American Cancer Society | NATIONAL COLORECTAL CANCER ROUNDTABLE

Panel:
Early-Age Onset Colorectal Cancer: Scientific Updates and Member Work to Increase Action and Awareness

2:20 PM – 3:30 PM

Panel: Early-Age Onset Colorectal Cancer: Scientific Updates and Member Work to Increase Action and Awareness

Moderator
Peter Liang, MD, MPH
NYU Langone Health

Yin Cao, ScD, MPH
Washington University School of Medicine in St Louis

Lynn M. Durham, EdD
Georgia Center for Oncology Research and Education

Cynthia Yoshida, MD
University of Virginia Health System

Andrea (Andi) Dwyer, MPH
University of Colorado Cancer Center; Colorado School of Public Health

Early-onset Colorectal Cancer (EOCRC) Scientific Update

Yin Cao, ScD, MPH

Associate Professor of Surgery and Medicine
Co-Director, Biobank and Big Data Core, Digestive Disease Research Core Center
Co-Team Lead, PROSPECT of Cancer Grand Challenges

ACS NCCRT Annual Meeting, November 19th, 2025

WashU Medicine

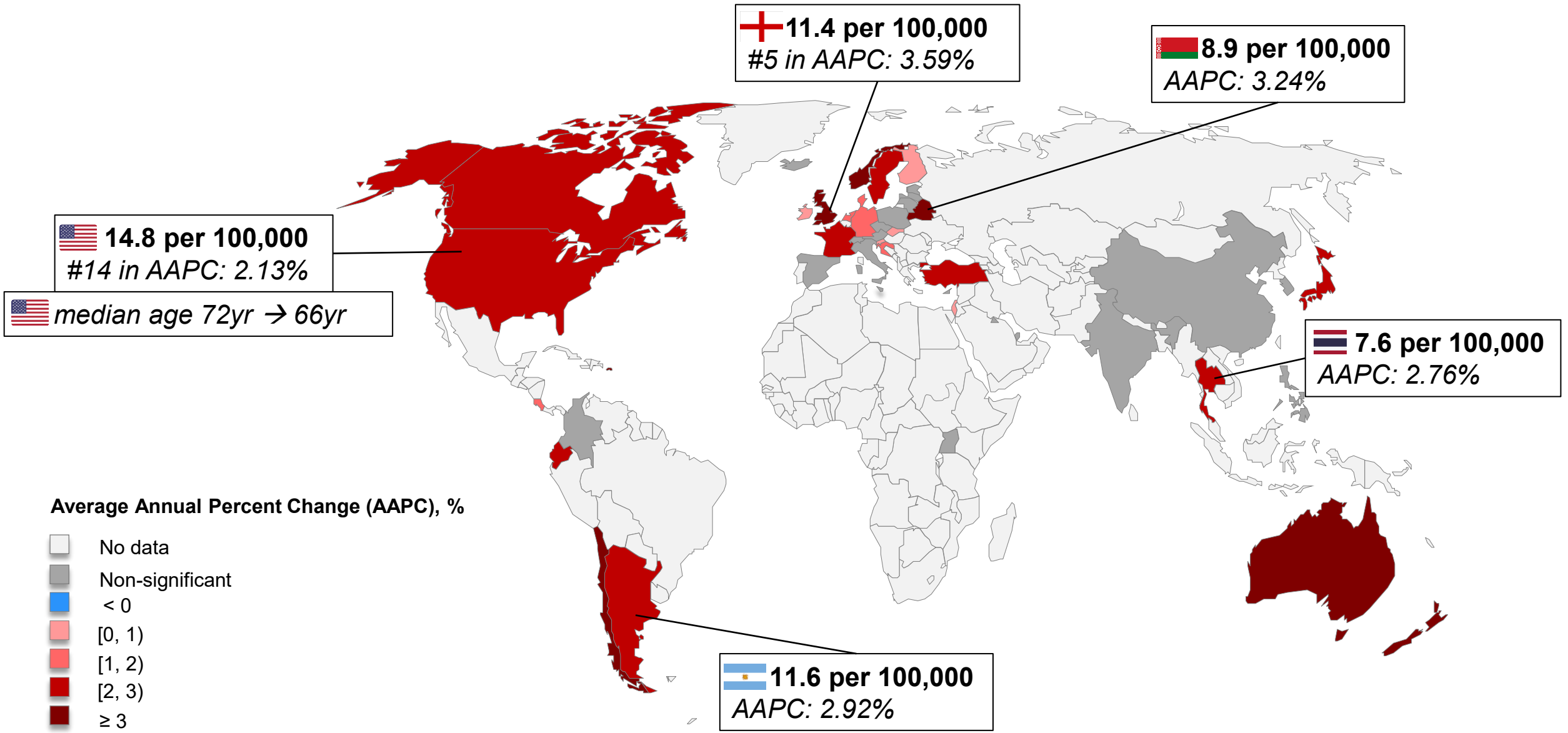
Disclosures

- Yin Cao, ScD, MPH
- Consulting fees from Need and Bayer.

Outline

- EOCRC global incidence and molecular characteristics
- Risk factors
- Emerging mechanisms and frameworks
- Early detection and diagnosis

EOCRC is increasing in 27 countries (2008–2017*)

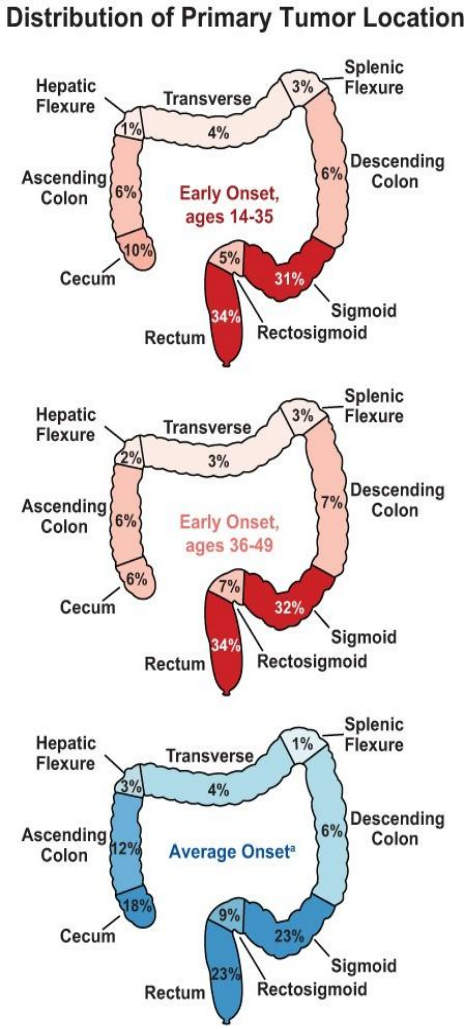


*Exceptions are Costa Rica and Spain (2005–16) and Japan (2006–15).

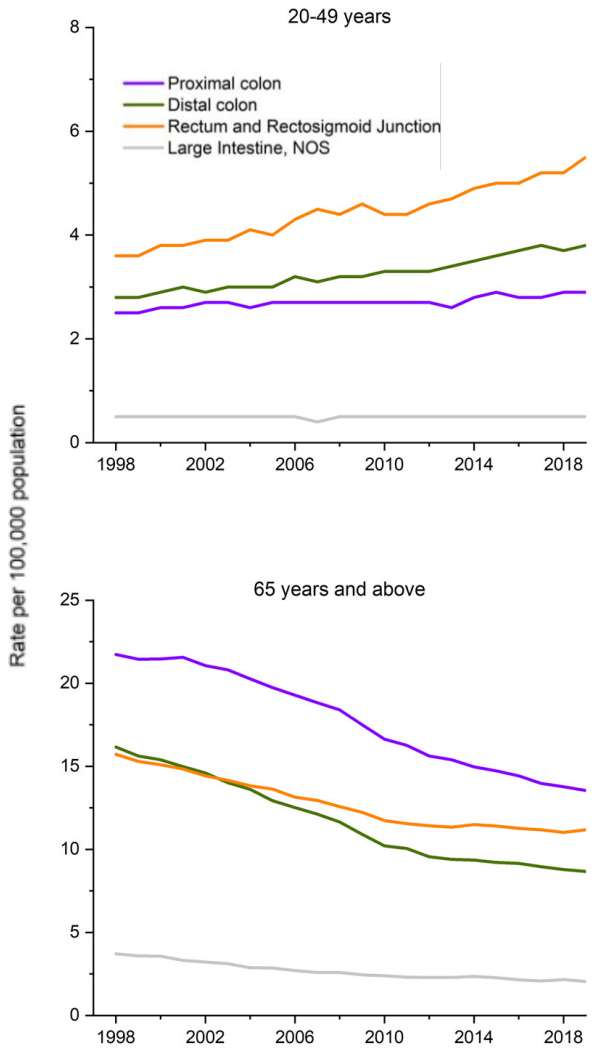
Adapted from Sung et al., Cao, Bray, Jemal, Lancet Oncology, 2025

EOCRC clinicopathological features, US

Majority are left-sided

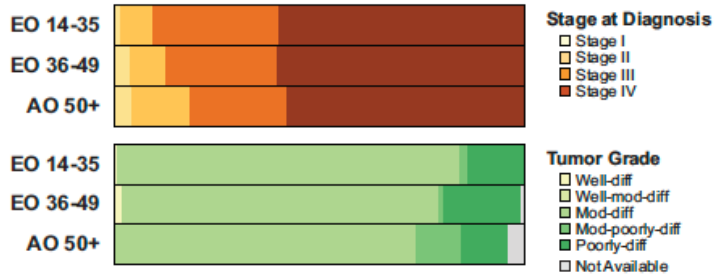


Cercek et al., JNCI, 2021

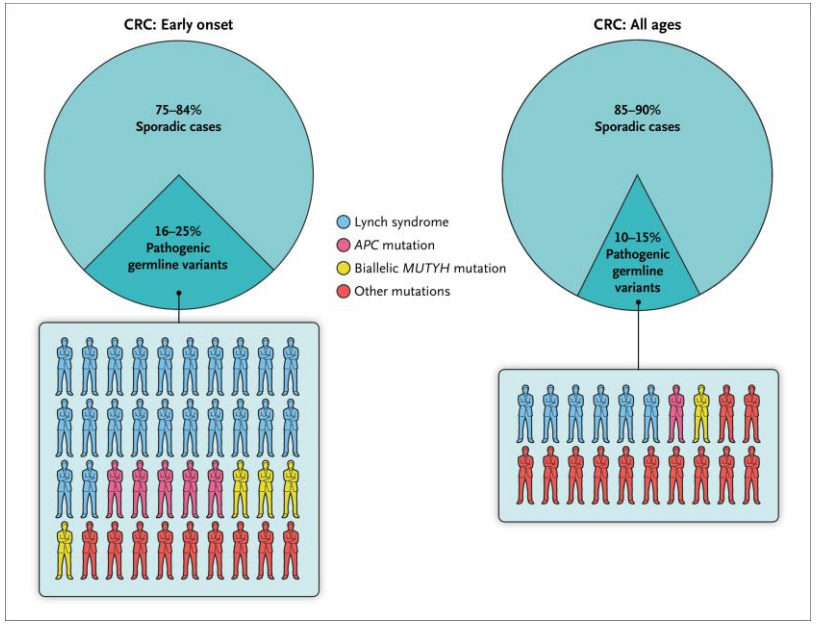


Siegel et al., CA Cancer J Clin, 2023

Advanced stages, poorly differentiated



Majority are sporadic



Sinicrope, NEJM, 2022

EOCRC genomic landscape

- 4983 EOCRC vs. 12150 LOCRC (8 countries)
- Target panel + WES

Country	EOCRC (%)
USA	82%
China	13%
Other 6 countries	5%

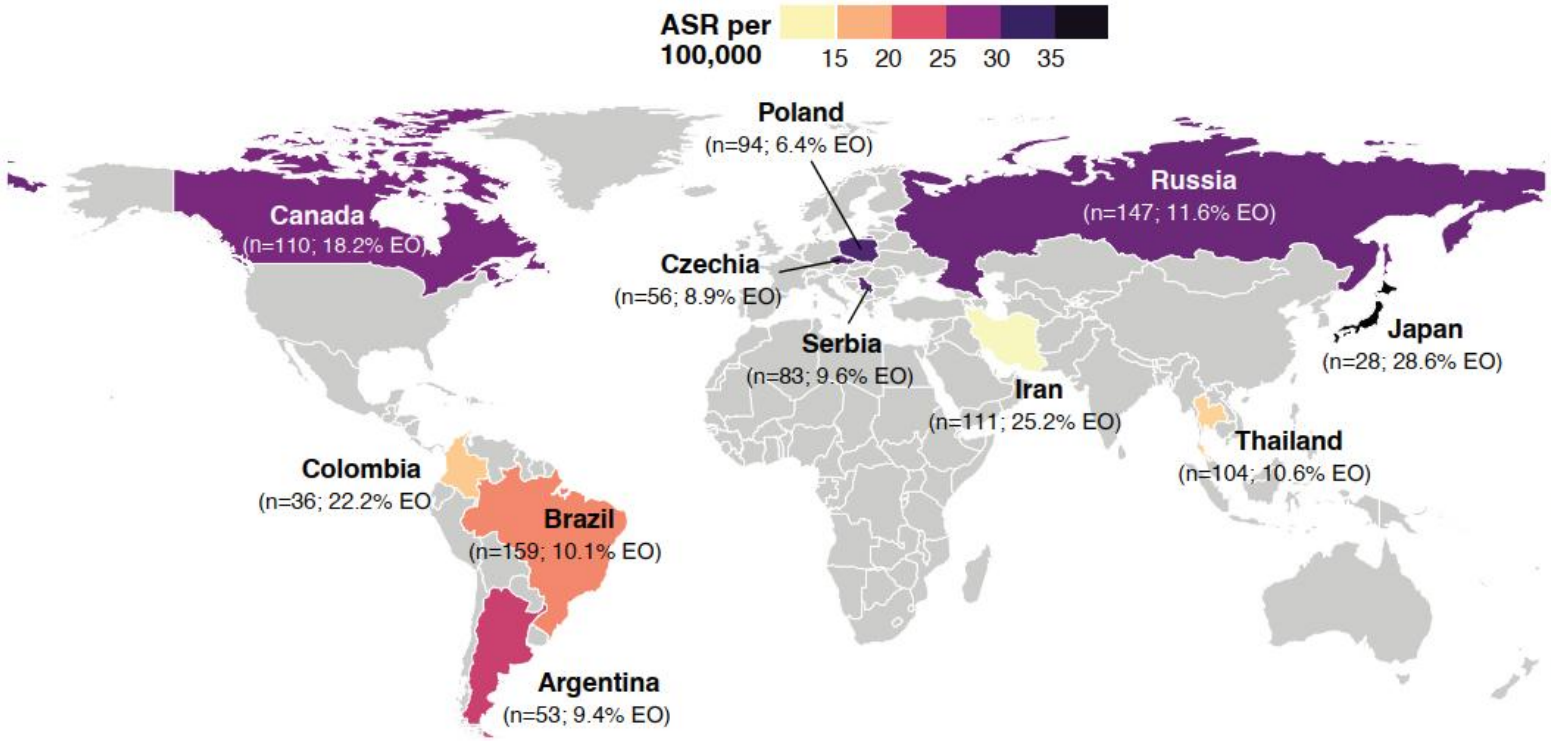
- **EOCRC:**
  - Higher mutation frequency in 137 genes including *TP53, TCF7L2, CTNNB1*
  - Lower mutation frequency in 6 genes: *BRAF, RNF43, SOX9, AXIN2, HNF1A, ELF3*

