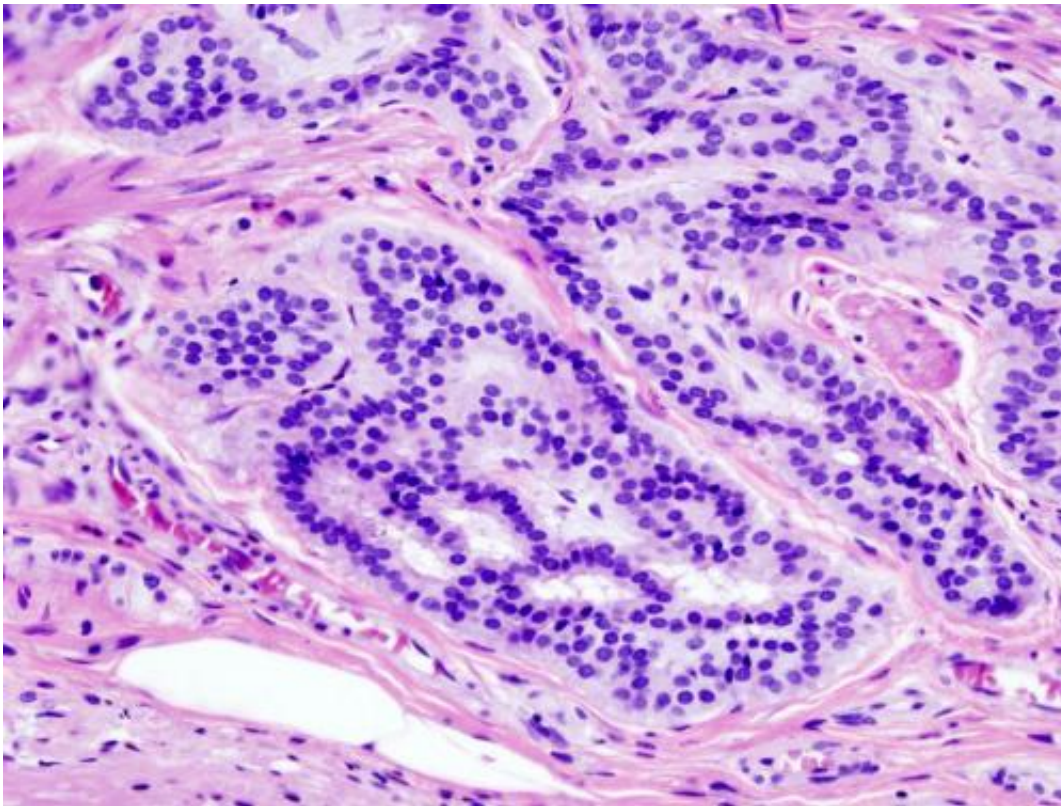


Study shows young early-onset colorectal cancer patients have increased survival

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Cancer—Histopathologic image of colonic carcinoid. Credit: Wikipedia/CC BY-SA 3.0

New research by Yale Cancer Center shows patients with early-onset colorectal cancer, age 50 and younger, have a better survival rate than patients diagnosed with the disease later in life. The study was presented virtually today at the American Association of Cancer Research (AACR)

annual meeting.

"Although small, we were surprised by our findings," said En Cheng, MD, MSPH, lead author of the study from Yale Cancer Center. "Past studies have shown younger colorectal patients, those under 50, were reported to experience worse survival compared with patients diagnosed at older ages. We hope this result can be inspiring for these younger [cancer](#) patients."

Using the National Cancer Database between January 1, 2004 through December 31, 2015, overall survival of 769,871 colorectal cancer patients was assessed by the Kaplan-Meier method and Cox proportional hazards regression. The Yale investigators chose colorectal cancer patients diagnosed at ages 51-55 years as the comparison group. Early-onset colorectal patients were reported to have a modestly lower 10-year survival rate in unadjusted analysis. However, after adjusting for stage at diagnosis, [early onset](#) colorectal patients had better survival compared to subjects diagnosed at ages 51-55. The Yale researchers discovered younger patients had a 5% lower risk of death versus people diagnosed at ages 51-55, and the survival advantage appeared greatest for [patients](#) diagnosed at ages 35-39 and with cancer stages I-II. However, Cheng noted this survival advantage should be interpreted cautiously.

"More studies are needed to verify the [survival advantage](#) and to understand biological distinctiveness and heterogeneity within early-onset of colorectal cancer," added Cheng. "It also reinforces the importance of early [colorectal cancer](#) detection in the younger population."

Provided by Yale University

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