



National Colorectal Cancer Awareness Month Webcast:

*Uniting for Equity Across the CRC
Continuum*

March 18th, 2026
2:00–3:00pm ET

ACS NCCRT Strategic Roadmap



Calls to Action: Support CRC Awareness This March

1. Champion these new national priorities within your organization and network to move prevention, early detection, and treatment forward.
2. Implement and amplify high-impact strategies that reduce colorectal cancer mortality and close persistent gaps in care.
3. Share your wins, lessons, and promising practices. Big or small, progress shared is progress multiplied.



Today, we will cover...



1 Chair Opening & New Strategic Roadmap Discussion

2 Stories of Success with the team from the ScreeND Program

3 Colorectal Cancer Facts & Figures

4 Lived Experience & Closing Reflections

2026 National Achievement Awardees

Grand Prize Award Winner:

ScreenND Program at Quality Health Associates of North Dakota

- Category: CDC Colorectal Cancer Control Program
- Location: North Dakota

Honorees:

BRAVE- CRC Program at the University of Texas MD Anderson Cancer Center

- Category: Health Systems Treatment Program
- Location: Texas

Fred Hutch/University of Washington Medicine Population Health CRC Screening Program

- Category: Health System Screening Program
- Location: Washington

MNGI Digestive Health

- Category: Links to Care Program
- Location: Minnesota



BRAVE-CRC Program at The University of Texas MD Anderson Cancer Center

Category: Health Systems Treatment Program

Location: Texas

Mission: To offer the best integrated care for CRC patients diagnosed under age 45 across the entire cancer continuum, from diagnosis, treatment, survivorship, and prevention through genetic testing

- Since the program's launch in 2021, staff have served over 8,000 young onset (YO) CRC patients through their programming
- They have implemented universal germline genetic testing and have a self-navigated online platform that has served over 300 YO CRC patients and their relatives
- They host an annual YO CRC patient conference with over 100 attendees each year, with people joining from around the world

~~Cancer~~[®]
UT MD Anderson

Fred Hutch/UW Medicine Population Health CRC Screening Program

Category: Health System Screening Program

Location: Washington

Mission: to eradicate CRC by improving screening, reducing racial, ethnic, and socioeconomic disparities, and improving follow-up for those with abnormal non-invasive CRC screening tests

- Since its inception in 2021, has increased their CRC screening rate from 62% to 73% among eligible individuals, including across all racial and ethnic minority groups
- CRC screening for those ages 45-49 has increased from 26% to 57%
- Currently, the program is striving for a screening rate of 80%, with modeling suggesting this milestone could be reached within three years



MNGI Digestive Health

Category: Links to Care Program

Location: Minnesota

Mission: to prevent and detect CRC by offering free colonoscopies to uninsured individuals through partnerships with Federally Qualified Health Centers (FQHCs) across the Twin Cities metropolitan area of Minnesota

- Established in 1995 with the support of ACS, the Links to Care Program has expanded to 11 FQHC partners and uses a direct access referral network
- They provide uninsured and low-resource patients access to screening and diagnostic colonoscopy across 8 MNGI locations
- Since 2015, 888 uninsured patients served, 479 had polyps removed (431 were precancerous), and 10 colorectal cancers detected, enabling earlier treatment and prevention.



FQHC PARTNER CLINICS:



ScreeND Program at Quality Health Associates of North Dakota

Category: Colorectal Cancer Control Program (CRCCP)

Location: North Dakota

Mission: to increase CRC screening rates among rural, frontier, and Native American populations in North Dakota by implementing evidence-based interventions (EBIs), reducing structural barriers, and fostering sustainable system changes in rural health clinics

- From 2020 to 2025, ScreeND partnered with 21 clinics across 15 health systems, reaching 64,000+ patients, including 6,100 Native Americans
- Examples of EBIs used: Tailored action plans, missed opportunity reports, provider reminders, patient reminders, screening navigation, and barrier-reduction strategies.
- Screening rates increased by an average of 29.8 percentage points in partner clinics (249% relative improvement), enabling over 7,500 additional individuals to receive life-saving screening



Quality Health Associates
of North Dakota





Improving Colorectal Cancer Screening Rates in North Dakota

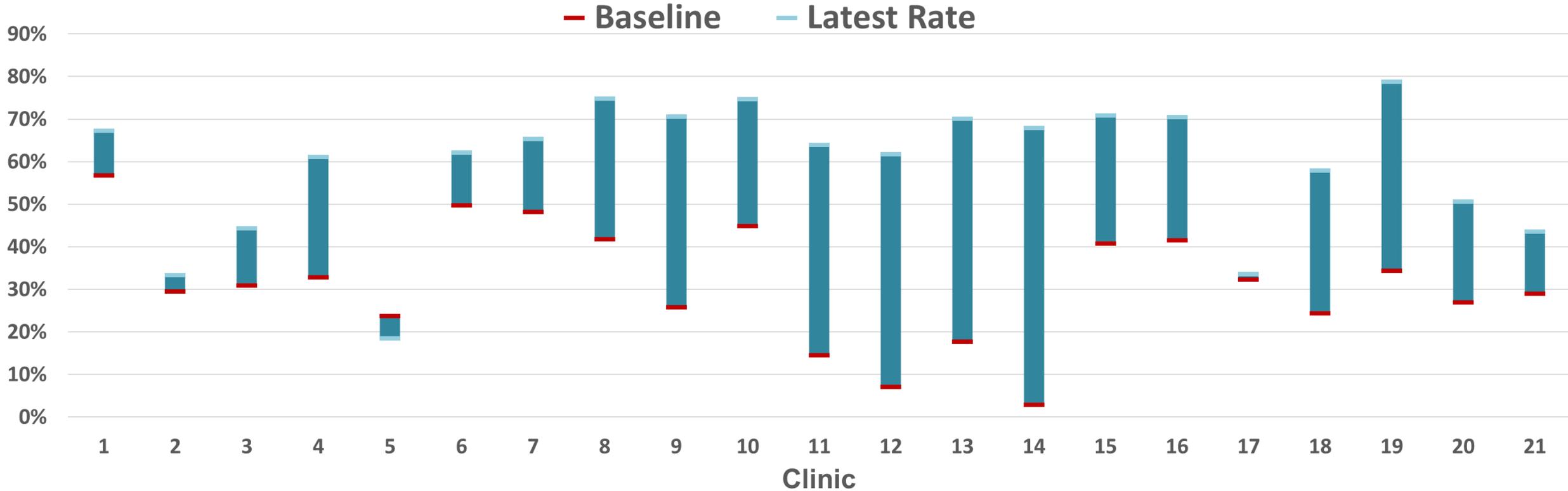
This 5-year initiative was funded by the CDC Colorectal Cancer Control Program.



Average Improvement of
29.81 Percentage Points



Overall Relative
Improvement of **249.01%**



For each of the 21 enrolled clinics, this bar represents the improvement from baseline. The red line bar represents each clinic's baseline rate, and the top of each bar represents the clinic's latest rolling screening rate.