EOCRC vs LOCRC	
Hypermutated	Non-hypermutated
↑ *APC*, ↑ *KRAS*, ↑ *CTNNB1* ↓ *BRAF*, ↓ *RNF43*	↑ *TP53* ↓ *BRAF*, ↓ *KRAS*

Li et al., Lancet Oncology, 2025

EOCRC mutational signatures

- 132 EOCRC vs. 849 LOCRC (11 countries)
- WGS T/N
- **Colibactin signatures (SBS88, ID18) more common in EOCRC**



	Colorectal cancers
Total	**981**
Number of Countries	**11**
Europe	
Russia	147
Poland	94
Serbia	83
Czech Republic	56
Asia	
Iran	111
Thailand	104
Japan	28
South America	
Brazil	159
Argentina	53
Colombia	36
North America	
Canada	110

Díaz-Gay et al., Nature, 2025

EOCRC mutational signatures

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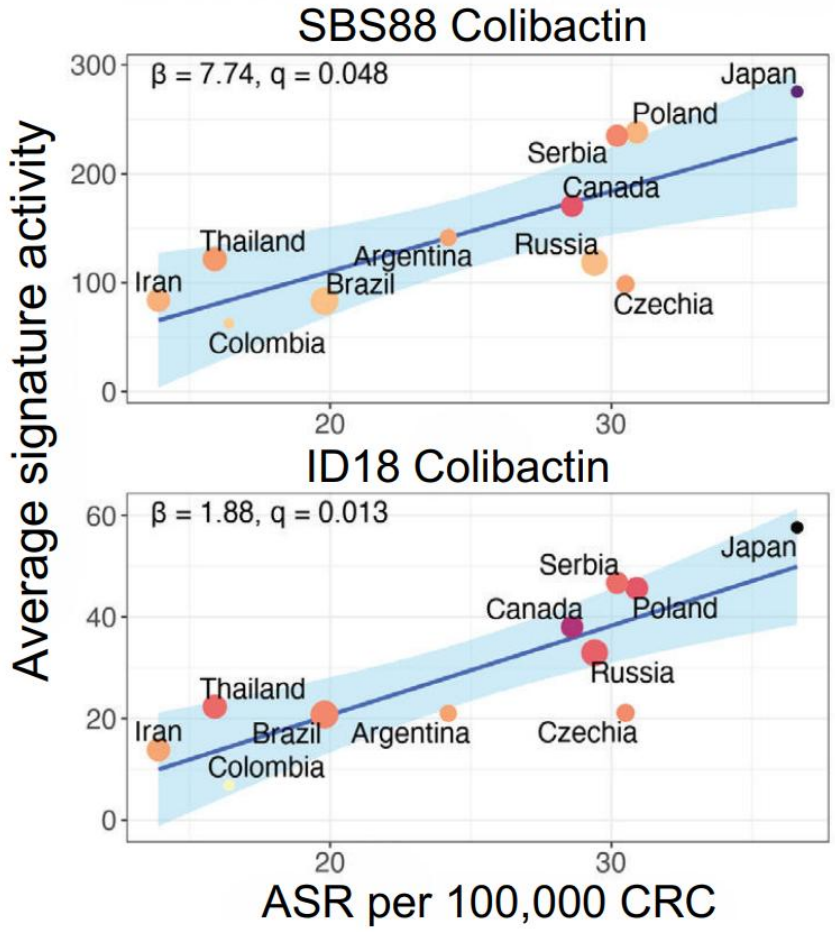
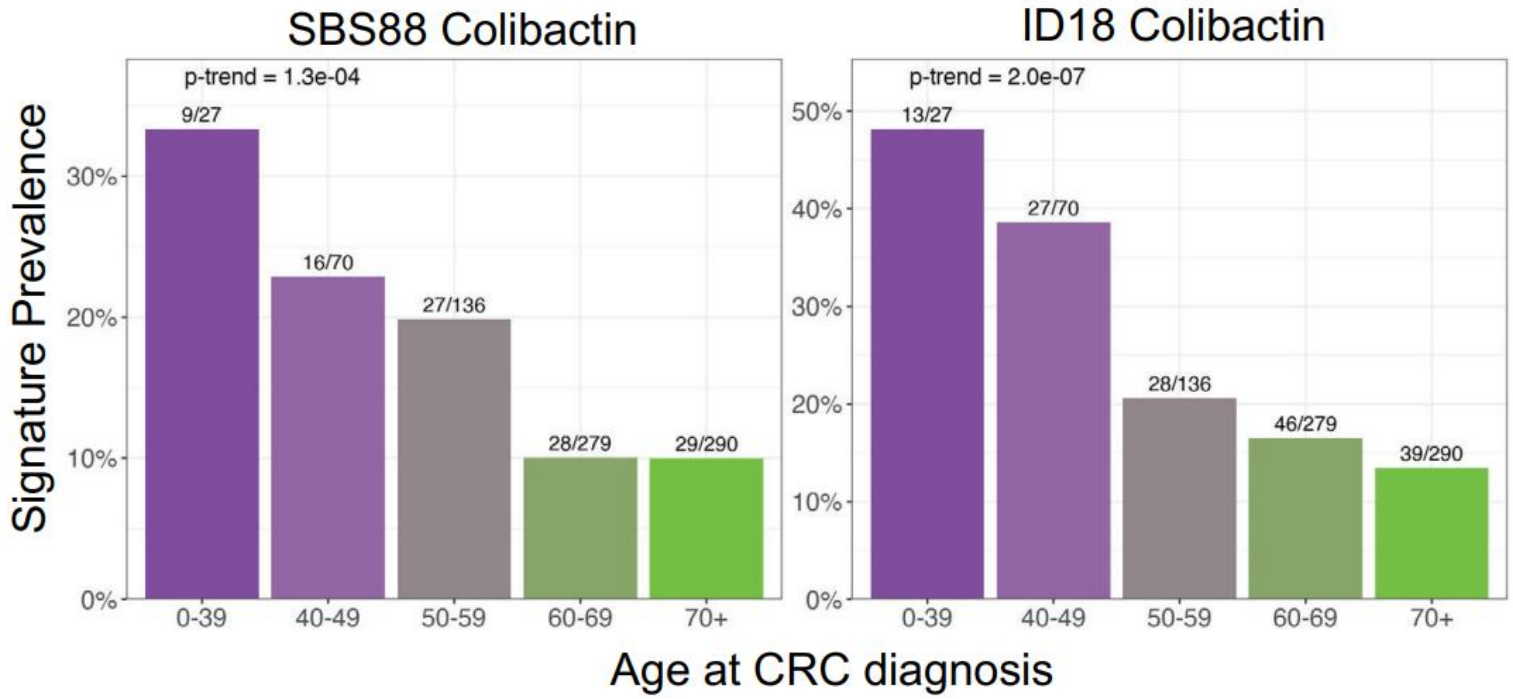


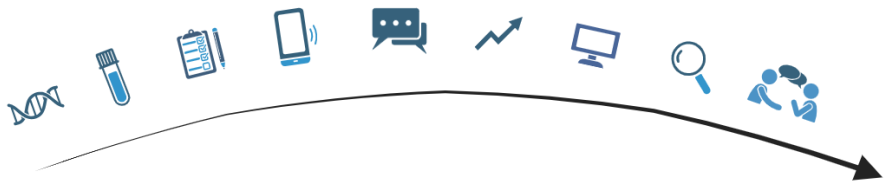


Díaz-Gay et al., Nature, 2025

Outline

- EOCRC global incidence and molecular characteristics
- **Risk factors**
- Emerging mechanisms and frameworks
- Early detection and diagnosis

Challenges and opportunities in EOCRC risk factor discovery



Challenges

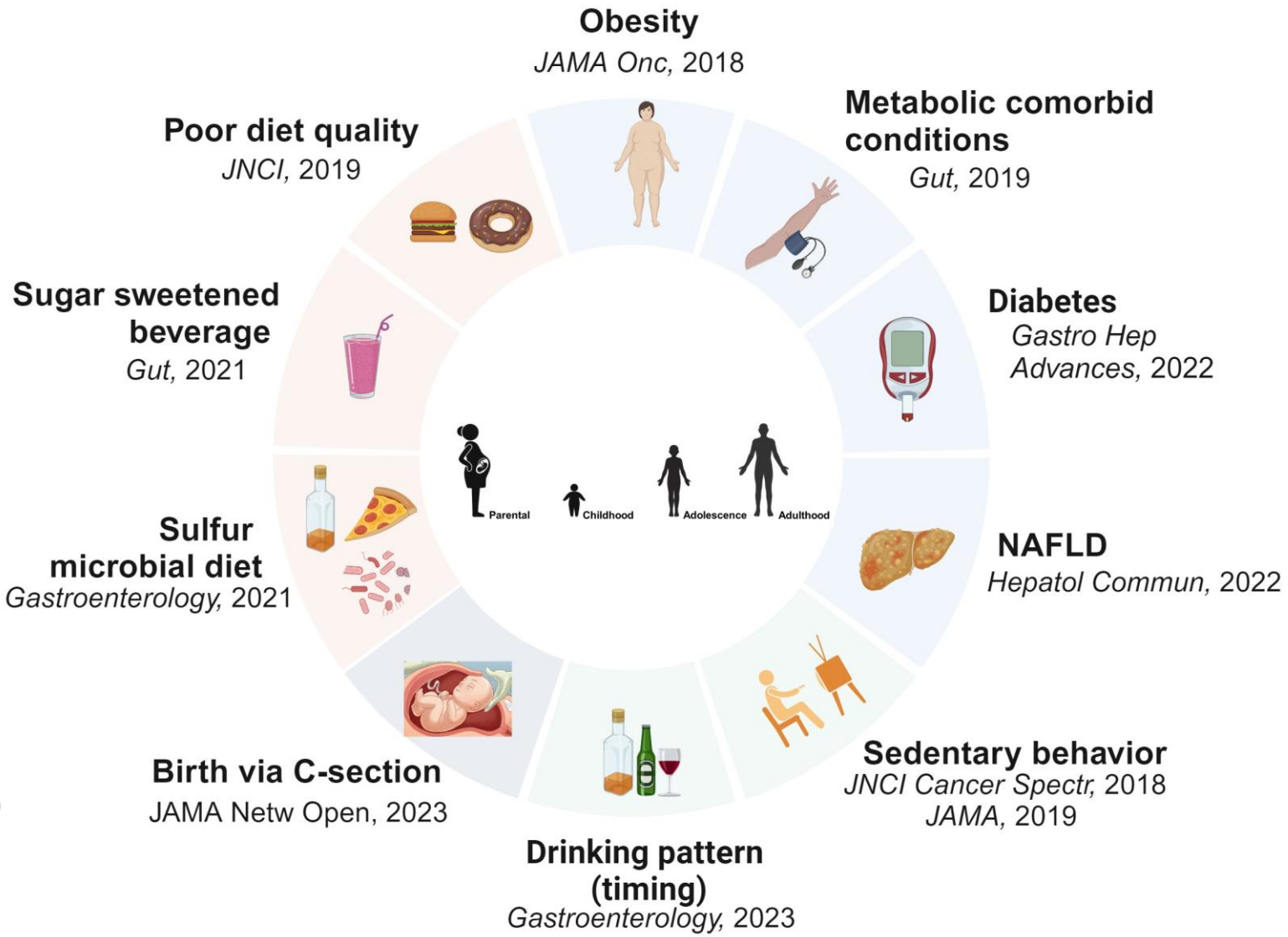
- Cancer is rare
- Lack of longitudinal data across the lifespan
- Lack of repeated biospecimen collection
- Reproducibility

Opportunities

- New data collections
- Efficient study design
- Data fusion (cohorts, EHR-biobanks, clinical, mobile, geocoded, multi-omics)
- Casual inference (e.g., G methods, life course mendelian randomization)
- Systems and network modeling

Kuh & Ben-Shlomo, Oxford 2004
Hanson et al, J Clin Transl Sci 2020
Wright & Hanson, Trends in Cancer 2022
Wagner et al, Lancet Public Health 2024

EOCRC risk factors that are common and emerging in recent generations (Cao lab, 2017+)



Hofseth et al., Nat Rev Gastro, 2020
Sinicrope, NEJM, 2022
Zaki et al., Nat Rev Gastro, 2023
Du et al., Nat Rev Endocrinol, 2025

