Sewell  
Member of Congress