The fast-growing burden of younger-onset colorectal cancer



Rebecca Siegel, MPH
March 18, 2026

NCCRT March webcast

ARTICLE

Colorectal cancer statistics, 2026

Rebecca L. Siegel MPH¹ | Nikita Sandeep Wagle MBBS, MHA, PhD¹ |
Jessica Star MA, MPH¹ | Tyler B. Kratzer MPH¹ | Robert A. Smith PhD² |
Ahmedin Jemal DVM, PhD¹

¹Surveillance, Prevention, and Health Services Research, American Cancer Society, Atlanta, Georgia, USA

²Early Cancer Detection Science, American Cancer Society, Atlanta, Georgia, USA

Correspondence

Rebecca L. Siegel, Cancer Surveillance Research, American Cancer Society, 270 Peachtree Street NW, Suite 1300, Atlanta, GA 30303, USA.
Email: rebecca.siegel@acs.org

Abstract

Colorectal cancer (CRC) is the second most common cancer-related death in the United States. Every 3 years, the American Cancer Society reports on CRC occurrence based on incidence from population-based cancer registries and mortality from the National Center for Health Statistics. Overall, CRC incidence declined by 0.9% annually during 2013–2022 driven by decreases of 2.5% annually in adults aged 65 years and older. In sharp contrast, incidence rates increased by 3% annually in adults aged 20–49 years and by 0.4% annually in adults aged 50–64 years dominated by tumors in the distal colon and rectum. Consequently, overall rectal cancer incidence increased by 1% annually from 2018 to 2022 after decades of decline and now accounts for 32% of all CRC, up from 27% in the mid-2000s. Increasing CRC incidence in adults aged 50–64 years was confined to regional and distant-stage diagnosis (1.1%–1.3% annually during 2013–2022), likely contributing to an upturn in mortality in this age group of 1% annually since 2019 that was steepest (2.3% annually) in White individuals. Mortality has increased in adults younger than 50 years by 1% annually since 2004, whereas rates have decreased in older adults, both CRC incidence and mortality are increasing in adults younger than 65 years who are in the prime of life, underscoring an urgent need for etiologic research to discover the cause of the rising trend. Meanwhile, morbidity and mortality could be mitigated with earlier diagnosis, through screening and educating clinicians and the general public about CRC symptoms, and with attention to the unique needs of younger patients, including discussion about the preservation of fertility and sexual health.

KEYWORDS

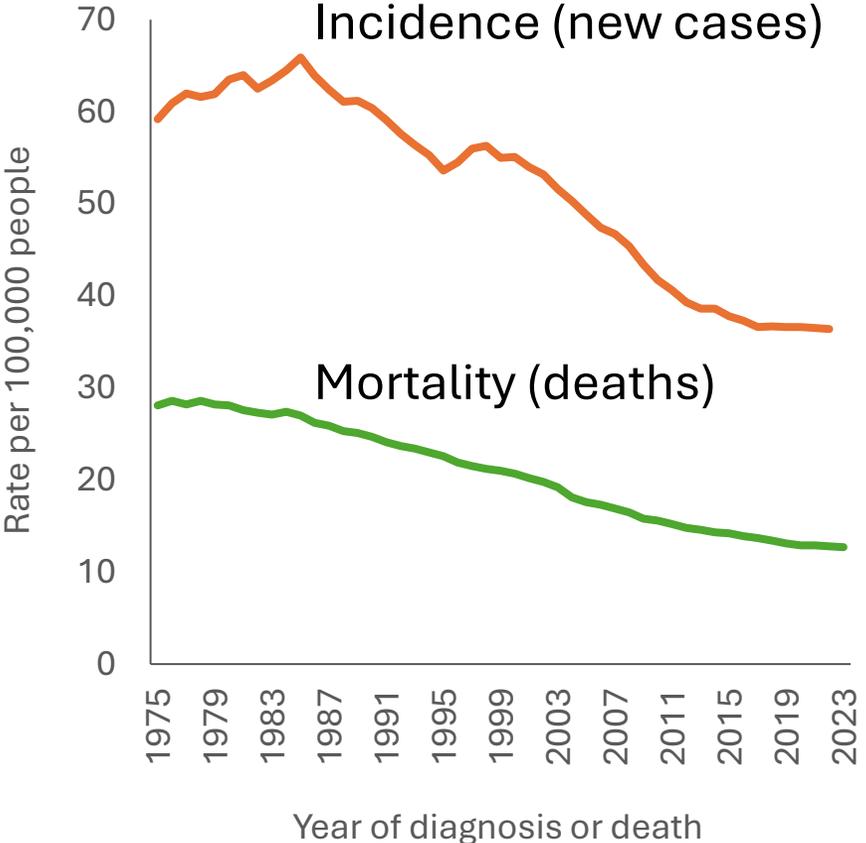
colon and rectum neoplasms, early onset colorectal cancer, epidemiology, health disparities, screening and early detection

Colorectal Cancer Statistics, 2026

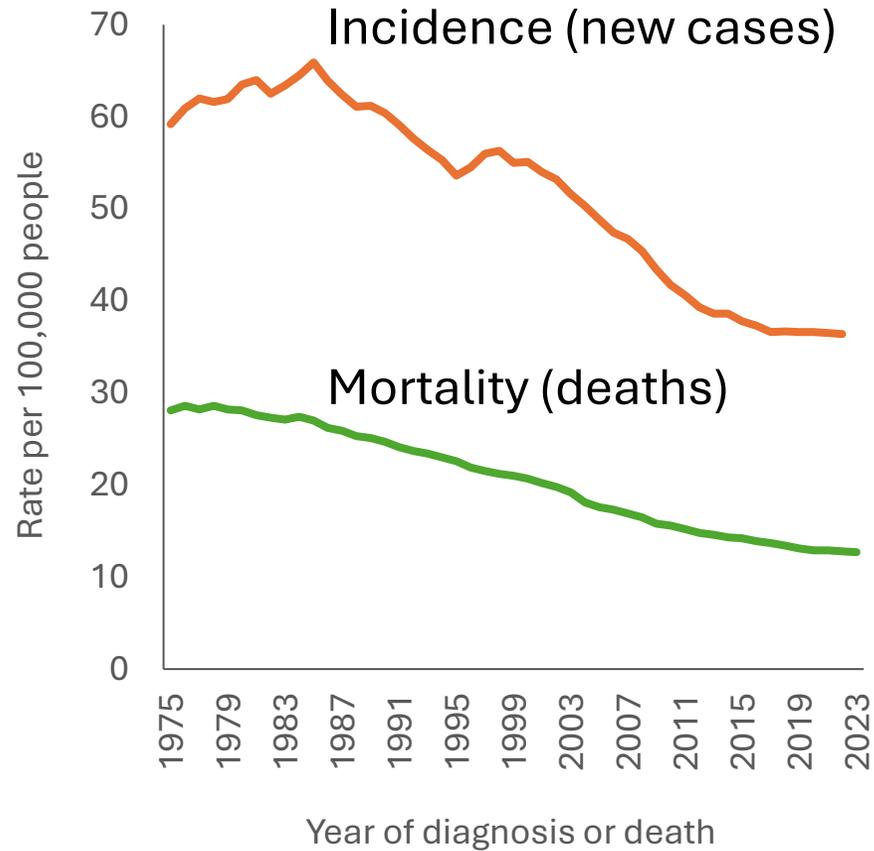
Published March 2, 2026

CA A Cancer Journal for Clinicians

Long-term colorectal cancer incidence & mortality, US



Long-term colorectal cancer incidence & mortality, US

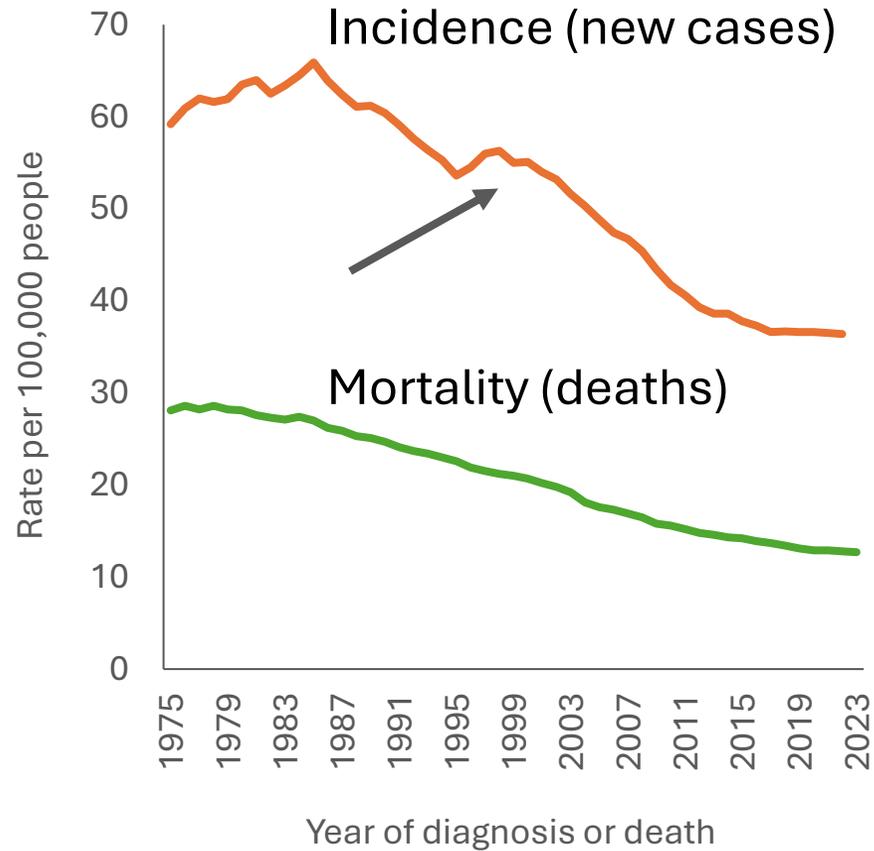


✓ Changing patterns in risk factors

- Less smoking
- More use of aspirin, ibuprofen, etc.