Recent evidence on antibiotic use

- Nested case-control study, Kaiser Permanente Northern California
- 1359 EOCRC vs. 4711 controls

No associations for antibiotic type (any, by spectrum, bacterial target, class) and duration of use

	Time Interval for Antibiotic Use Prior to Index Date			
Antibiotic Type	No Previous Use	2–4 y vs No Prior Use	5–7 y vs No Prior Use	≥8 y vs No Prior Use
Any				
Cases	99	194	191	254
Controls	306	643	614	868
OR (95% CI)[a]	1.00 (Ref)	1.00 (0.78–1.30)	1.06 (0.83–1.37)	0.88 (0.64–1.21)
OR (95% CI)[b]	1.00 (Ref)	1.01 (0.78–1.30)	1.07 (0.83–1.39)	0.88 (0.64–1.21)

Kane et al., Clin Gastroenterol Hepatol, 2025

Lu et al., JNCI, 2021

Nguyen*, Cao* et al., CTG, 2022

CANCER GRAND CHALLENGES | Team: PROSPECT

PROSPECT (2024-2029, 25 million direct cost)

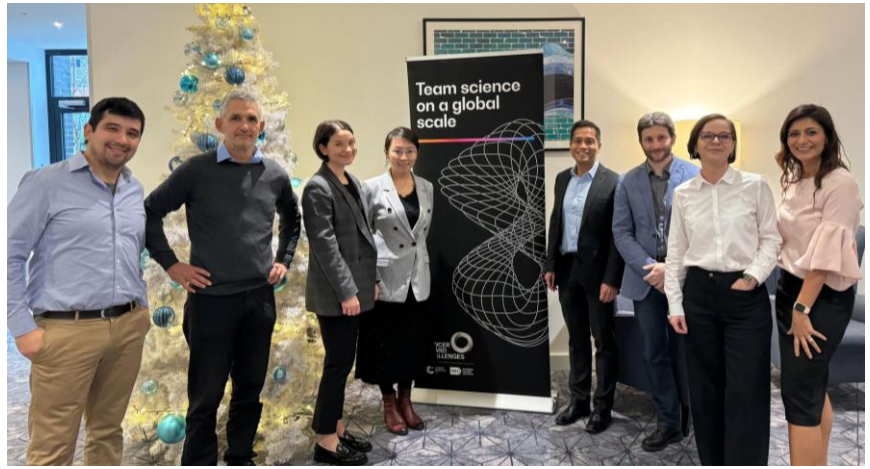
Pathways, Risk factors, and mOleculeS to Prevent Early-onset Colorectal Tumors

https://www.cancergrandchallenges.org/prospect

Team leads:

Yin Cao
Washington University in St. Louis

Andrew Chan
Massachusetts General Hospital



CANCER RESEARCH UK | NIH NATIONAL CANCER INSTITUTE | Bowelbabe Fund for Cancer Research UK | RÉPUBLIQUE FRANÇAISE Liberté Égalité Fraternité | inca Institut National du Cancer

TEAM PROSPECT

CANCER GRAND CHALLENGES | Team: PROSPECT

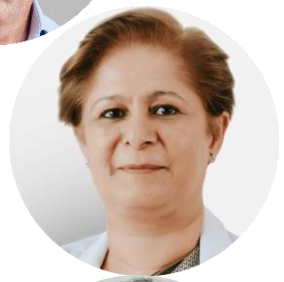
Yin Cao, ScD, MPH (co-TL)
Cancer epidemiology
WashU

Andrew Chan, MD, MPH (co-TL)
Gastroenterologist; Cancer prevention
Mass General Hospital

Gary Patti, PhD
Exposomics/Metabolism
WashU

Tim Spector, MD
Clinician; Genetic epidemiology; precision nutrition
King's College London

Nicola Segata, PhD
Computational biology
U Trento



Bhawna Sirohi, MBBS, FRCP
Medical oncologist; Global oncology
BALCO Medical Centre

+~30 collaborators
(32% early stage)
+~30 future leaders
+~15 cohorts/biobanks
7 countries

Emily Balskus, PhD
Chemical biology
HHMI, Harvard

Ömer Yilmaz, MD, PhD
Pathologist; Stem cell biology
MIT

Jason Buenrostro, PhD
Cellular & molecular biology
Harvard

Curtis Huttenhower, PhD
Computational biology
Broad Institute

Yasmine Belkaid, PhD
Immunology
Institut Pasteur

PIONEERING PATIENT ENGAGEMENT IN PREVENTION RESEARCH

CANCER GRAND CHALLENGES | Team: PROSPECT

"We found the meaning of our work"

- PAs actively engage in all levels of science

"We learned how to communicate science and uncertainty behind it"

- PAs developed **5 big picture questions** to help our future leaders communicate science

"They are our bridge to the public"

- Instagram: **993K views** with extensive engagement
- Media engagement: Times, BBC, Telegraph, Sun, Daily Express, ITV's Lorraine

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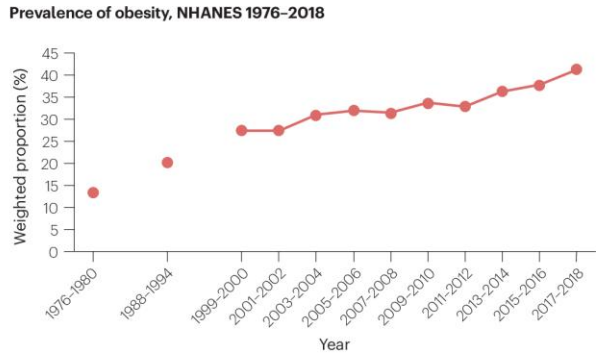
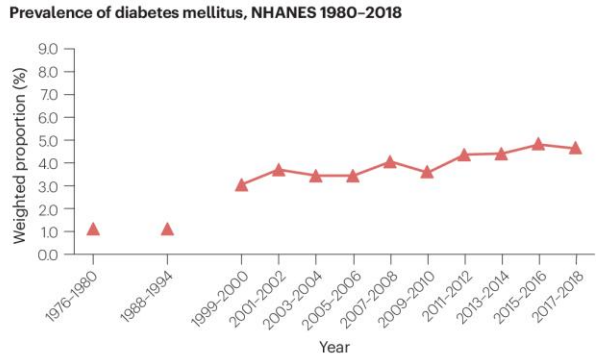
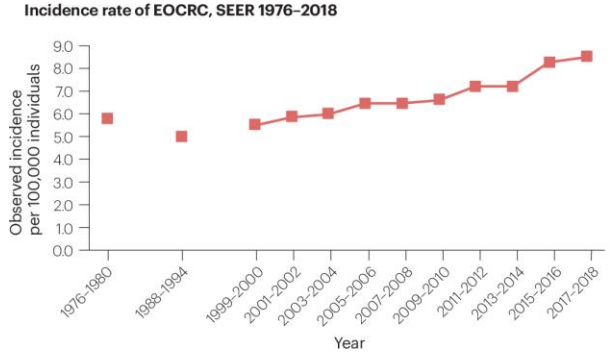
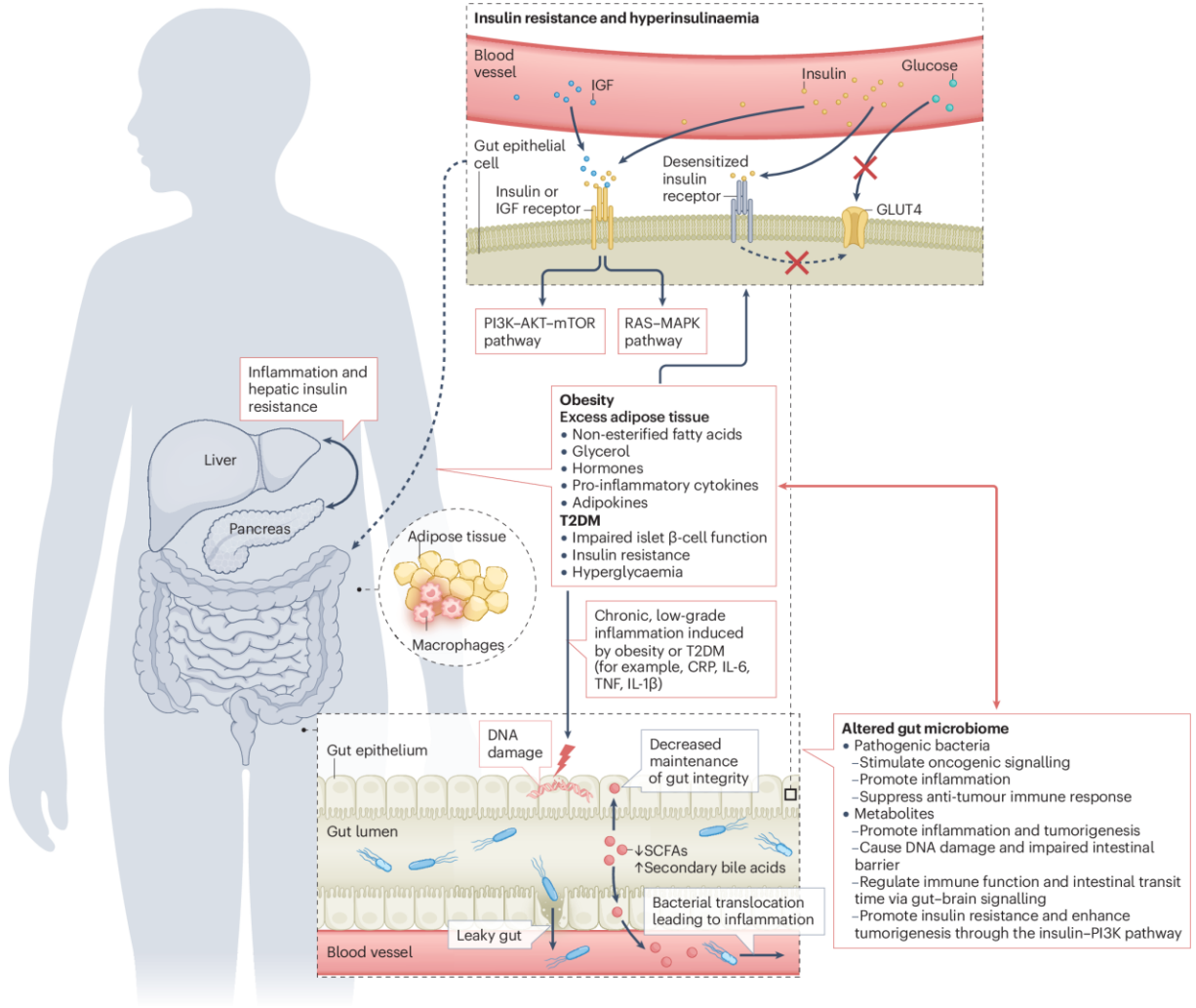
- Risk factors
- **Emerging mechanisms and frameworks**
- Early detection and diagnosis

EOCRC: an emerging disease of metabolic dysregulation



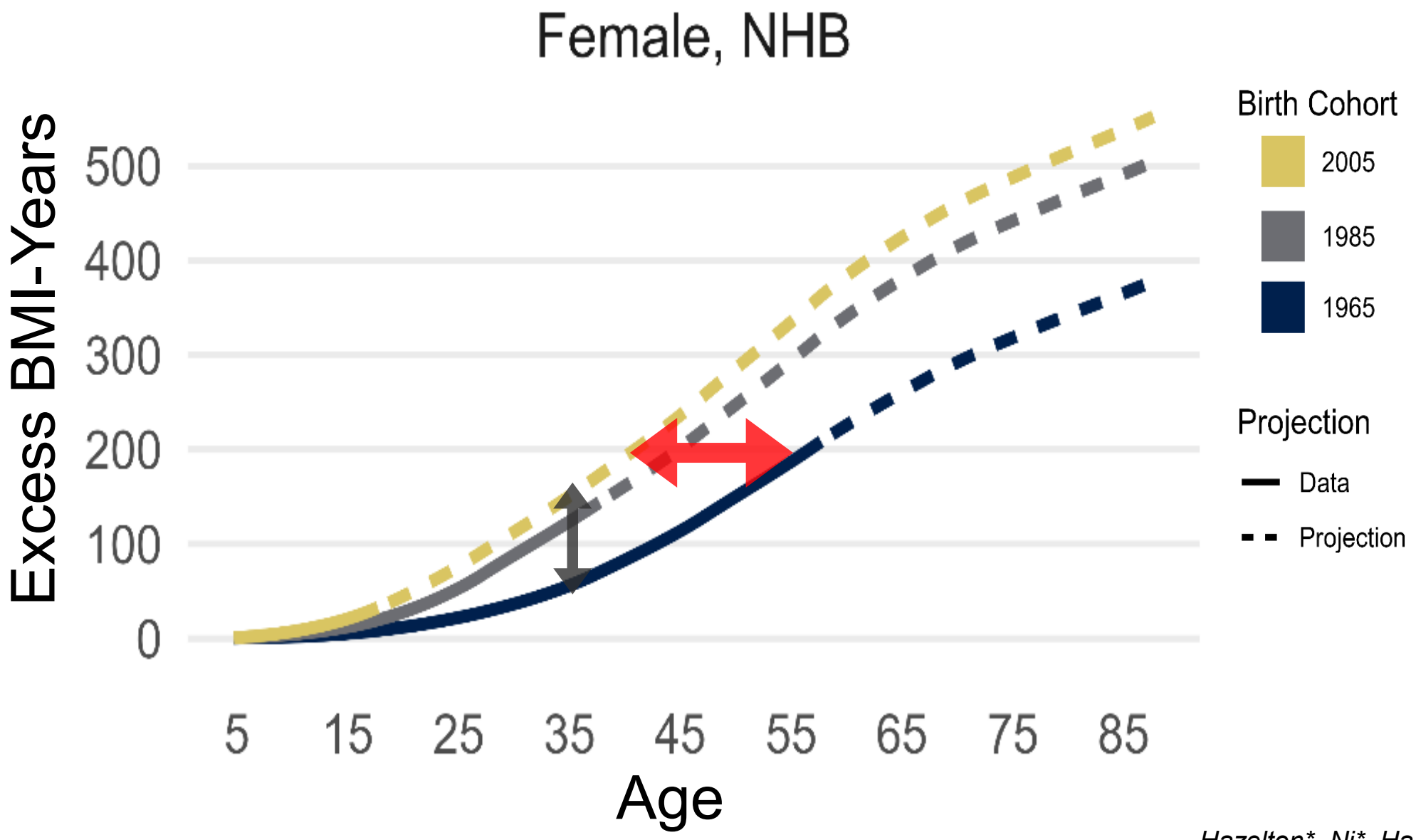






Du et al. Cao, Chan, Nat Rev Endocrinol, 2025

Mapping exposome throughout life course (Longitudinal)

