

## Early-Onset Colorectal Cancer (CRC) Executive Briefing

There is an alarming increase in Early Onset Colorectal Cancer (EOCRC) over the last decade. EOCRC is defined as a diagnosis between ages 20 - 49. This briefing has been developed to support our Primary Care Providers (PCPs) in decreasing the incidence and mortality of these young patients through education and prompt evaluation of symptoms.

### Current Early-Onset CRC trends:

- 55% increase in CRC in the 20 – 49 age group since 1995 in the United States.
- The predicted national incidence of colon and rectal cancers among:
  - 20 to 24 year olds will increase by 90% and 124%, respectively, by 2030
  - 35 to 49 year olds will increase by 28% and 46%, respectively, by 2030
- EOCRC patients are more likely to be diagnosed at stage III or IV
- Patients and PCPs of early-onset CRC are shown to contribute to the delay
  - Young patients may wait an average of six months before seeking care
  - Once evaluated, 15-50% of the time they may experience PCP related delays (i.e. missed symptoms, initial misdiagnosis).
- “Approximately 16% of cases occur in individuals with a hereditary condition, such as Lynch syndrome, and 14% have a family history of CRC. Additionally, a currently undefined portion of this group has a family history of advanced adenomas that would warrant earlier screening.
- Colonoscopy uptake has not been found to explain the increasing incidence rates.
- North Dakota and Iowa have been identified as having higher incidence of EOCRC in the US

### Call to action

- Prompt evaluation of symptoms by patients and providers
  - Digestive: Blood in stool/rectal bleeding, change in bowel habits, abdominal discomfort, bloating, nausea, vomiting
  - Other: Anemia, unexplained weight loss, fatigue, weakness
- Refer young, average-risk, symptomatic patients for endoscopic work-ups to expedite diagnosis
- Start conversations and education earlier about family history and underlying risk factors
  - Note: Family history to include CRC diagnosis *or* adenomatous polyps
- Perform risk-assessment using evidence based algorithm – See attached toolkit
- Some practices may choose to offer low-cost stool-based testing to all average risk individuals age 45 – 49, with the understanding that any positive result will require diagnostic colonoscopy.

### Research

- Drivers of early-onset CRC are not well understood
- Family history of colorectal cancer, advanced adenomatous polyps and hereditary syndromes are known contributors to early-onset CRC
- Current areas of study by epidemiologists:
  - Nitrates in drinking water, especially well water in ND
  - Fight CRC has identified the following prioritized risk factors to study:
    - Gene-environment interactions
    - Microbiome, Diet, and Antibiotic use (childhood and lifetime)



## Appendix A

### References

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- 6.) Siegel, R. (2019). *Update on early-onset colorectal cancer* [PowerPoint Slides]. Retrieved from [https://ncrt.org/wp-content/uploads/Siegel\\_EAO-CRC-update-Nov-2019.pdf](https://ncrt.org/wp-content/uploads/Siegel_EAO-CRC-update-Nov-2019.pdf)
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- 8.) Dwyer, A. (2019). *Convening to target early age onset(EAO) colorectal cancer: A year of the research and partnership efforts* [PowerPoint slides]. Retrieved from [https://ncrt.org/wp-content/uploads/DwyerNCCRT\\_AWE\\_RG.pdf](https://ncrt.org/wp-content/uploads/DwyerNCCRT_AWE_RG.pdf)
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### National Colorectal Cancer Roundtable Resources

Risk Assessment & Screening Toolkit to detect ECRC

<http://ncrt.org/wp-content/uploads/Introduction-to-the-Toolkit.pdf>

<https://ncrt.org/resource/risk-assessment-and-screening-toolkit-to-detect-familial-hereditary-and-early-onset-colorectal-cancer/>

Sample Risk Assessment Screening Algorithm

<https://ncrt.org/resource/sample-risk-assessment-screening-algorithm/>