Long-term colorectal cancer incidence & mortality, US



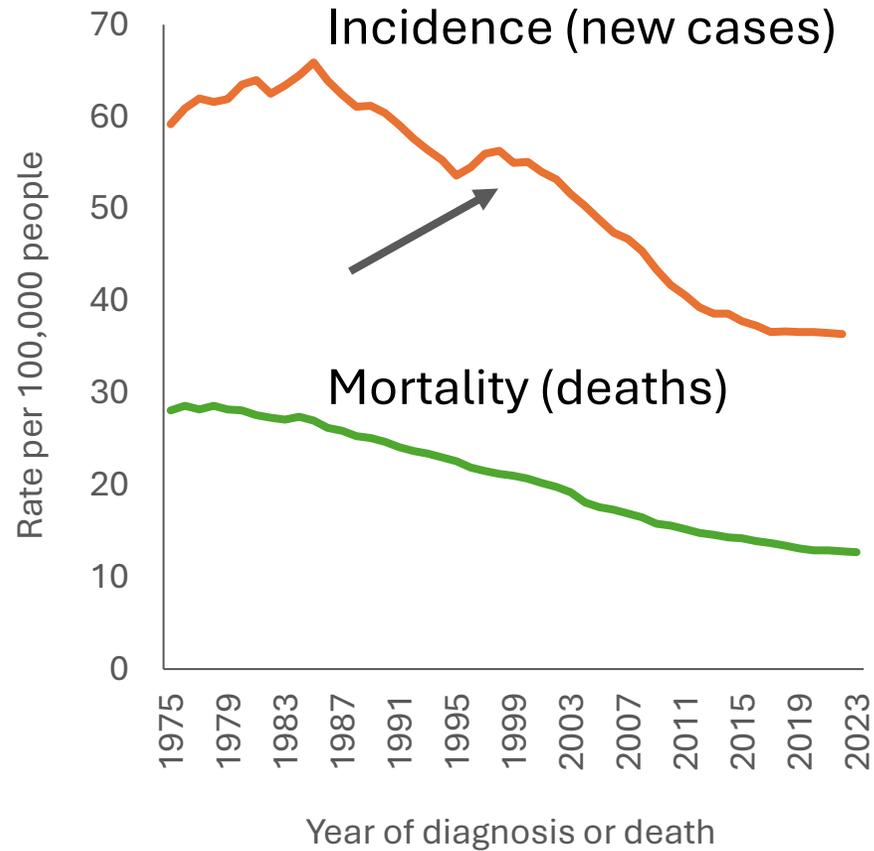
✓ Changing patterns in risk factors

- Less smoking
- More use of aspirin, ibuprofen, etc.

✓ Screening



Long-term colorectal cancer incidence & mortality, US

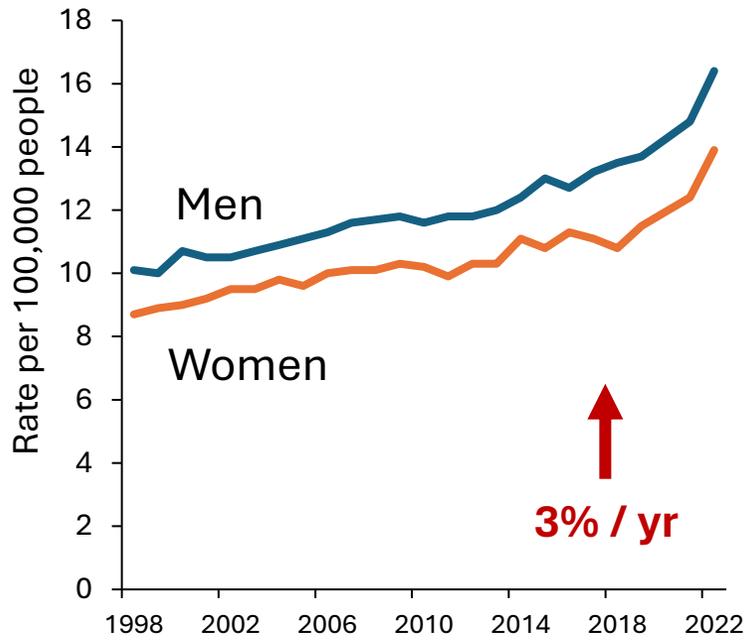


- ✓ Changing patterns in risk factors
 - Less smoking
 - More use of aspirin, ibuprofen, etc.
- ✓ Screening
- ✓ Better treatment (mortality)