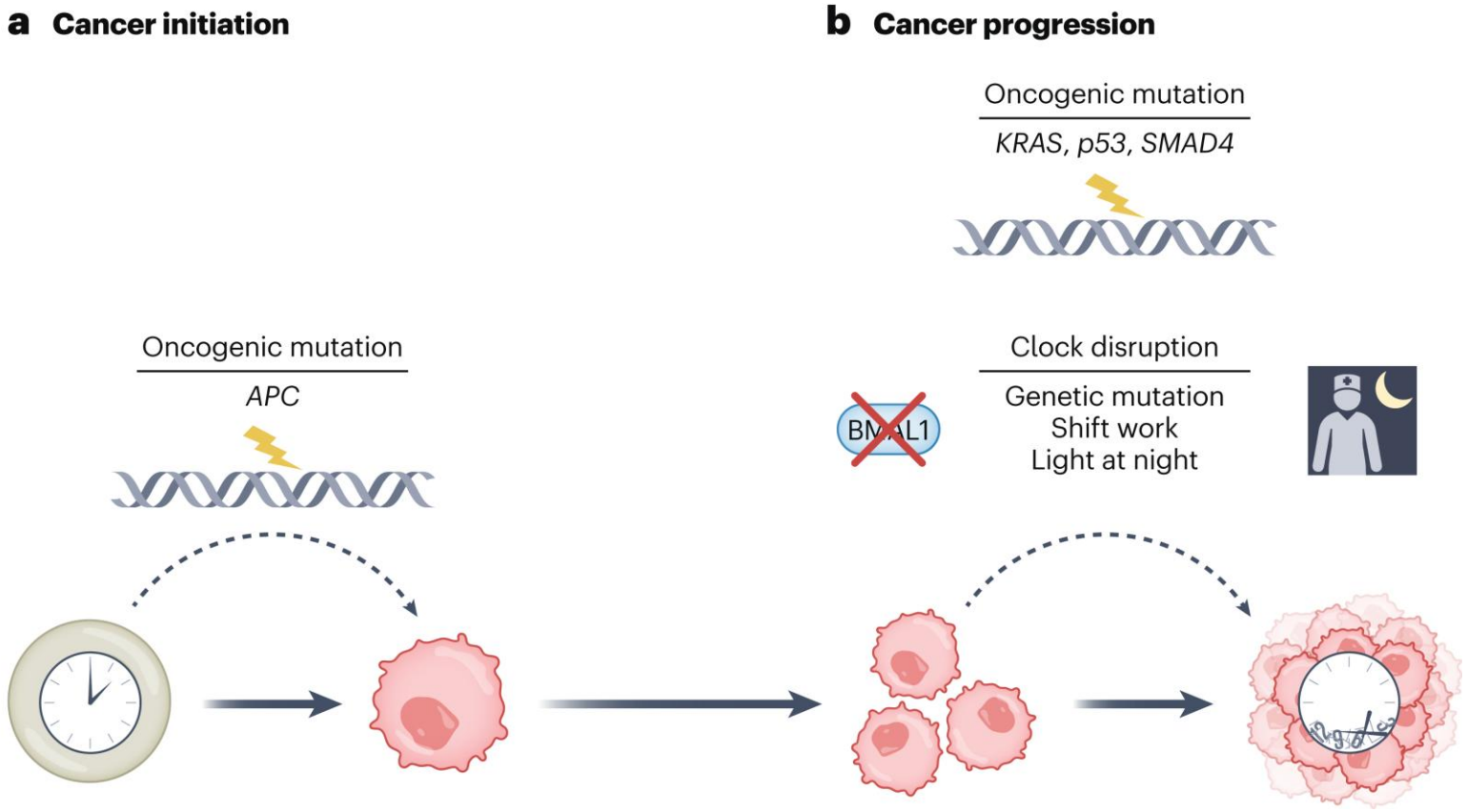


Ann Zauber

Iris Lansdorp-Vogelaar

Hazelton, Ni*, Harlass* et al., Cao,* medRxiv

Emerging risk factor/mechanisms: circadian dysregulation

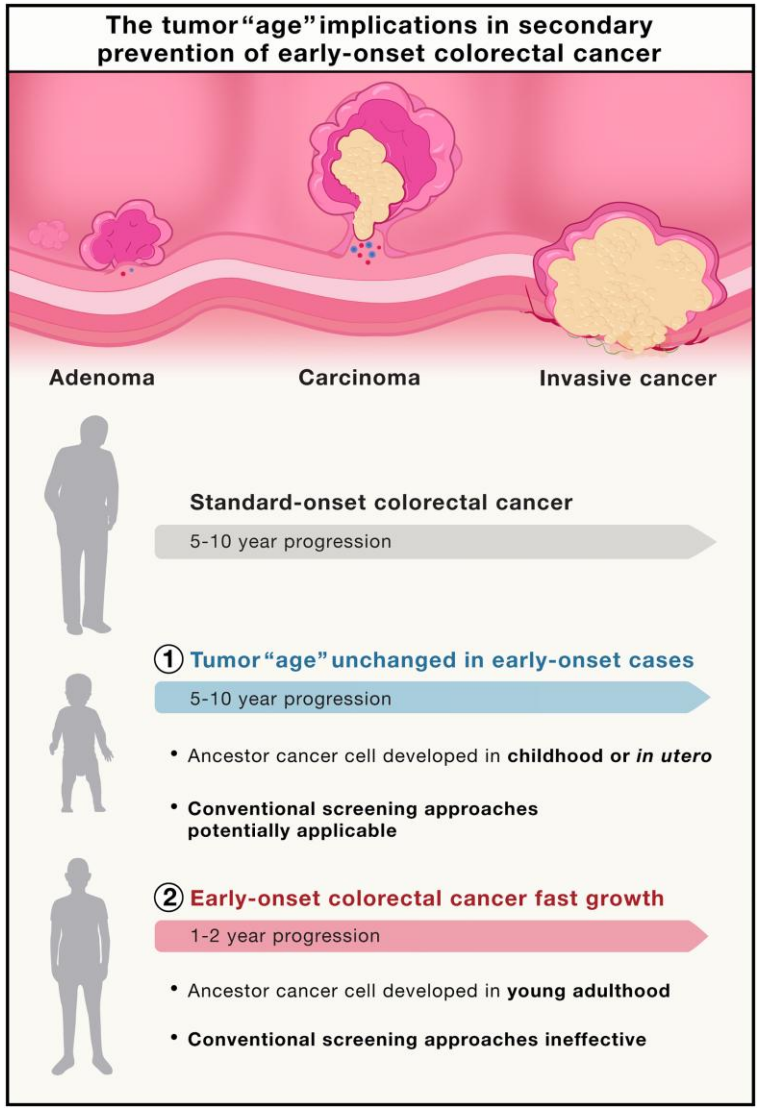


Circadian regulation coordinates cell cycle control, DNA repair, immunity, and metabolism in both homeostasis and cancer; yet except shift work, human evidence is limited.

Fortin et al., Cao, Pannunzio, Masri, Nature Cancer, 2025

Emerging framework: tumor age

- **Tumor age** defines time from first neoplastic cell to diagnosis; crucial to understand EOCRC biology.
- EOCRC may evolve faster than standard-onset CRC proposed as **"fast-track" tumorigenesis**.
- Lowering screening age alone is inadequate for early detection.



Mauri et al., Cell, 2025

Outline

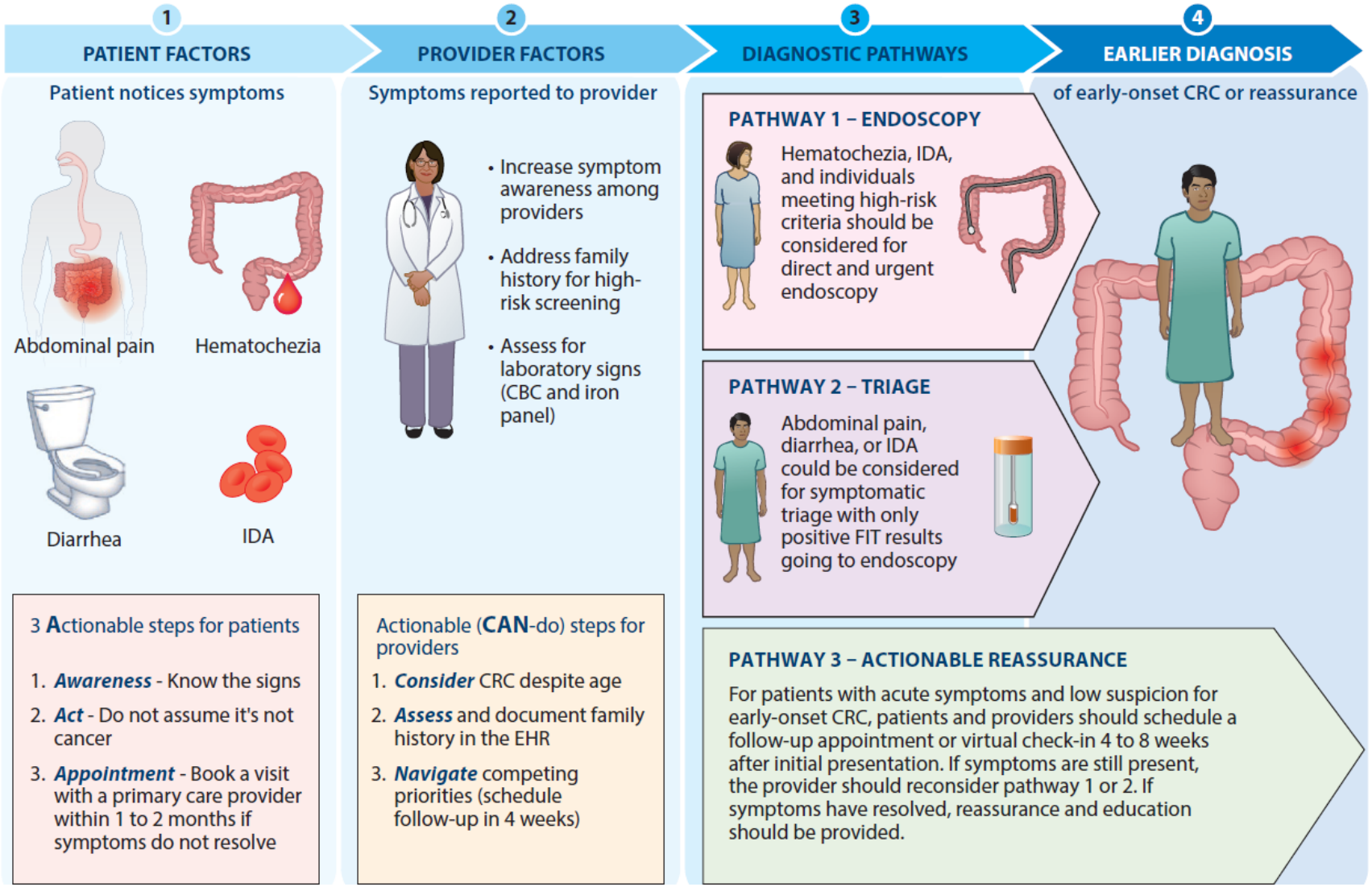
- EOCRC global incidence and molecular characteristics
- Risk factors
- Emerging mechanisms and frameworks
- **Early detection and diagnosis**

Proposed diagnostic pathways to improve EOCRC early diagnosis

Cassandra Fritz

Manju George

John Carethers



Fritz, George, Carethers, Cao, Annual Review of Medicine, 2025

Conclusions

- We have made important strides in defining **EOCRC molecular features, clarifying risk factors, and identifying gaps in early detection**.

- **Yet much work remains to truly advance prevention.**

- **We need all to drive this revolution!**
  - Epidemiologists, biologists, geneticists, data scientists, environmental scientists, chemists, toxicologists, behavioral and implementation scientists, economists, modeling…
  - Policy makers, health providers, teachers, parents, patients, general public…
  - Funding agencies and philanthropic support…
  - Next generation of interdisciplinary scientists!!

