

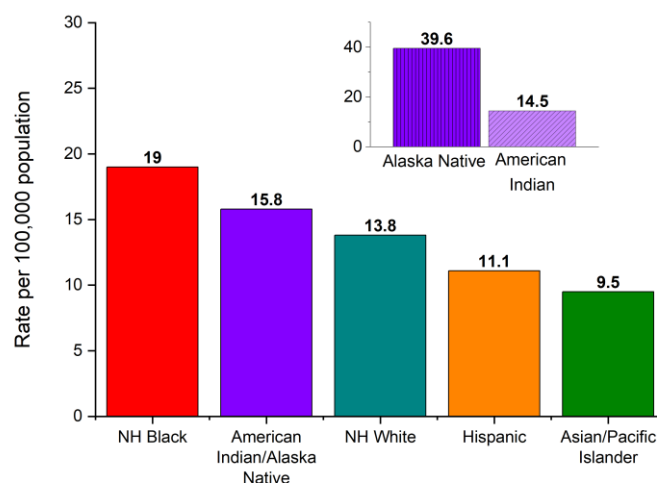
Colorectal Cancer Screening and Health Equity



In the United States, colorectal cancer (CRC) is the third leading cause of cancer-related deaths in men and in women, and the second most common cause of cancer deaths when men and women are combined.¹ Despite advancements in screening and treatment, CRC does not affect every community the same. New CRC case (incidence) and deaths (mortality) vary substantially by race ethnicity, socioeconomic status, and geography. For example:

- From 2013 through 2017, CRC death rates in non-Hispanic blacks were almost 40% higher than those in non-Hispanic whites and twice those in Asian Americans/Pacific Islanders.¹
- CRC mortality is 30-40% higher among residents of poor counties.²
- Incidence and mortality rates are highest in Appalachia and parts of the South and Midwest and lowest in the West.¹

Colorectal Cancer Mortality Rates by Race/Ethnicity (2013-2017)



Source: CA: A Cancer Journal for Clinicians, Volume: 70, Issue: 3, Pages: 145-164, First published: 05 March 2020, DOI: (10.3322/caac.21601)

The American Cancer Society colorectal cancer guidelines recommend one of the following stool or structural screening exams starting at age 45 for average risk individuals:

- Highly sensitive guaiac-based fecal occult blood test (gFOBT) every year*
- Highly sensitive fecal immunochemical test (FIT) every year*
- Multi-targeted stool DNA (MT-sDNA) test every 3 years*
- Colonoscopy every 10 years
- Flexible sigmoidoscopy every 5 years
- CT colonography (virtual colonoscopy) every 5 years *

*If any of these tests show a positive (suspicious) finding, a colonoscopy should be performed in order to complete the screening process.

Although CRC is one of the few cancers that can be prevented through screening, heightened incidence and mortality among certain groups in CRC may, in part, be attributed to disparities in the CRC screening process.

Most CRC deaths in the U.S. are attributable to not getting screened.³ CRC screening rates are lowest among ages 50-54, Asian Americans, individuals with less than a high school education, the uninsured, recent immigrants, and those without a high school diploma.² Barriers often cited to CRC screening uptake are affordability, lack of a family history or symptoms, feelings of embarrassment or fear, and no recommendation from a health professional.

¹ Siegel, R. L., Miller, K. D., Goding Sauer, A., Fedewa, S. A., Butterly, L. F., Anderson, J. C., Cercek, A., Smith, R. A., & Jemal, A. (2020). Colorectal cancer statistics, 2020. CA: a cancer journal for clinicians, 70(3), 145–164. <https://doi.org/10.3322/caac.21601>

² American Cancer Society. Colorectal Cancer Facts & Figures 2020-2022. Atlanta: American Cancer Society; 2020.

³ Meester, R. G., Doubeni, C. A., Lansdorp-Vogelaar, I., Goede, S. L., Levin, T. R., Quinn, V. P., Ballegooijen, M. v., Corley, D. A., & Zauber, A. G. (2015). Colorectal cancer deaths attributable to nonuse of screening in the United States. Annals of epidemiology, 25(3), 208–213.e1. <https://doi.org/10.1016/j.annepidem.2014.11.011>

Enabling all to achieve equal access to care could substantially reduce disparities in CRC

ACS CAN is fighting to achieve health equity, the just and fair opportunity for everyone to prevent, find, treat, and survive cancer - regardless of how much money they make, the color of their skin, their sexual orientation, their gender identity, their disability status, or where they live.

ACS CAN's Position

ACS CAN supports several initiatives aimed at reducing disparities in colorectal cancer incidence and mortality by increasing colorectal cancer screening rates, including:

- Appropriating funds to invest in state and federal colorectal cancer screening and control programs. Programs should raise public awareness about colorectal cancer screening and improve access to screening, including patient navigation and treatment services. Programs should use evidence-based patient and provider interventions to promote screening and reduce barriers to eligible adults.
- Ensure coverage without cost-sharing for colonoscopies after a positive stool screening exam as recommended by the American Cancer Society colorectal cancer guidelines.
- Ensure coverage of colorectal cancer screenings beginning at age 45, as recommended by the American Cancer Society colorectal cancer guidelines.
- Evidence-based educational efforts to improve uptake of preventive services, particularly in disparate populations.