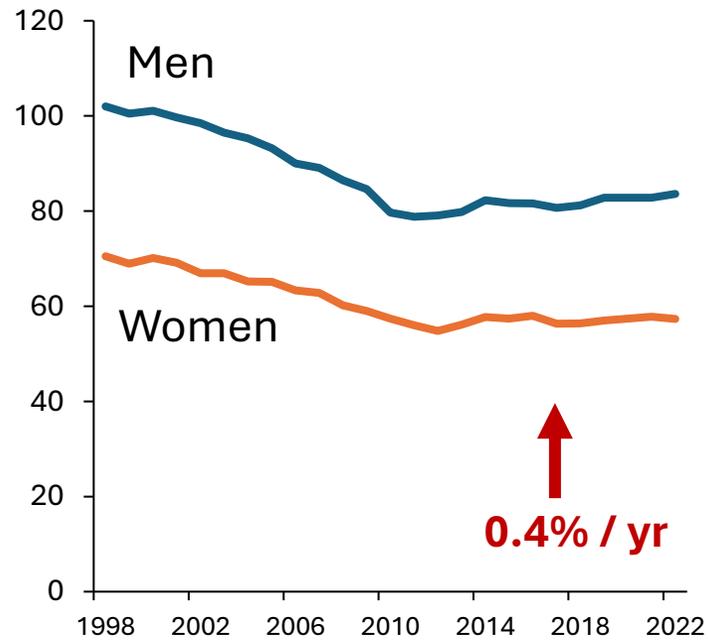


Trends in colorectal cancer incidence by age, 1998–2022

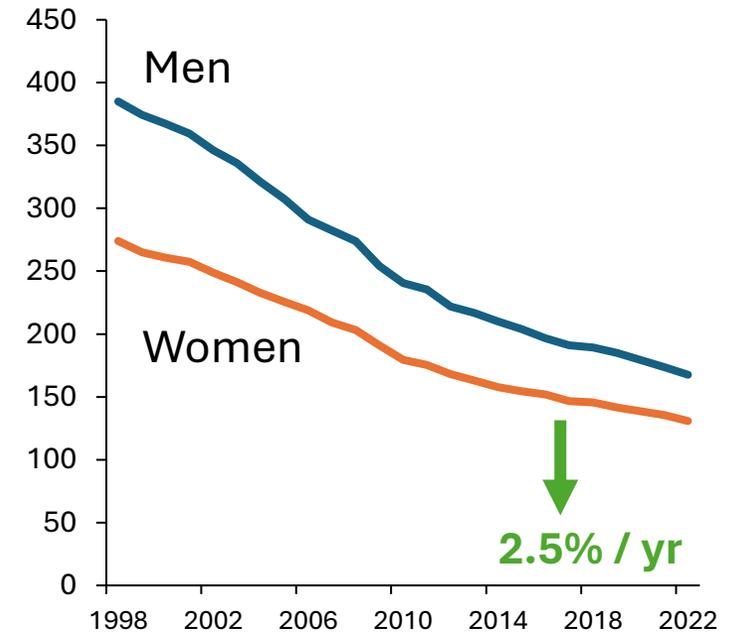
20-49 years



50-64 years

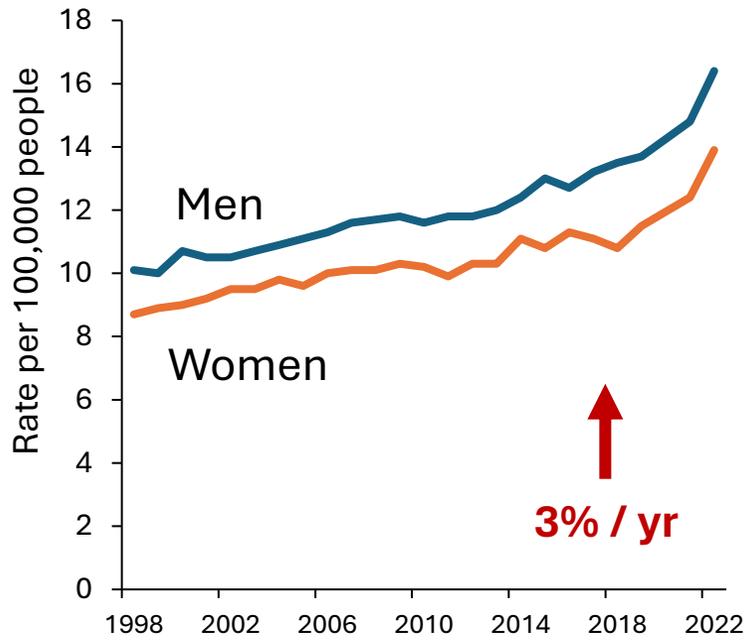


65+ years

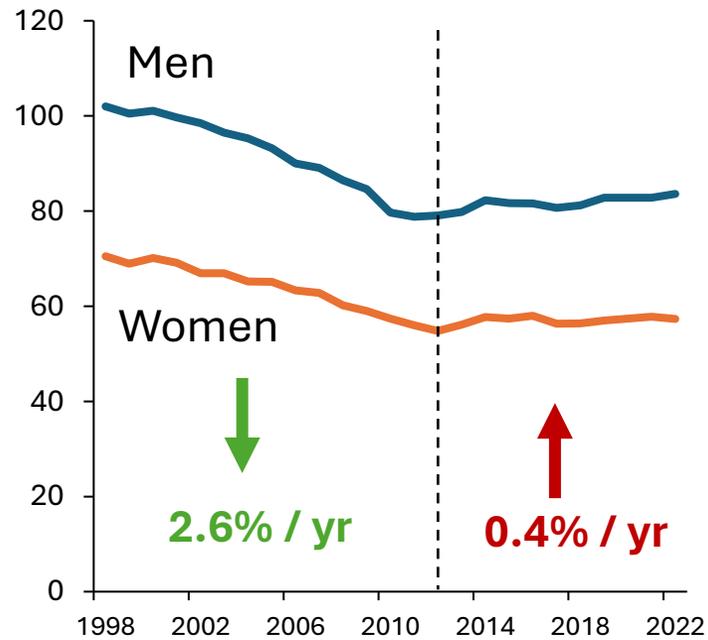


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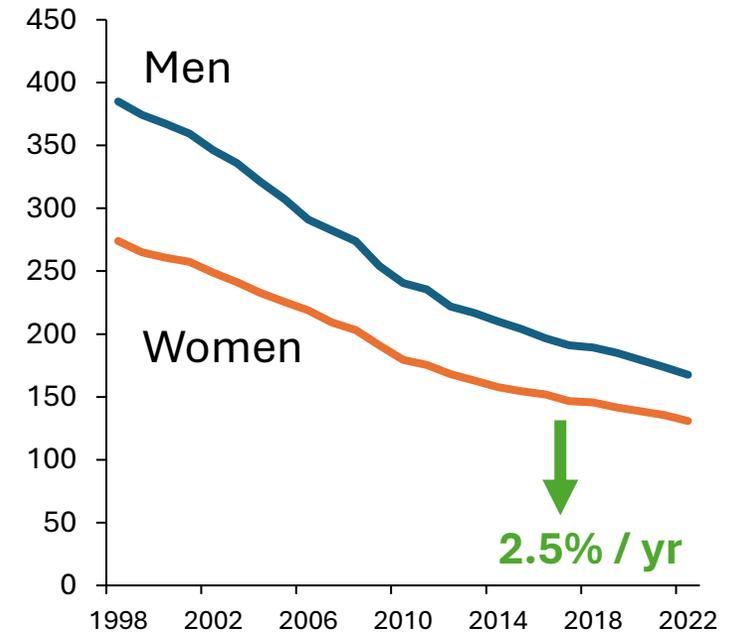
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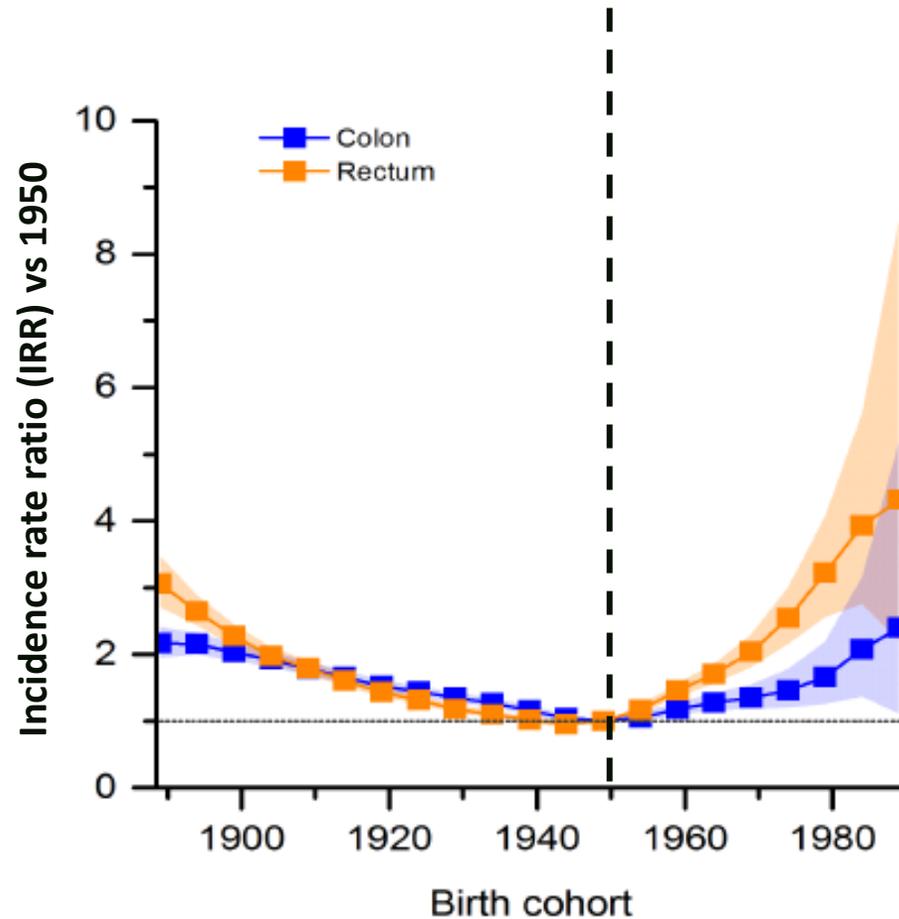