Acknowledgement

Cao Lab @WashU

UK Biobank
All of Us Research Program
Cancer Prevention Study-3 research today for a cancer-free tomorrow
Our Future Health
Geisinger
lifelines
generations The UK study of the causes of breast cancer
PREDICT
ESMaestras Investigación para mejorar la salud de la mujer
Black Women's Health Study
Nurses' Health Study
zoe
Cancer Research UK
NIH National Cancer Institute
Bowelbabe Fund for Cancer Research UK
République Française Liberté Égalité Fraternité
inca Institut National du Cancer
WashU Medicine
SITEMAN CANCER CENTER
A National Cancer Institute Comprehensive Cancer Center
Here and Next

Acknowledgement

WashU
Graham Colditz
Timothy Eberlein
John Olson
Ramaswamy Govindan
Nicholas Davidson
Matthew Mutch
Philip Payne
Philip Tarr
Li Ding
Malachi Griffith
Linda Peterson
Mark Huffman
Kelly Bolton
Meng Wu
*Young-Onset Colorectal Cancer Program
*Center for the Environment
*Air Quality and Health Initiative

Harvard/MGH/BWH
Edward Giovannucci
Andrew Chan
Walter Willett
Heather Eliassen
Shuji Ogino
Long Nguyen
*CRC research group

UCSD
John Carethers

American Cancer Society
Ahmedin Jemal

MSKCC
Ann Zauber

VUMC
Wei Zheng

MDACC
Ernest Hawk

Fred Hutch Cancer Center
Ulrike Peters
*GECCO Consortium
William Hazelton

UC Irvine
Selma Masri

Institut Pasteur
Yasmine Belkaid

University College London
Charles Swanton

Karolinska Institutet
Jonas Ludvigsson

Erasmus Medical Cancer
Iris Lansdorp-Vogelaar

Imperial College London
Marc Gunter

Team PROSPECT
All co-Is, collaborators, patient advocates, SAB, future leaders
All colleagues of CGC

We look forward to collaborating with you!

yin.cao@wustl.edu

American Cancer Society®

NATIONAL COLORECTAL CANCER ROUNDTABLE

Thank You

Launch + Tactical

Disclosures

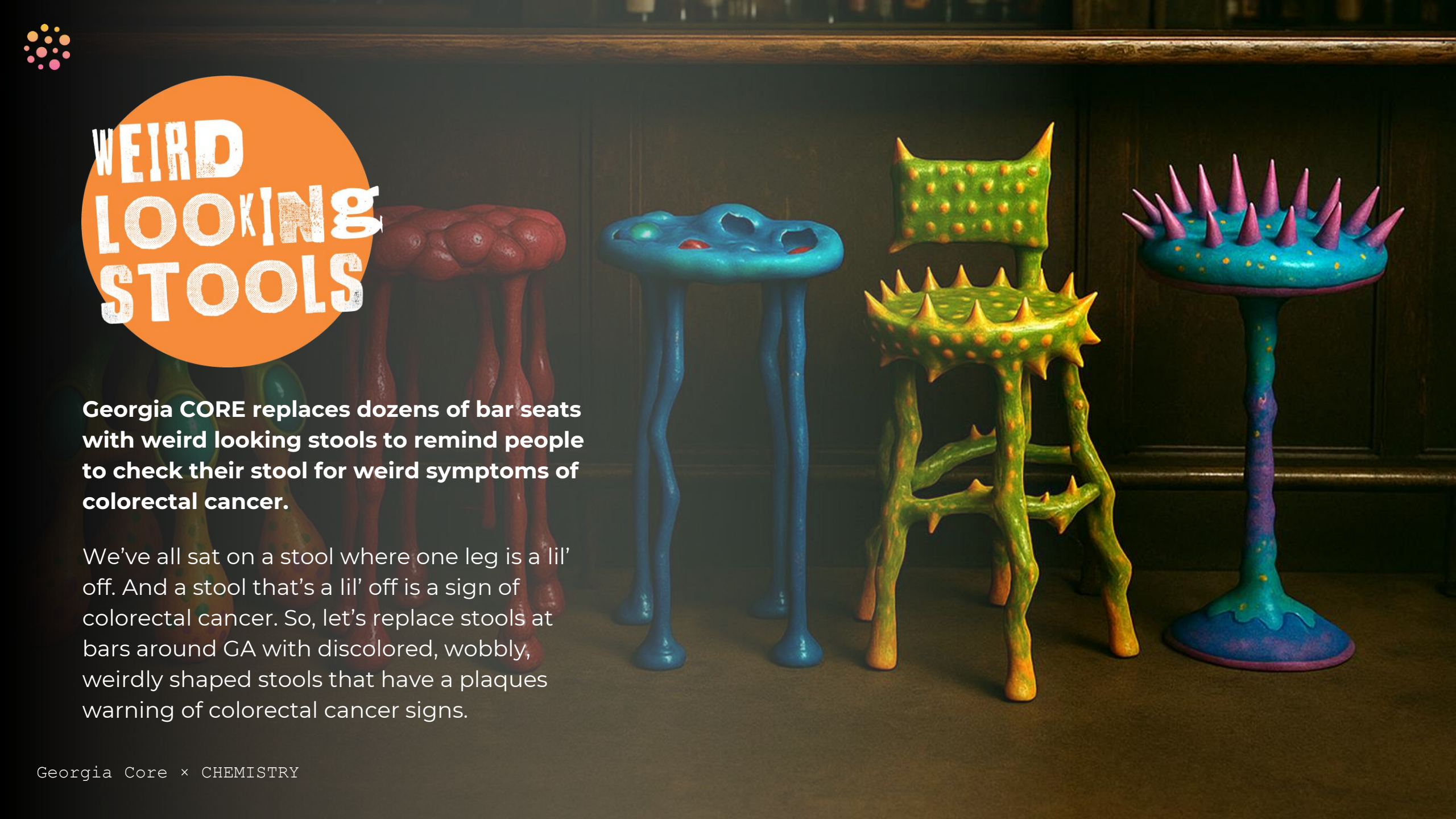
- Georgia General Assembly
- Georgia Society of Clinical Oncology
- Amgen

THE CHALLENGE:

A CAMPAIGN THAT WOULD GET 25-45 YEAR OLDS TALKING ABOUT COLON CANCER.

THE IDEA

WEIRD LOOKING STOOLS



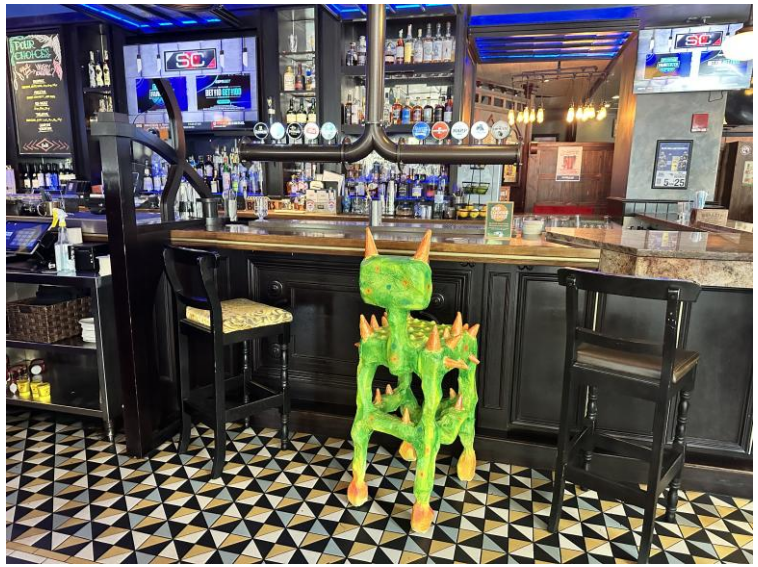
Georgia CORE replaces dozens of bar seats with weird looking stools to remind people to check their stool for weird symptoms of colorectal cancer.

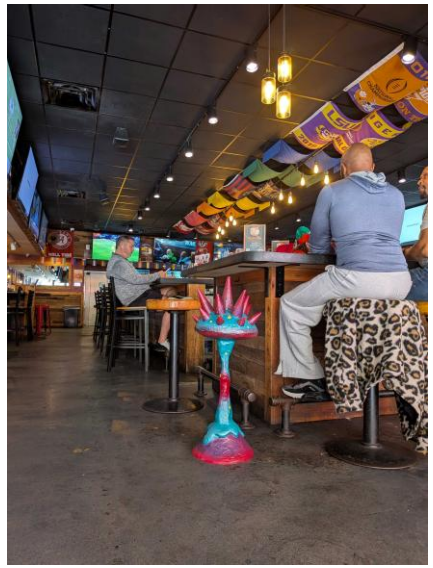
We've all sat on a stool where one leg is a lil' off. And a stool that's a lil' off is a sign of colorectal cancer. So, let's replace stools at bars around GA with discolored, wobbly, weirdly shaped stools that have a plaques warning of colorectal cancer signs.

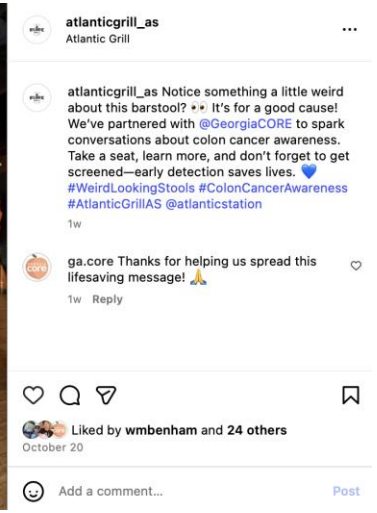
SO WE MADE DOZENS OF WEIRD LOOKING STOOLS...


JET
AIR FILTRATION SYSTEM
JULIAN SCALIA
Artist & Designer

AND PUT THEM IN BARS & COFFEE SHOPS AROUND GEORGIA

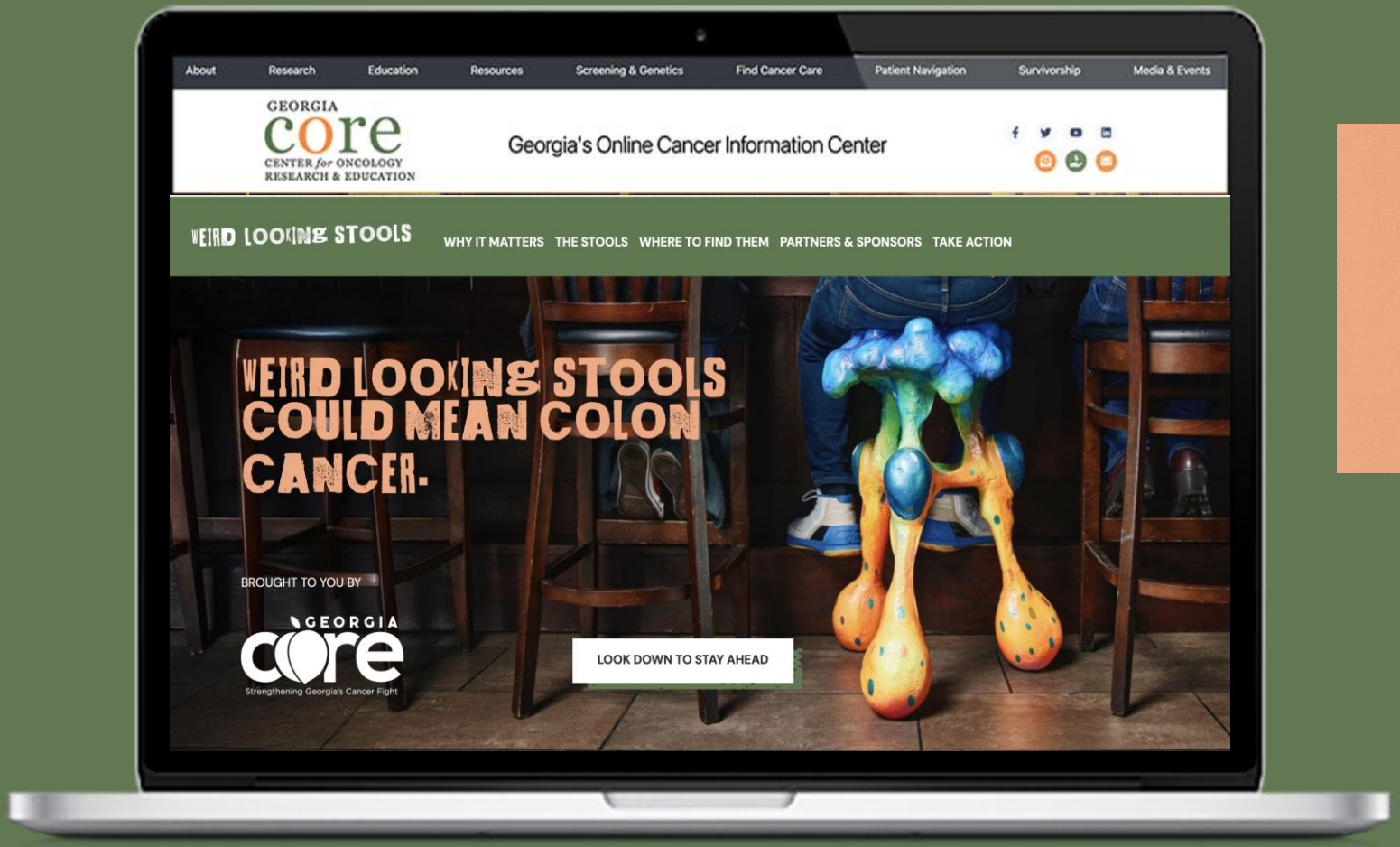


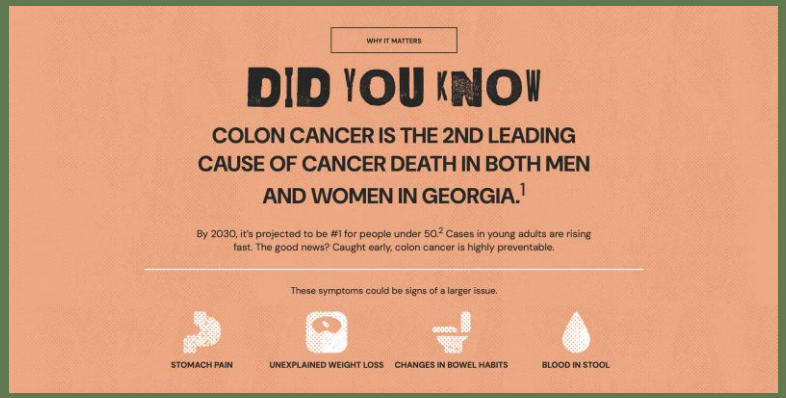


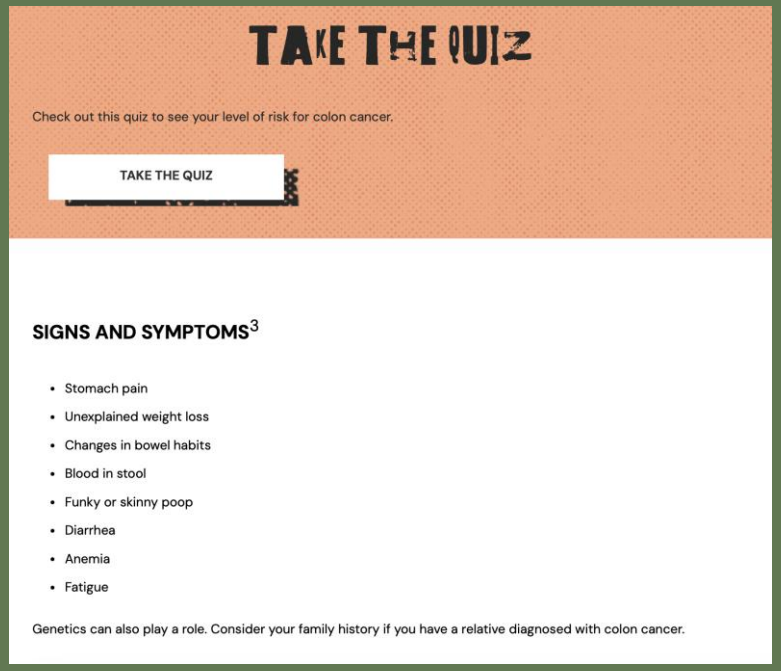


ALONG WITH SIGNAGE, COASTERS, AND COFFEE SLEEVES WITH MORE INFO

WE CREATED A LANDING PAGE FOR MORE INFO, LINKS, AND LEARNING.







