



Colorectal cancer is expected to be **the leading cause of cancer death in Americans between the ages of 20 and 49 by 2030.**¹ In the past 10 years overall colorectal cancer rates have gone down, but in the next 6 years cases in this age group are expected to double.² Researchers are not sure why cases are rising so sharply in younger people, but learning about this disease can help you take action to lower your risk and advocate for yourself if you notice symptoms.

One reason researchers are confused by the uptick of colorectal cancer cases in young people is because many do not have the “typical” risk factors associated with the disease.³ Using tobacco, drinking alcohol, being physically inactive, not eating enough fiber, and having a genetic condition like Lynch syndrome are all known risk factors, but they are not being seen in many of these newer early onset colorectal cancer cases.³ Until researchers know more, it is critical for young people to follow screening guidelines and to talk to your doctor if you notice any symptoms.

There are several screening options to detect colorectal cancer, but the gold standard can even prevent it! This test is called a colonoscopy. During a colonoscopy, a healthcare provider can remove noncancerous polyps before they become cancer. Suspicious polyps can also be removed and sent for lab testing which can help catch cancer earlier. When found in its earliest stages, colorectal cancer is 91% treatable.⁴ Earlier diagnosis also lowers the need for aggressive treatments which can impact quality of life long-term. There are other tests for colorectal cancer including “stool-based tests.” Talk through your screening options with your healthcare provider. In response to the higher rates of early onset colorectal cancer, the U.S. Preventative Services Task Force updated their guidelines in 2021 to recommend people at average risk begin screening at age 45. For people at higher risk, talk to your provider about when to start.

No matter your age, if you notice symptoms of colorectal cancer tell your healthcare provider right away. Researchers have identified four warning signs that younger people diagnosed with colorectal cancer more commonly reported before their diagnosis. These include abdominal pain; rectal bleeding; diarrhea; and iron deficiency anemia.⁵ Having one of these signs was associated with nearly twice the likelihood of being diagnosed with early onset colorectal cancer as having none of the signs; having three or more of these signs was associated with six times the likelihood of being diagnosed with the disease.⁵

Because early onset colorectal cancer is a newer phenomenon, younger people may have to advocate more for themselves with their healthcare provider. If you do not think your provider has assessed your symptoms like they should, consider getting another opinion. You know your body better than anyone and deserve to have your concerns taken seriously. If you are looking for a care team, Wellstar MCG and the Georgia Cancer Center have colorectal cancer experts on staff available to support you through your cancer care journey. You can read more about the process and care team [here](https://www.augusta.edu/cancer/community).

Cancer Information and Awareness



“The C Word” is a news brief of the Georgia Cancer Center at Augusta University. For cancer information, visit: augusta.edu/cancer/community. To request presentations or tabling, contact Maryclaire Regan at mregan@augusta.edu or 706-721-4539 and Nyree Rile at nriley@augusta.edu or 706-721-8353. Virtual presentations can also be arranged.

Sources:

1. doi:10.1001/jamanetworkopen.2021.470
2. https://doi.org/10.1200/jco.2014.32.3_suppl.39
3. <https://www.yalemedicine.org/news/colorectal-cancer-in-young-people#:~:text=Nobody%20knows%20for%20sure%20why,been%20associated%20with%20the%20disease.>
4. <https://www.cancer.net/cancer-types/colorectal-cancer/statistics#:~:text=The%205%2Dyear%20relative%20survival%20rate%20for%20localized%20stage%20colorectal,relative%20survival%20rate%20is%2073%25.>
5. <https://doi.org/10.1093/jnci/djad068>