Colorectal Cancer Incidence Patterns in the United States, 1974–2013

Rebecca L. Siegel, Stacey A. Fedewa, William F. Anderson, Kimberly D. Miller, Jiemin Ma, Philip S. Rosenberg, Ahmedin Jemal

JNCI J Natl Cancer Inst (2017) 109(8): djw322

People born ~1950:
lowest risk of colorectal cancer

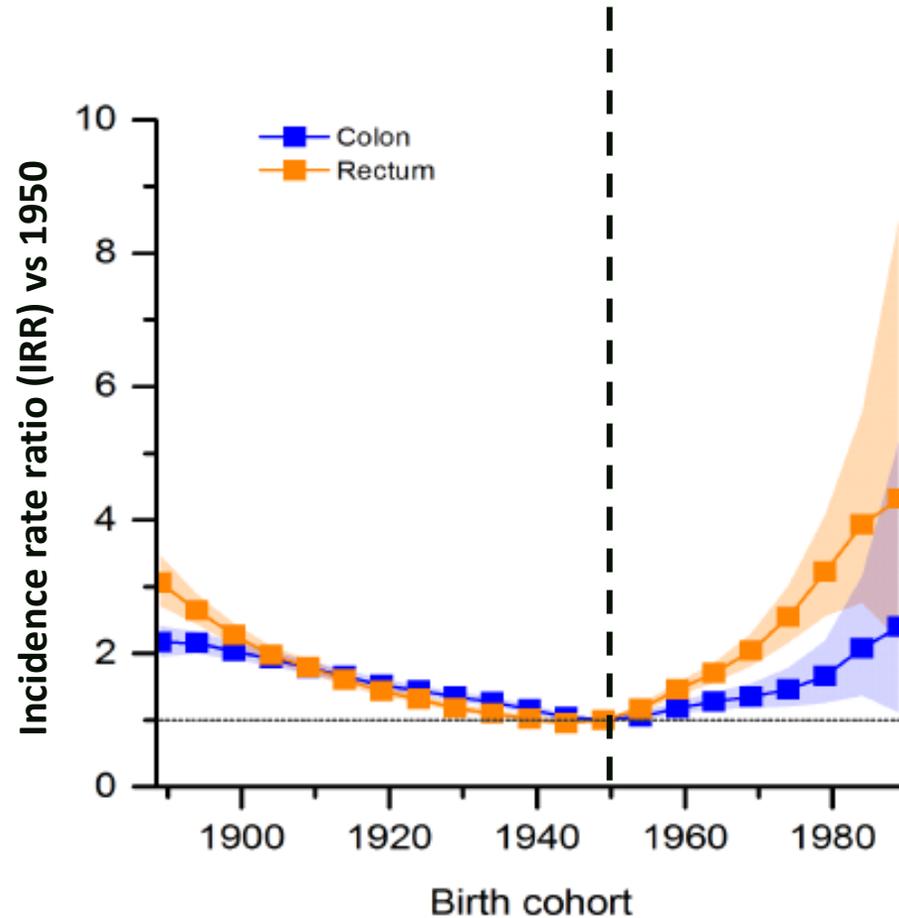


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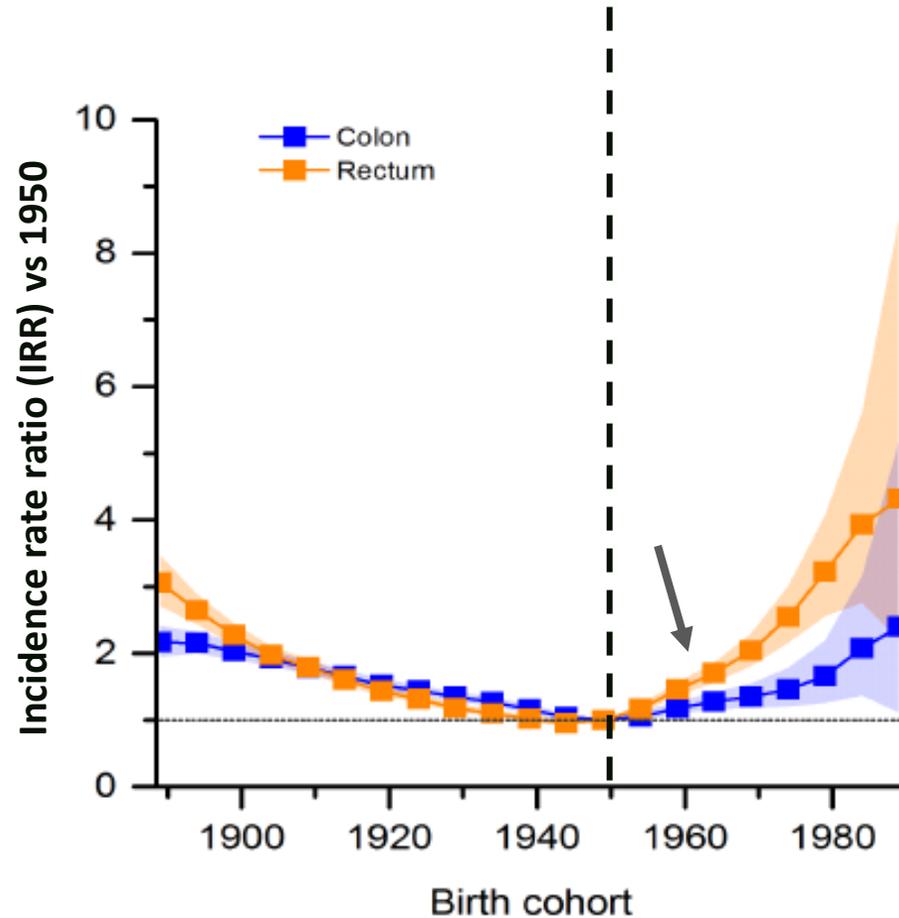
People born in 1990s:
4x the risk of rectal cancer
2x the risk of colon cancer