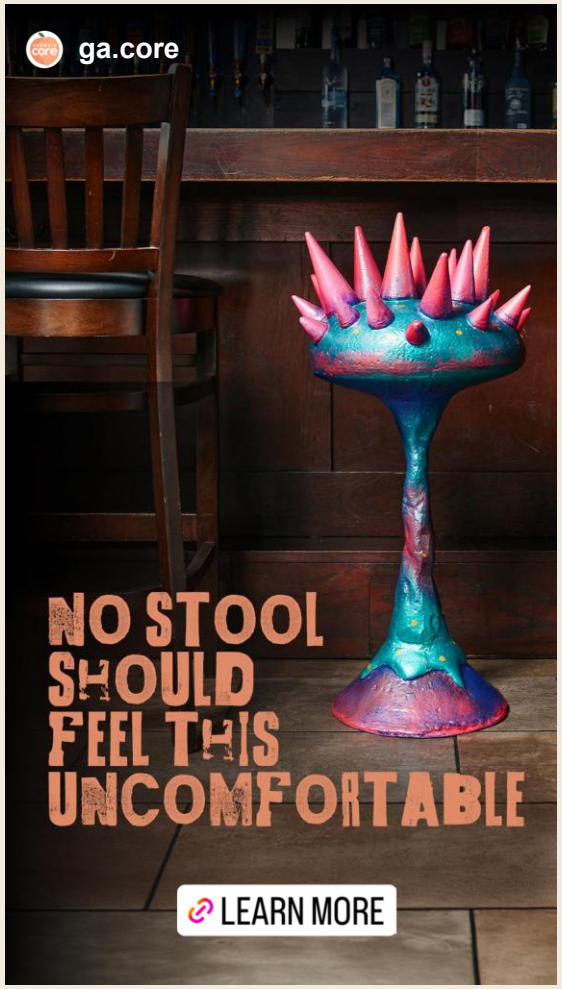
F!GHT™
COLORECTAL CANCER

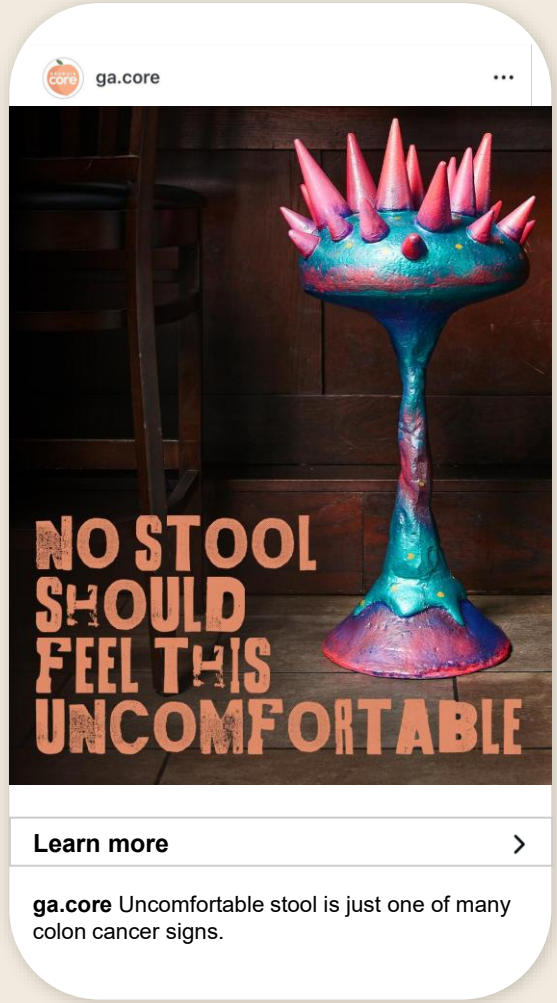
WE ACTIVATED PAID MEDIA FOR FURTHER REACH AND IMPACT

A 3-MONTH LONG MASS AWARENESS CAMPAIGN

OVER 50 BILLBOARDS ACROSS ATL & HIGH INCIDENCE MARKETS LIKE APPLING, EMANUEL, LEE, TERRELL, CARROLL, WARE, SUMTER, STEPHENS, BURKE

TARGETED META & INSTAGRAM ADS





OUR STOOLS HAVE BEEN MAKING THEIR WAY AROUND THE CREATIVE AND CANCER COMMUNITY

Launch Event – Park Bar

Atlanta Against Cancer x ABV Gallery

CCA Walk to End Colon Cancer

UPCOMING

Wellstar Content

Grady Content & Partnership w/ Community and Creative influencer, Cam Kirk

Northside Hospital Event

THE RESULTS SO FAR...

Marta H. Garcia · 2nd
Award winning trailblazer in international educational development
3d

What an imaginative and FUN way to Call attention to a delicate subject! And save lives along the way!!

Like | Reply

Jackie Nemeth · 2nd
Communications Manager (Retired), Georgia Tech, School of Electric...
2d

This is such a creative way to remind people about an important health issue and to get people to talk about it!

Like | Reply

Emily Mason Beard
Love this campaign - definitely an attention grabber! Very clever.

4d Like Reply

Erica Joy Brunner · 3rd+
Marketing and Film Enthusiast | Creative Professional | Pitt Alum
12h

This is such an interesting campaign

Like | Reply

Andrew Wiseman · 2nd
Owner | Providential SIGNWORKS
1d

Thank you for bringing awareness to Colon cancer, great experiential marketing! Wishing you much success!

Like | Reply

Dawn McCarthy · 2nd
Creative Director | Thought Leader | Brand Cultivator | Board Member

Smartest experiential work I've seen in a while.

Like · 2 | Reply

Erica Joy Brunner · 3rd+
Marketing and Film Enthusiast | Creative Professional | Pitt Alum
1w

This is such a creative way to get more people talking about colon cancer

Like · 1 | Reply

Robert Patterson · 2nd
Driving AI Innovation & Digital Transformation in Travel & Hospitality ...
1w

I love the creativity and playfulness that is still able to highlight a serious health topic. Well done.

Like · 1 | Reply

Suzanne Wynn · 2nd
Commercial VO + Script Polish + Full Audio Production | One Partner....
5d

Someone deserves a big raise! That's so fantastic! (Will I see any of these at the Loft in Columbus next week?)

Like · 1 | Reply · 2 replies

OVER 57K VISITORS TO WEIRDLOOKINGSTOOLS.COM

12,624,926 IMPRESSIONS (PAID MEDIA)

OVER 365 MILLION EARNED IMPRESSIONS!

AJC (online)
AJC (print)
The Telegraph (Macon)
Woman's World
Yahoo!News
Black Press USA
The Atlanta 100
The Grio
Yahoo!News
AOL
WANF - TV (Atlanta, GA)
WRDW (pick-up)
WALB News (pick-up)
MSN (pick-up)
Cancer Health

WAGT (NBC) - Augusta, GA News 26 This Morning
WALB (NBC) - Albany, GA WALB News Atlanta News First
(WANF-CBS) - Atlanta, GA ANF News Live
Peachtree TV - Atlanta, GA - ANF News Live
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WELLNESS

Strange seats bring colon cancer awareness to Georgia bars, coffee shops

Sculptural seats by an Atlanta artist give new meaning to 'check your stool.'

Designed by artist Julian Scalia, each stool visually represents a key symptom associated with colon cancer and features QR codes linking to screening info. (Ben Rollins/Courtesy of Chemistry Advertising)

By Tara Duncan – For The Atlanta Journal-Constitution

Oct 20, 2025

Have a seat and let's talk about something we usually don't talk about. This fall across the state, stools are taking center stage to spark conversation about colon cancer.

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LOCAL

'Weird-looking stools' on display in Macon are meant to raise awareness for health issue

By **Ava Lauer** *For The Telegraph*

Updated September 29, 2025 8:57 AM | Gift Article

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'Weird Looking Stools' campaign turns heads to start life-saving conversations about colon cancer

PharmaLive.com

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CHEMISTRY AND GEORGIA CORE TEAM UP ON 'WEIRD LOOKING STOOLS' CAMPAIGN FOR COLON CANCER

THE ATLANTA 100

Building the Atlanta community 100 words at a time

Home » Artful stools spark conversation on rising colon cancer rates

LIFESTYLE ○ WELLNESS

Artful stools spark conversation on rising colon cancer rates

1 October 2025

Little Black Book NEWS CREATIVE LIBRARY IMMORTAL AWARDS MEMBER COMPANIES

Creative

Georgia CORE Sparks Life-Saving Colon Cancer Conversations with 'Weird Looking Stools'

The bold campaign, created with Chemistry, spotlights colon cancer awareness with one-of-a-kind stools created by artist Julian Scalia

MUSE BY CLIO

ENTERTAINMENT LIFESTYLE COMMUNITY VOICES

HEALTH AND WELLNESS

The Story Behind 'Weird Looking Stools' That Fight Colon Cancer

Inside one of the year's most audacious and artful health campaigns

by Dan Lemaux

October 28, 2025 10:30 am 3 min read

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Georgia CORE's "Weird Looking Stools" designed by Julian Scalia raise awareness of colon cancer.
Courtesy of Chemistry Advertising

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"Weird Looking Stools" in Bars Spark Talks About Colon Cancer

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Chemistry's 'Weird Looking Stools' bring colon cancer awareness to the bar

MORE TO COME...

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NATIONAL COLORECTAL CANCER ROUNDTABLE

Thank You

Medical School Curricula

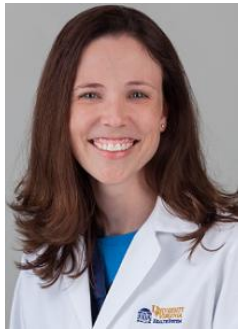
Early-Age Onset Colorectal Cancer: Scientific Updates and Member Work to Increase Action and Awareness

Cindy Yoshida MD, AGAF
University of Virginia Health System

Disclosure

I have no actual or potential conflict of interest in relation to this presentation

Introducing Early-Age Onset CRC into the UVA Medical School Curriculum

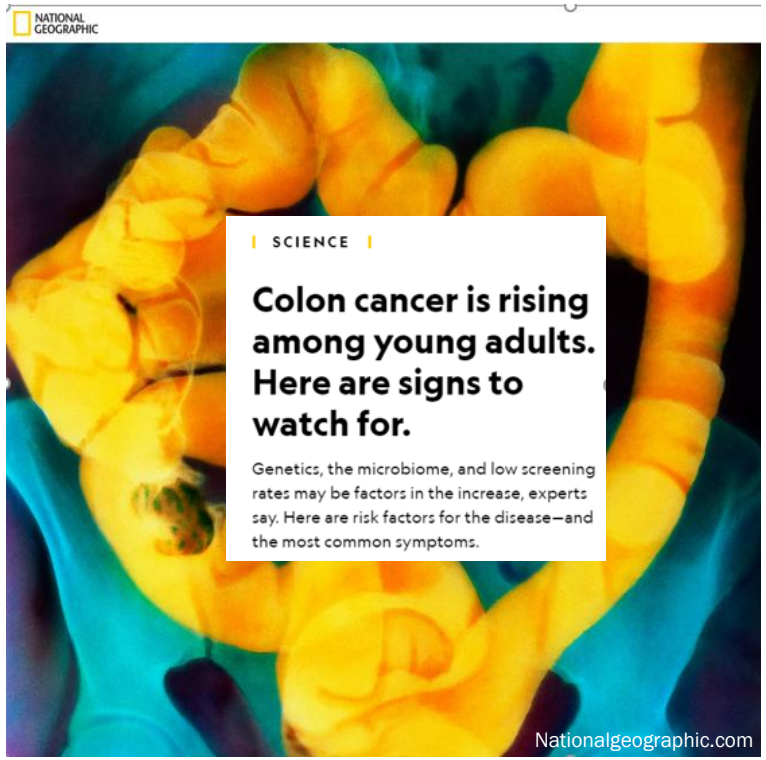


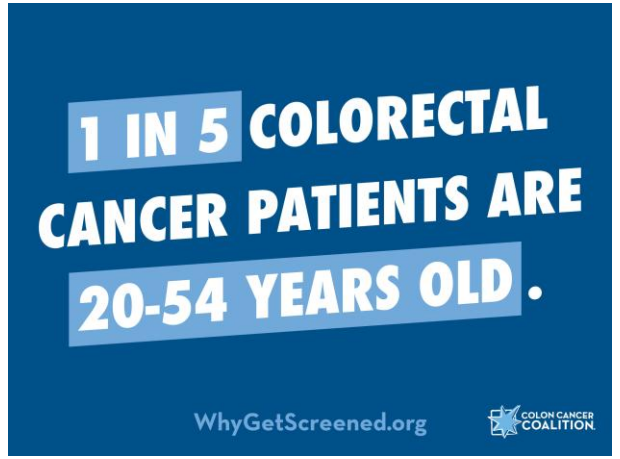
- WHO? First year medical students
- WHEN? Pre-clerkship ‘classroom learning’
- WHY? Captive/engaged audience, ~100 Gen Z’ers

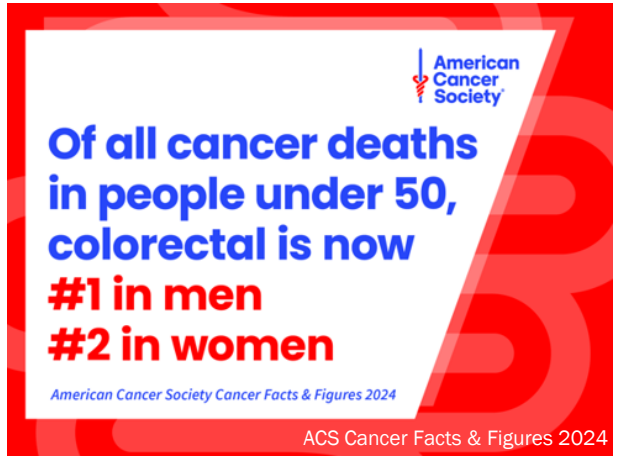
Why Engage Medical Students in the Fight Against Early-Age Onset CRC?

