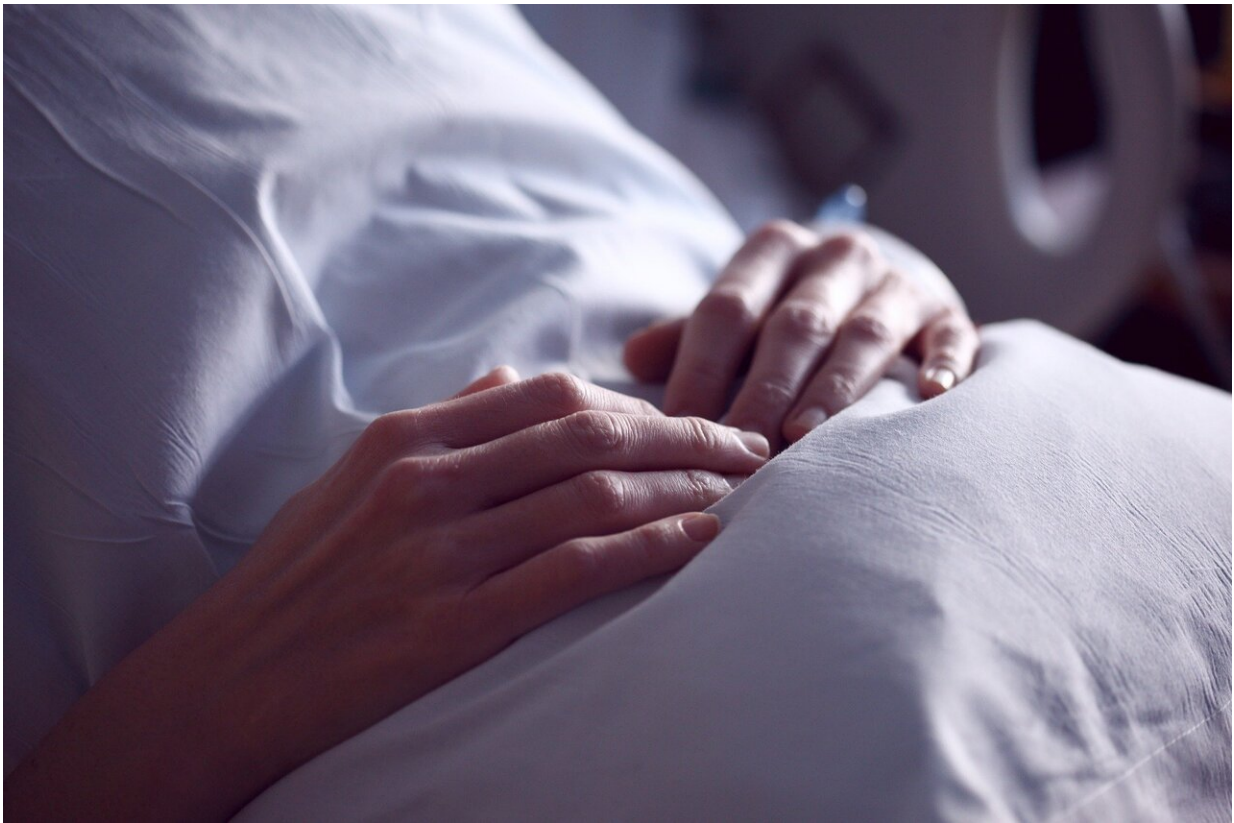


# Colorectal cancer 'not an old people's disease anymore'

March 13 2024

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Credit: CC0 Public Domain

There are two statistics that Dr. Rachel Issaka would like people to seriously consider:

- In the last 30 years, the incidence of [colorectal cancer](#) has gone up by 50% for people under 50.
- By 2030, just six years from now, colorectal cancer is predicted to be the leading cause of cancer death for people under 50.

"We really need to have people understand that colorectal cancer isn't an old people's disease anymore," said Issaka, a UW Medicine gastroenterologist and director of the Fred Hutch/UW Medicine [Population Health Colorectal Cancer Screening Program](#).

Issaka's comments follow the January release in *CA: A Cancer Journal for Clinicians* of the American Cancer Society's Cancer [statistical report](#) for 2024. Among people under 50 in the U.S., the report said, colorectal cancer is currently the No. 1 cause of cancer death among men and the No. 2 cause of death among women. The report stated that, while colorectal cancer continues to decline among people over 60, it is following a decades-long upward trajectory among those 50 and younger.

To date, no one quite knows why this trend is occurring for the under-50 set, she said.

"What we do know, is that people who were born in the 1960s or later have a much higher risk of being diagnosed with colorectal cancer than those born before 1960," she said. "This suggests that something is happening, right?"

Researchers have surmised that this trend might stem from the younger population's increasingly [sedentary lifestyle](#), eating more processed foods, exposure to medications or chemicals, or changes in gut microbiomes.

"This increase in the [early onset](#) colorectal cancer, it's not just here in the

United States," Issaka said. "We see it worldwide. And it tends to be in places that have a Westernized diet. So, what everyone can do is to make modifications to their diet."

This of course would include cutting back on processed foods, and adding more [dietary fiber](#), increasing exercise, and cutting back or cutting out alcohol and tobacco.

Knowing the symptoms is also important: blood in your stool, [weight loss](#) when you're not trying to lose weight or abdominal pain.

There are [racial differences](#) in the disease, both in timing and survival, she added.

People who identify as white are more likely to be diagnosed with cancers in the lower colon than patients who identify as Black, she said. Black patients are more likely to [die](#) from colorectal cancer than people of other races, she said.

Black patients, as well as people of other racial ethnicities, are more likely to see a doctor when the cancer is at a [later stage](#), when [treatment options](#) are limited, she said. Lack of access to health care, not wanting to engage with health care systems that have been historically untrustworthy, and not knowing their family histories or recognizing the colorectal cancer signs all play a part in this, she said.

These disparities are discouraging because patients whose colorectal cancer is discovered early have a five-year survival rate above 90%, Issaka said.

"The importance of catching colon cancer early cannot be stressed enough," she said.

Multiple screening options exist, from colonoscopy to an at-home [DNA or FIT test](#). Screening is now [recommended](#) to start at 45 years old for people without symptoms, or even earlier if a family member has history of this type of cancer.

Issaka doesn't have a preference about how the screening is done.

"The best test is the one that gets done and done well," she said. "So, pick one, talk to your provider, schedule it, and get it done this year."

**More information:** Rebecca L. Siegel et al, Cancer statistics, 2024, *CA: A Cancer Journal for Clinicians* (2024). [DOI: 10.3322/caac.21820](https://doi.org/10.3322/caac.21820)

Provided by University of Washington School of Medicine

Citation: Colorectal cancer 'not an old people's disease anymore' (2024, March 13) retrieved 13 May 2024 from <https://medicalxpress.com/news/2024-03-colorectal-cancer-people-disease-anymore.html>

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