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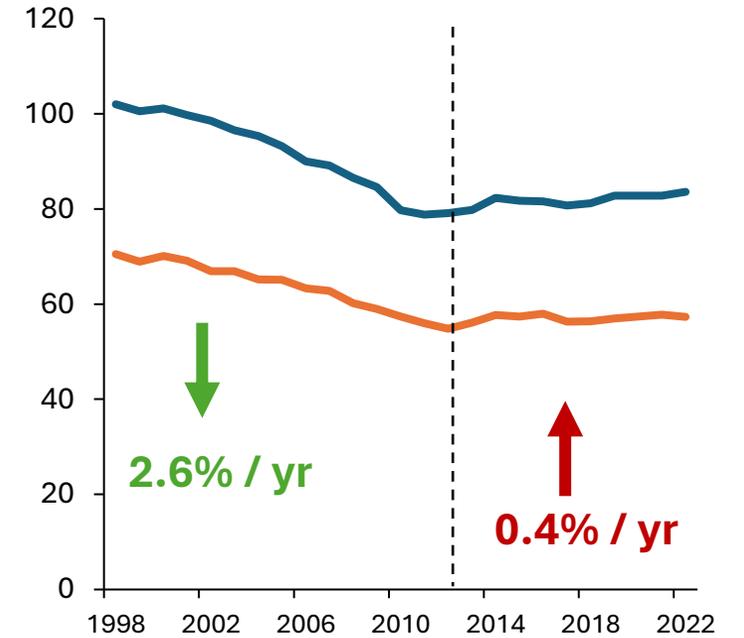
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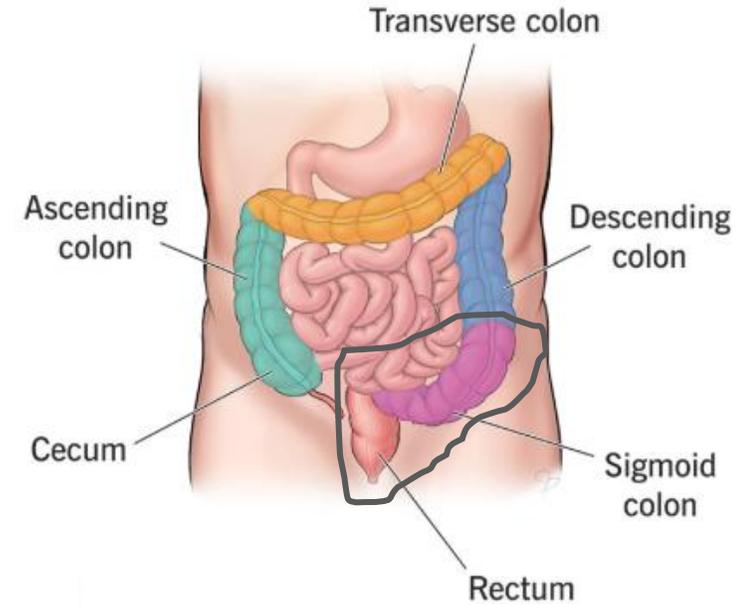
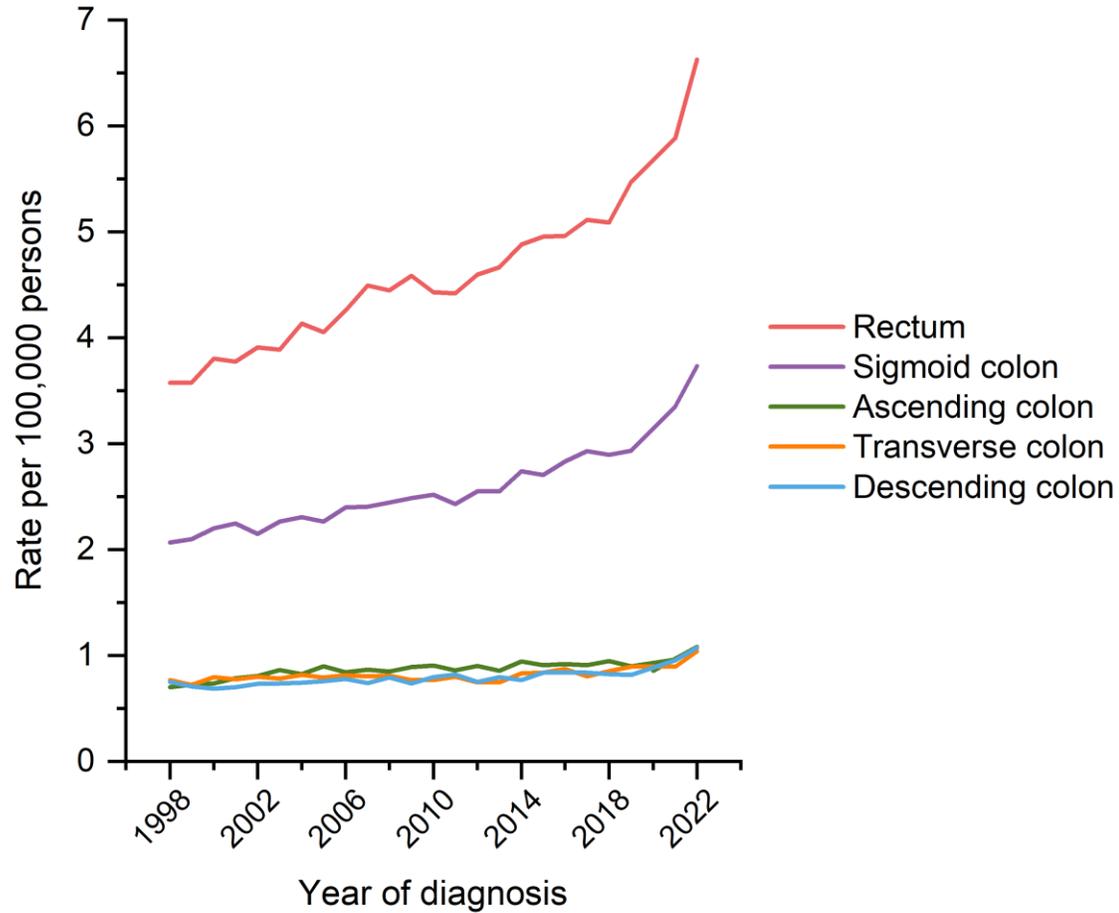
50-64 years



People born in 1990s:
4x the risk of rectal cancer
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Trends in early-onset colorectal cancer by subsite

20-49 years



Rectum + sigmoid colon

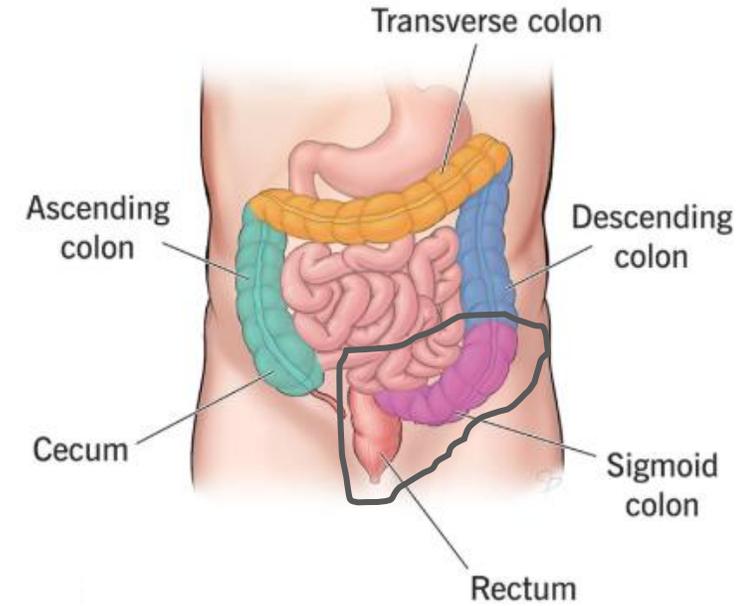
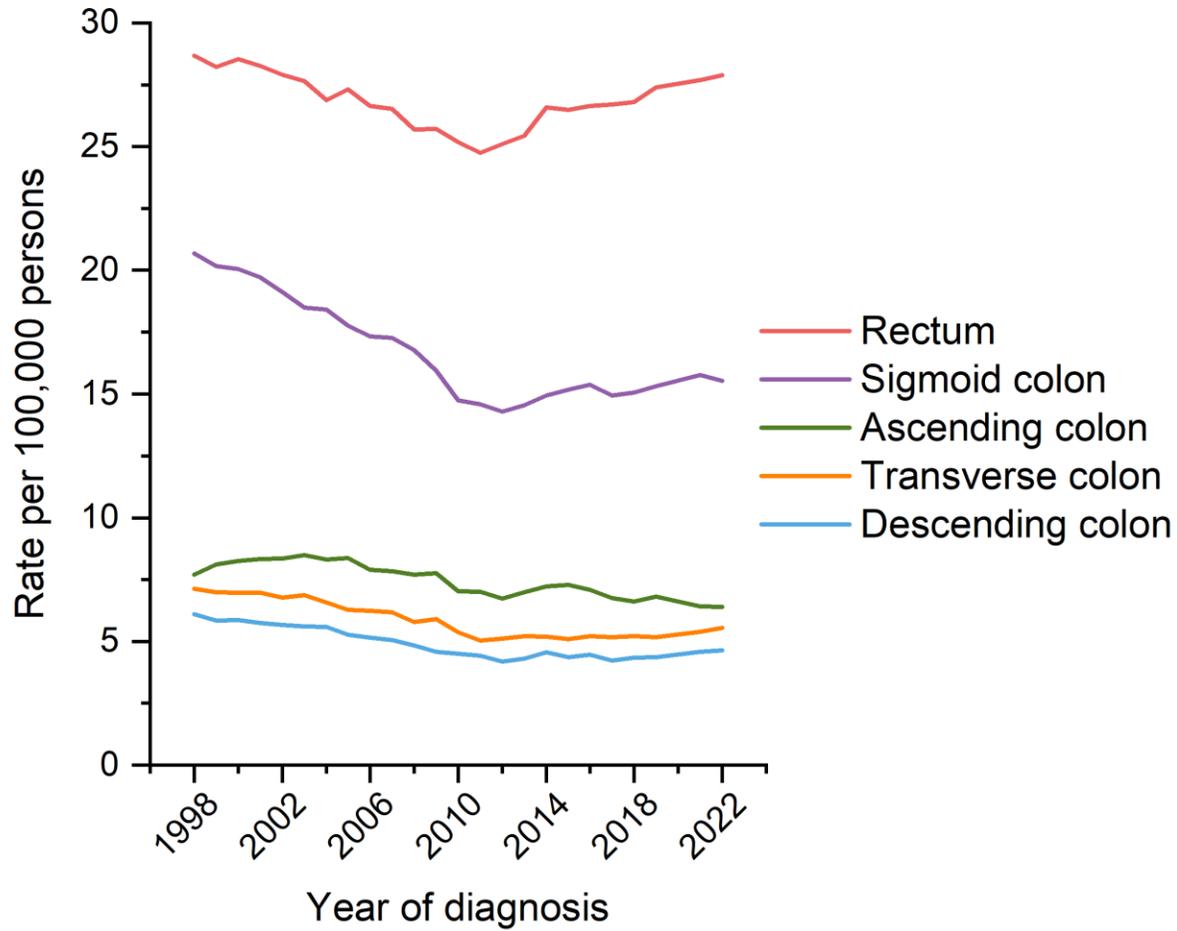
4.8 \Rightarrow **10.4** (per 100,000) since 1995