1. **Rising incidence in younger adults** – Awareness/symptom recognition are key to early detection
2. **Early recognition saves lives -** Educating future clinicians to recognize red-flag signs can reduce diagnostic delays and improve survival outcomes
3. **Shift public and professional perception -** Help clinicians consider CRC in younger symptomatic patients
4. **Cultivate advocacy and prevention mindset -** Medical students are the next generation of healthcare providers who can champion timely screening, patient education, and family history awareness
5. **Enhance interest in research and innovation**

Early-Age Onset Colorectal Cancer (EAO-CRC) Increasing in the U.S. and Globally (~1-2% per year)







EAO-CRC Symptoms and Key Facts

Red-flag signs and symptoms for earlier diagnosis of early-onset colorectal cancer

Cassandra D. L. Fritz, MD, MPHS,[1,‡] Ebunoluwa E. Otegbeye, MD, MPHS,[2,‡] Xiaoyu Zong, MPH,[3] Joshua Demb, PhD, MPH,[4,5] Katelin B. Nickel, MPH,[6] Margaret A. Olsen, PhD, MPH,[3,6] Matthew Mutch, MD,[7] Nicholas O. Davidson, MD, DSc,[1] Samir Gupta, MD, MSCS,[4,5,8,9,§] Yin Cao, ScD, MPH[1,3,10,*,§]

Abdominal pain

Rectal bleeding

Iron deficiency anemia

Change in bowel habits

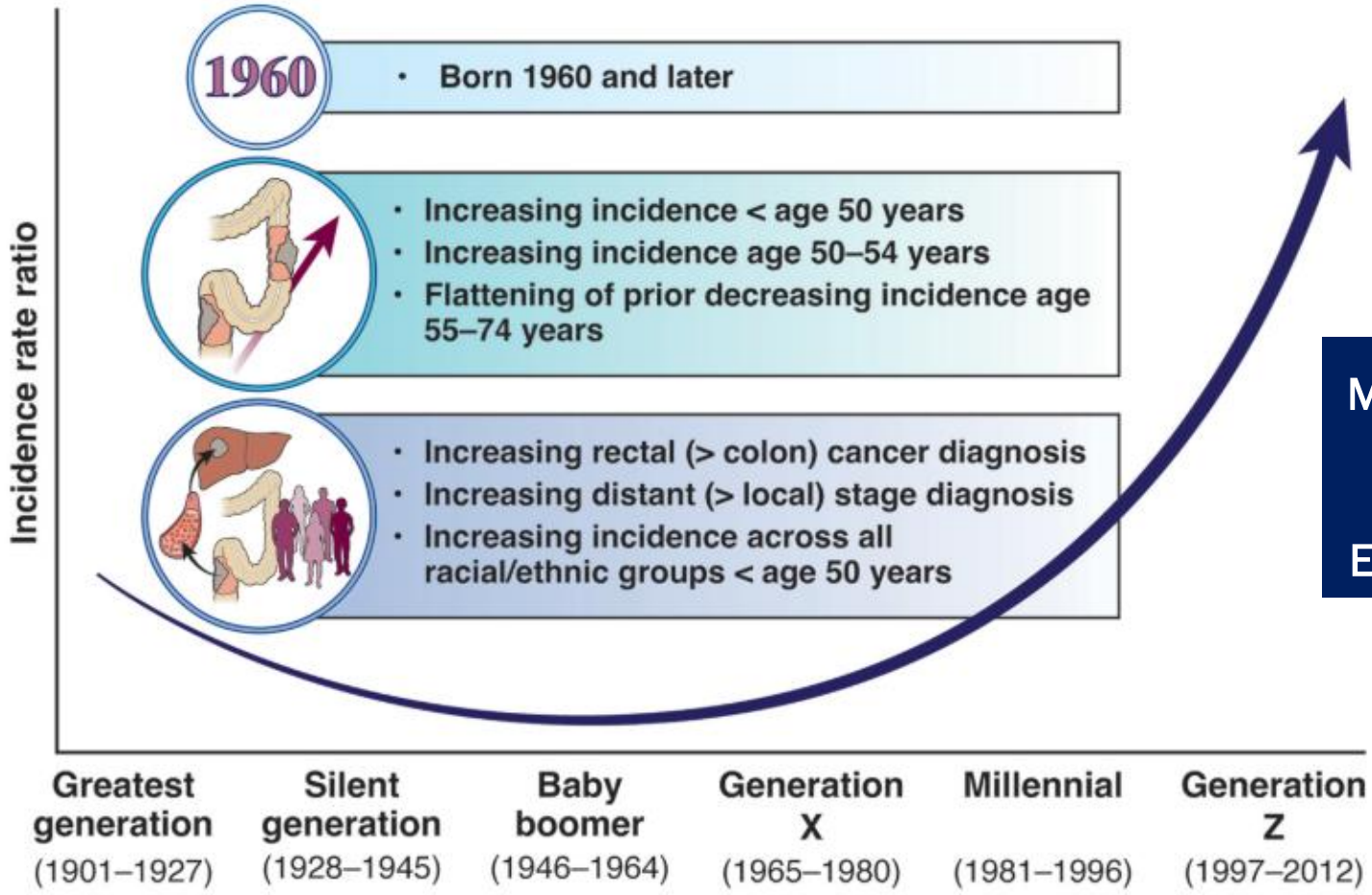
Age < 50
Red Flag Signs (3 mos – 2 y before index CRC)

# signs/symptoms	Risk of EAO-CRC (OR)
1	1.9 x
2	3.6 x
3	6.5 x

- Deadliest cancer in young men and 2nd deadliest in young women
- Predominantly **left colon and rectal distribution**; higher proportion of mucinous/signet ring histologic subtype
- Often **diagnosed at more advanced stages**
- Young pts experience **delays in diagnosis** due a personal or provider failure to associate red-flag symptoms with an ↑ risk of CRC
- Young patients who present with **red flag symptoms** should be **referred for further evaluation** (e.g., **colonoscopy or referral to GI**).

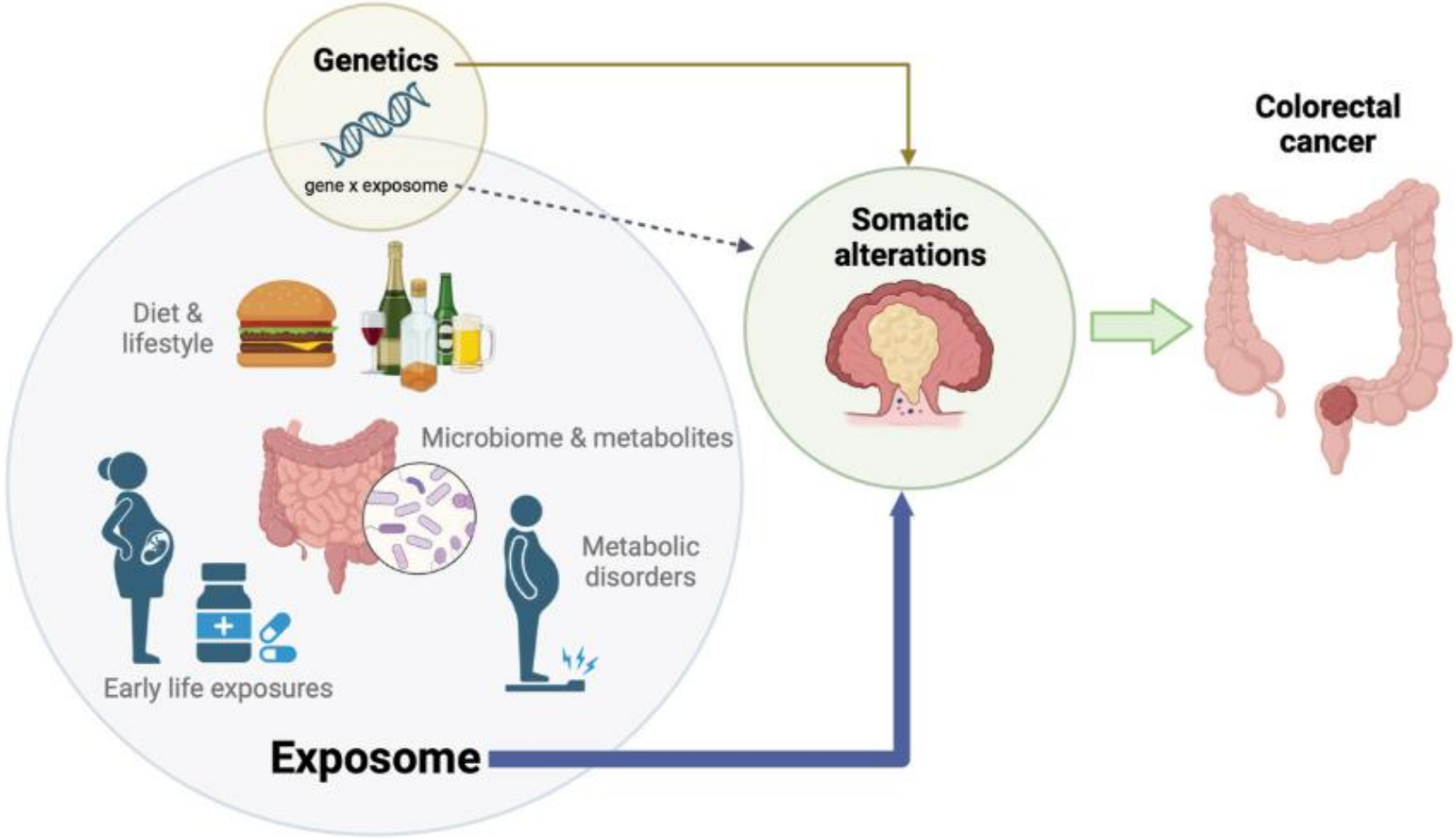
Fritz CDL, et al. JNCI 2023; 115(8):909-916, https://doi.org/10.1093/jnci/djad068;
https://colorectalcancer.org/resources-support/community-support/young-onset-support/young-onset-crc-facts

Early-Age Onset CRC: Birth Cohort Effect



Millennials born between 1990-1994 have a 2.98-fold higher chance of developing EAO-CRC than Baby boomers born in 1950

EAO-CRC Potential Causes/Mechanisms



Can the ACS NCCRT Scale This Idea For All Medical Schools?

John A. List. Harvard Business Review. May 5, 2022

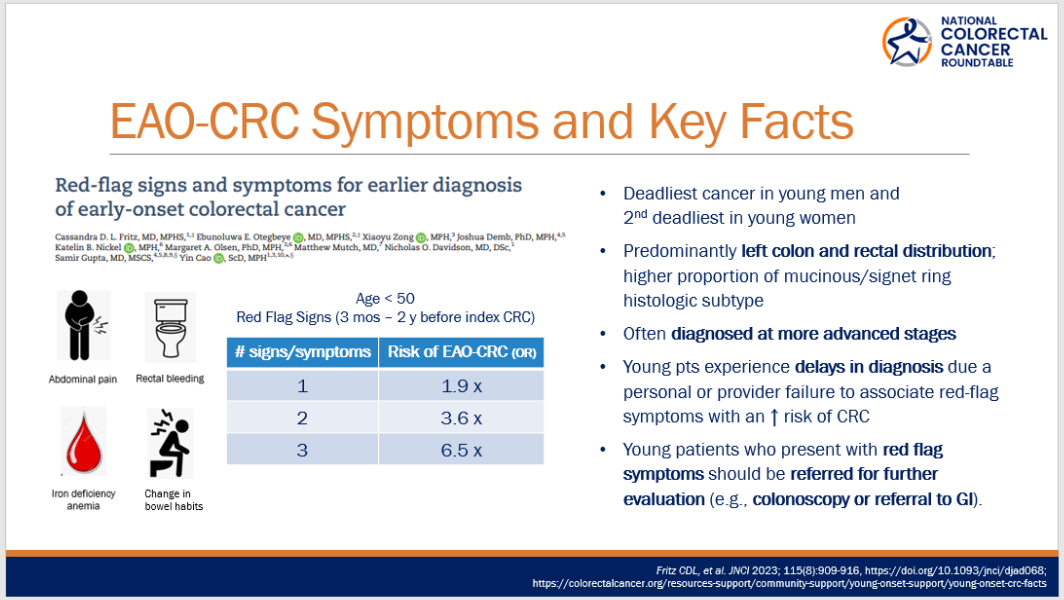
Growing its impact from a successful pilot

to a widespread educational product

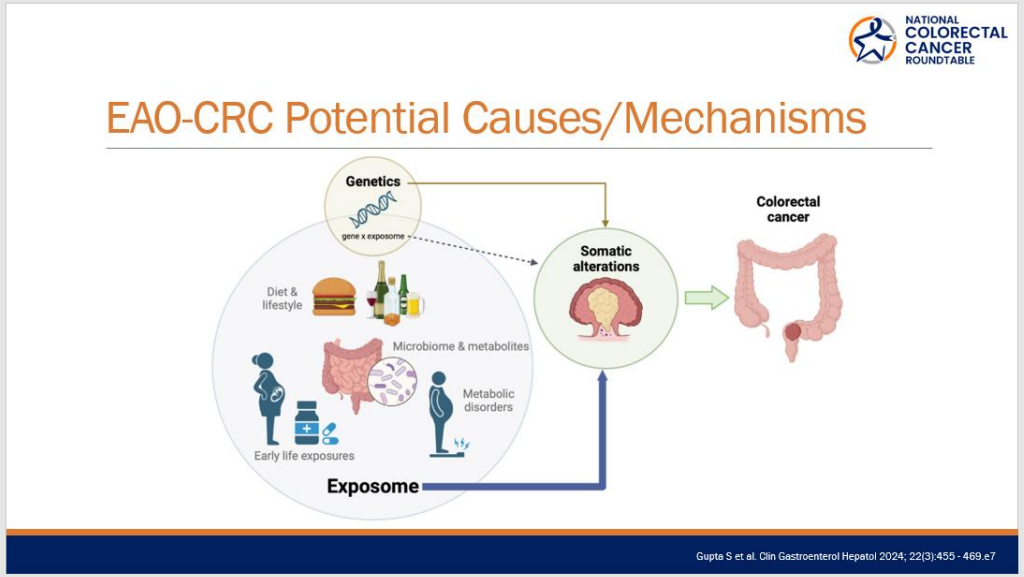
that can effect deep and meaningful change

for a greater number of students and schools

ACS NCCRT EAO-CRC Educational Toolkit
Slide Set With Notes/References



Early-onset colorectal cancer (EAO-CRC) has seen an alarming rise worldwide over the past two decades. The reason for this global trend is poorly understood. EAO-CRC appears to have its own **unique clinical and molecular features:** EAO-CRC tends to have a predominantly **left colonic and rectal distribution**, a **higher proportion of mucinous and signet ring histologic subtype**, poorer cell differentiation, a higher pathologic grade, and a **more advanced stage at presentation**. **Half of EAO-CRC pts are younger than age 45 years** and will not be detected via screening. Therefore, **most EAO-CRC pts will continue to be diagnosed after developing symptoms**. **EAO-CRC pts, are more likely to experience diagnostic delays (compared to older pts), indicating a lack of awareness of red-flag signs and symptoms**. Younger patients with CRC are more often diagnosed at



Based on current evidence, we postulate exposomal factors, possibly mediated through changes in the microbiome, play a larger role than germline genetics in driving somatic alterations and CRC risk, and that gene-by-exposome interactions likely modify somatic alterations and cancer development

- **Exposomal factors** such as diet and lifestyle (eg, alcohol, Western diet), early-life exposures (eg, mode of delivery, antibiotics), metabolic disorders (eg, obesity, diabetes), and gut microbiome and metabolites are believed to initiate and/or promote somatic alterations leading to CRC.
- **Germline genetic factors** such as high-penetrance pathogenic variants (eg, mismatch repair genes in Lynch syndrome) and moderate- to low-penetrance variants (eg, single nucleotide polymorphisms) also drive somatic alterations and carcinogenesis.

ACS NCCRT EAO-CRC Educational Toolkit
Learning Objectives

1. Understand the epidemiologic trends and distinct clinical, histopathologic, and molecular characteristics of early-age onset colorectal cancer (EAO-CRC).

2. Recognize the common presenting symptoms and red-flag warning signs of EAO-CRC, and explain how delayed recognition contributes to diagnosis at more advanced stages.

ACS NCCRT EAO-CRC Educational Toolkit
Questions/Assessment

Application/Clinical Scenario Question

A 30-year-old man presents with new-onset rectal bleeding and a change in bowel habits for the past two months. Based on current evidence regarding early-age onset colorectal cancer, what should be the clinician's next step and why?

A. Wait until he is 45 years old to initiate colorectal cancer screening

B. Colonoscopy or referral to gastroenterology

C. Reassure the patient that his symptoms are likely due to hemorrhoids

D. Schedule a follow-up visit in 6 months to see if the symptoms persist

✅ **Correct Answer: B**

Prompt diagnostic evaluation (e.g., colonoscopy) should be performed rather than attributing symptoms to benign causes as these red-flag signs are associated with a significantly increased risk of EAO-CRC and early detection can improve outcomes.

Engaging Young Trainees in Virginia

- **UVA Medical School Curriculum**
- **March EAO-CRC Social Media Campaign**
  - UVA GI fellowship, UVA Internal Medicine Residency, UVA Health and UVA Cancer Center Instagram posts
- **Virginia Colorectal Cancer Roundtable (VCCRT) Trainee Corner**
  - Internal Medicine Residents/GI fellows from UVA, Virginia Tech, VCU, Inova
  - Presentations at quarterly meetings
  - Statewide March 2026 EAO-CRC Campaign

VCCRT
Virginia Colorectal Cancer Roundtable

Education is the most powerful weapon which you can use to change the world

— *Nelson Mandela*

American Cancer Society®

NATIONAL COLORECTAL CANCER ROUNDTABLE

Thank You

GLOBAL EARLY ONSET COLORECTAL CANCER THINK TANK (GEOCRCTT)

Andrea (Andi) Dwyer, MPH
Advisor Fight CRC
Medical Advisory Board Member

FIGHT CRC

No Disclosures

The GEOCRCTT team

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FIGHT CRC

18 Countries
71 Attendees
Barcelona June, 2025

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FIGHT CRC

GEOCRCTT RECAP

A conference

IT WAS:

An invitation to participate in a 2-year global initiative *(beginning with a conference)*

GOAL:

Develop and begin to execute a unified global research strategy addressing the rise of early onset colorectal cancer

Objectives

1. **Research Community:** Develop connections and unity among the global research community working on EOCRC.
2. **Understand Drivers**: Deepen our understanding of the suspected etiologic drivers of EOCRC based on research in each of the represented regions.
3. **Launch Initiative**: Launch an initiative and post-conference workgroups to determine a way forward to support this work. Create workgroup charters and identify members.

IN SCOPE:

Etiologic Drivers of EOCRC

- Lifestyle and Environmental Factors
- Biological Factors
- Molecular Pathways
- Life Course & Exposures

OUT OF SCOPE:

- Health System Interventions
- Screening Programs
- Insurance Coverage
- Screening Guidelines

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FIGHT CRC

Agenda At a Glance

JUNE 18, 16:30-23:00	
16:30	**Welcome**
16:40	**Getting to know each other**
16:55	**Tonight, tomorrow, and beyond**
17:05	**International advocacy groups**
18:05	**The patient perspective**
19:00	**Dinner**
21:00	**Cocktails**

JUNE 19, 8:00-17:00	
9:00	**Introduction**
9:20	**Connecting as global partners**
9:45	**Global perspective: Most recent data**
11:00	**Regional perspective: Etiologic drivers from around the globe, Pt 1.**
12:05	**Lunch**
12:55	**Regional perspective: Etiologic drivers from around the globe, Pt 2.**
13:30	**Etiology drivers review**
14:00	**Our Workgroups**
14:50	**Workgroup breakouts**
16:30	**Moving forward**

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Themes Explored & the Need to Design and Build Global Perspective:

The rise in early-onset CRC is a global phenomenon, and understanding its causes and solutions requires looking beyond our own borders. *Engaging in international research helps us uncover patterns, risk factors, and disparities that would remain invisible in a single-country study.*

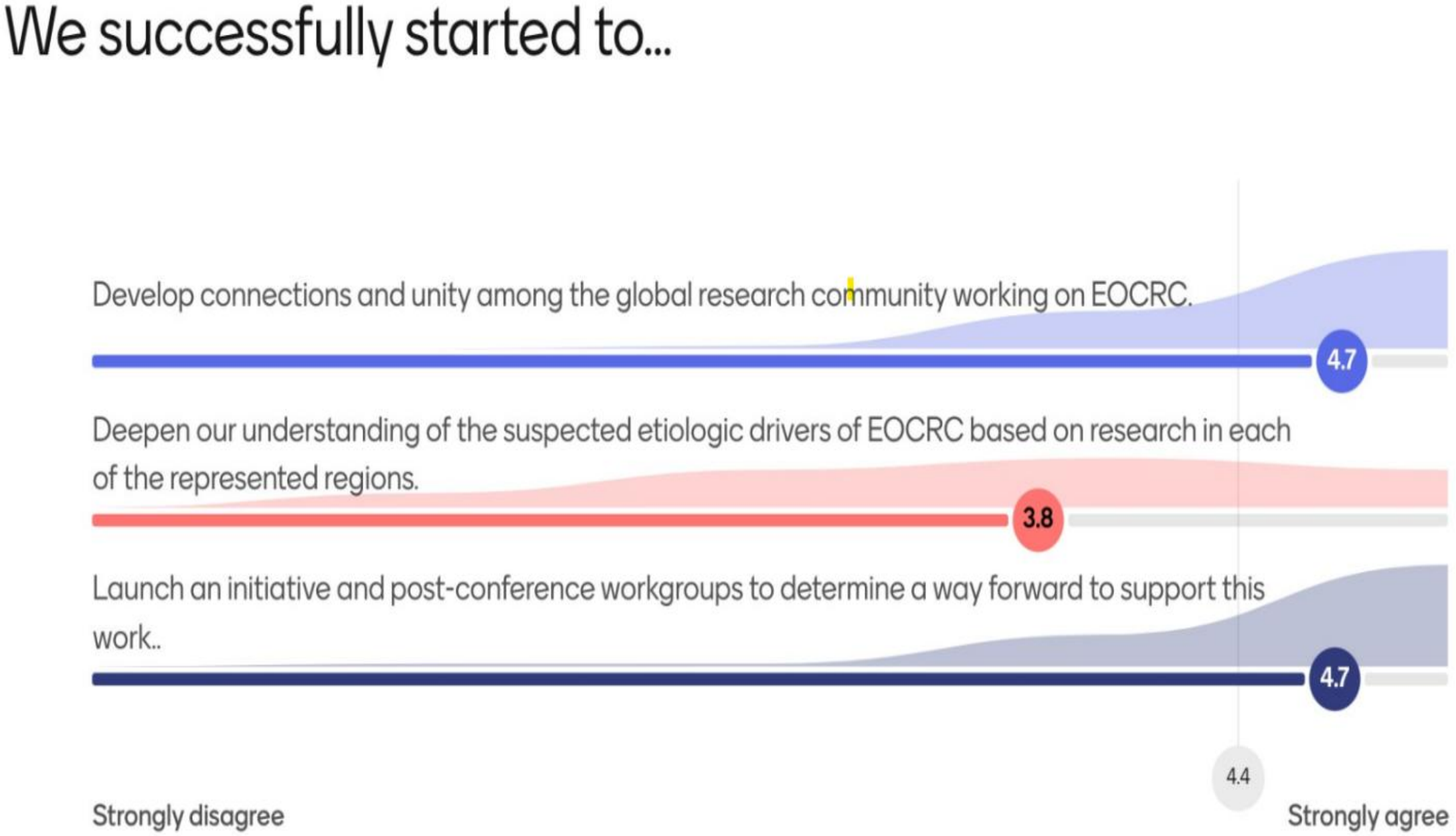
Experts confirmed:

- EOCRC incidence is rising in countries like the U.S., Australia, Canada, Germany, and more — even as overall CRC rates fall.
- Mortality rates for young patients are rising, proving this is a true increase in disease, not just improved detection.
- Patterns do not vary by sex, making hormonal causes unlikely.
- The disease primarily affects the rectum and sigmoid colon, with many patients diagnosed at later stages.

Participants discussed factors requiring urgent study:

- Dramatic shifts in diet and higher processed food consumption.
- Circadian rhythm disruptions from night shifts or poor sleep.
- Emerging evidence of microbiome changes.
- Genetic predispositions and potential novel mutations.
- Regional disparities suggesting unique local drivers.

Post-Event Feedback



ACROSS WORKGROUP

Scientific Research Themes	Epi Tools	Biobanking	Risk Stratification

• **Research topic groups drafted from member input**
• **Member poll to identify top priority areas**
• **Each group to develop a consensus paper (evidence, gaps, recommendations)**
• **Next meeting: confirm assignments, timeline, and support**
	• **Launch of two subgroups:**
	1. **Global Data Repository**
	  • Map existing datasets; does not store new data
	  • Detail access processes and limitations
	  • May link to publications and user feedback
	  • Potential scoping review to identify data gaps
	2. **Common Data Elements**
	  • Build on existing draft survey modules (Fight CRC collaborators)
	  • Identify priority domains and knowledge gaps
	  • Promote standardization for cross-study analysis
	  • Dynamic resource updated as the field advances
		• **Survey circulated to identify existing CRC biobanks and available data**
		• **Gathering global input to map resources and collaboration opportunities**
		• **Systematic review registered on PROSPERO to catalogue EOCRC biobanks**
			• **Member survey launched to shape priorities and collaborations**
			• **Focus on three domains:**
			  1. **Identifying increased risk** (symptomatic & asymptomatic)
			  2. **Risk-informed intervention strategies**
			  3. **Awareness & education for public and providers**
			• **Responses will guide next steps and subgroup formation**

Upcoming Opportunities to Contribute:

Need Input:

- Biobanking
- Epi Tool Collections (contact Andi details)
- Relaunch of Patient Facing Global Survey

Upcoming Gathering Times Join Us:

AACR Meeting – December 10 to 13 2025 | Montreal, QC, Canada

GI ASCO Meeting January 8 to 10, 2026

ESMO Munich July 1 to 4, 2026

Full Member Reconvening in Summer of 2027 (Date TBD)

FIGHT CRC

Thank You

CONTACT KIRAN ILAGAN: KIRAN@FIGHTCRC.ORG To Join The GEOCRTT

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Questions