57% \Rightarrow **68%**

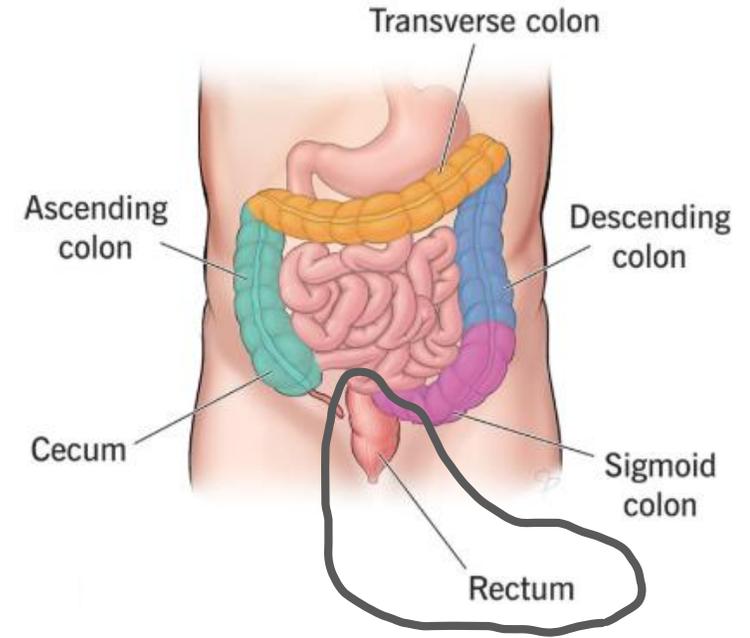
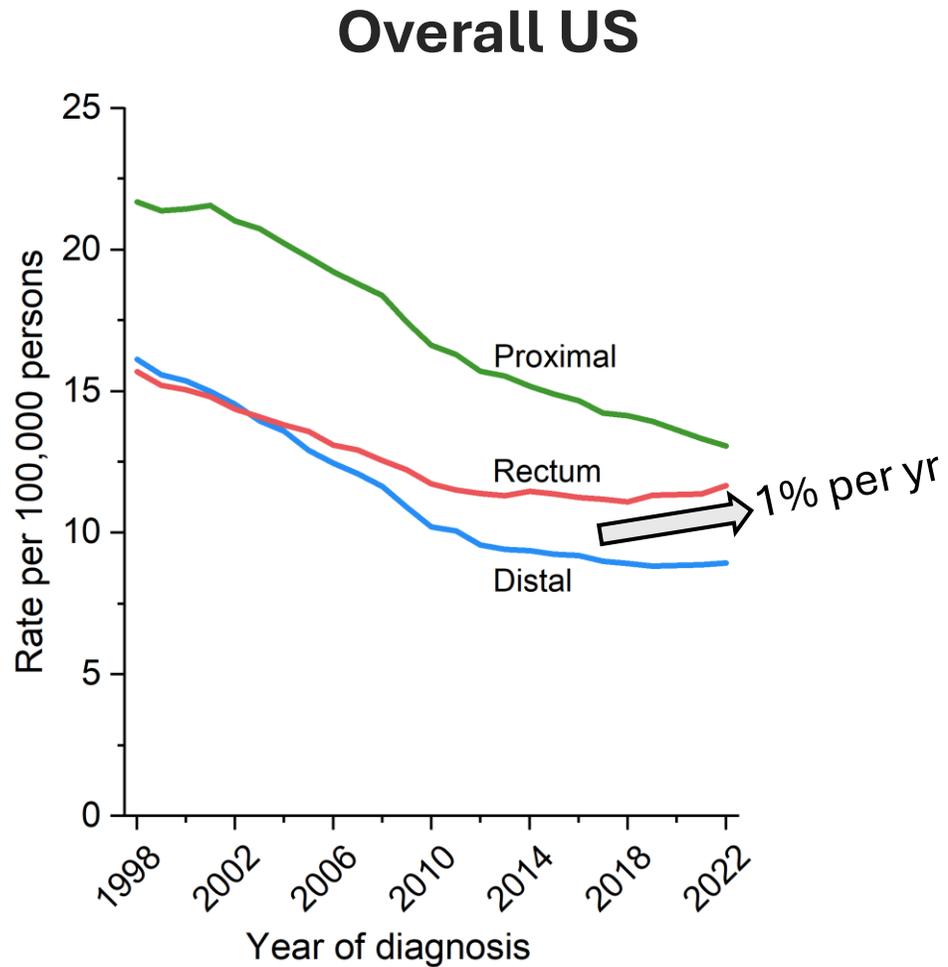


Trends in colorectal cancer by subsite, ages 50-64 years

50-64 years



Rising incidence of rectal cancer in the US



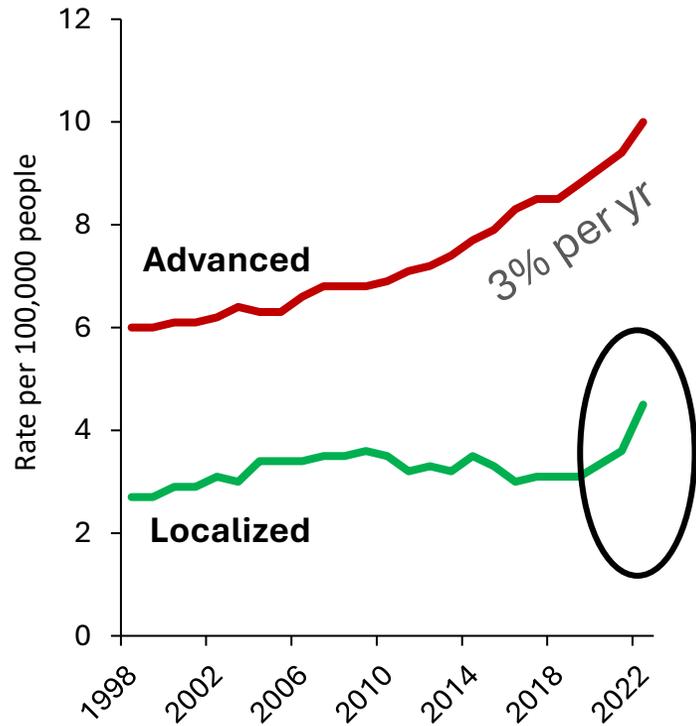
Rectum:

32% of CRC, up from **27%** in the mid-2000s

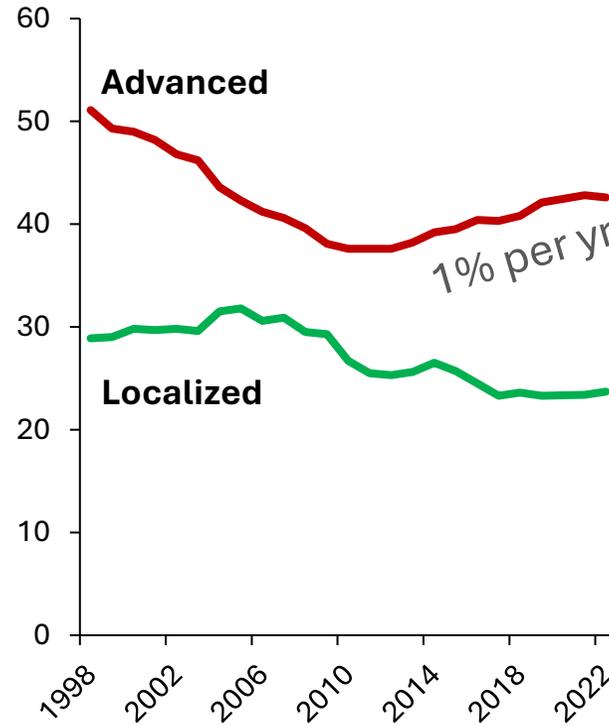


Trends in stage-specific incidence by age, 1998–2022

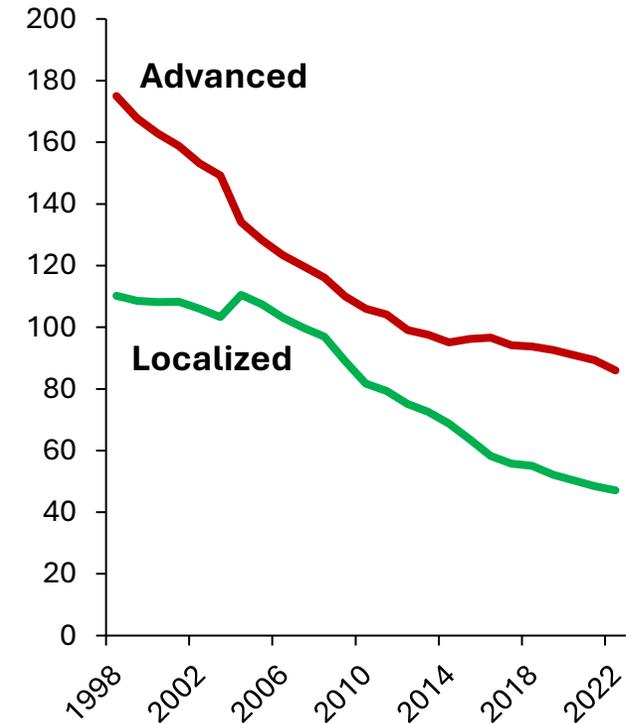
20-49 years



50-64 years



65+ years

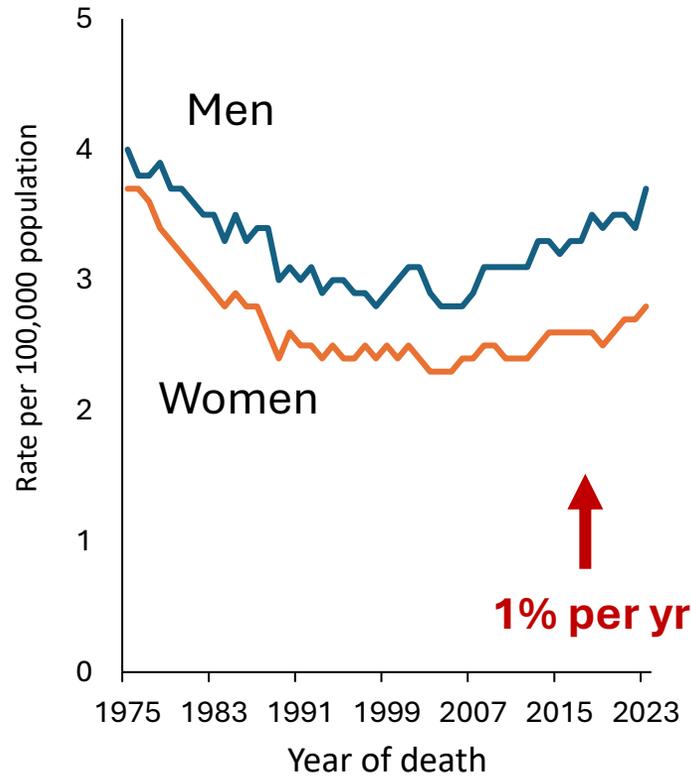


3 in 4 cases before 50 years are advanced

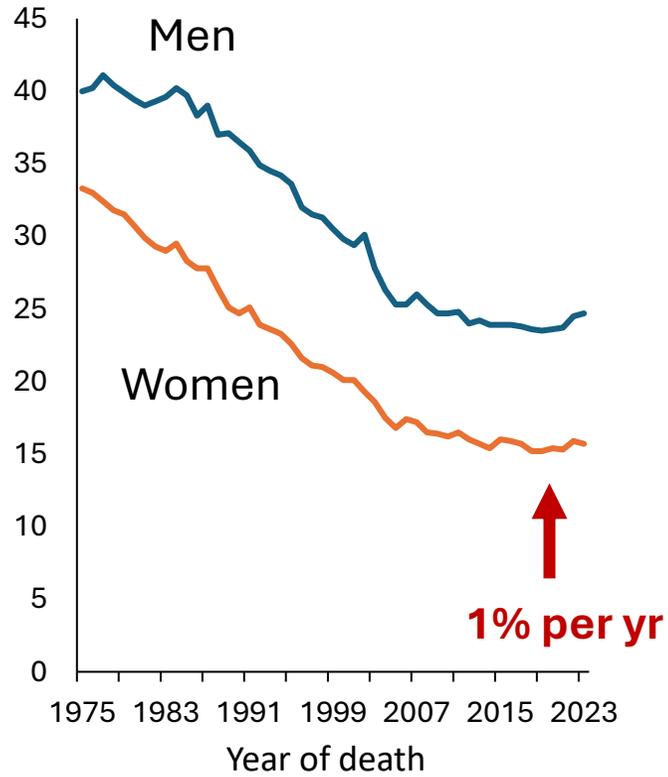


Trends in colorectal cancer death rates by age, 1975–2023

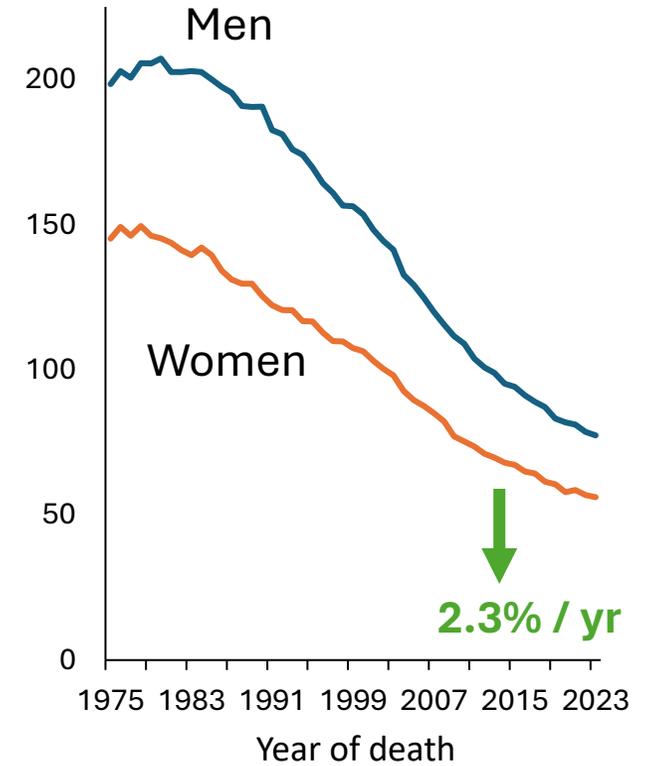
20-49 years



50-64 years

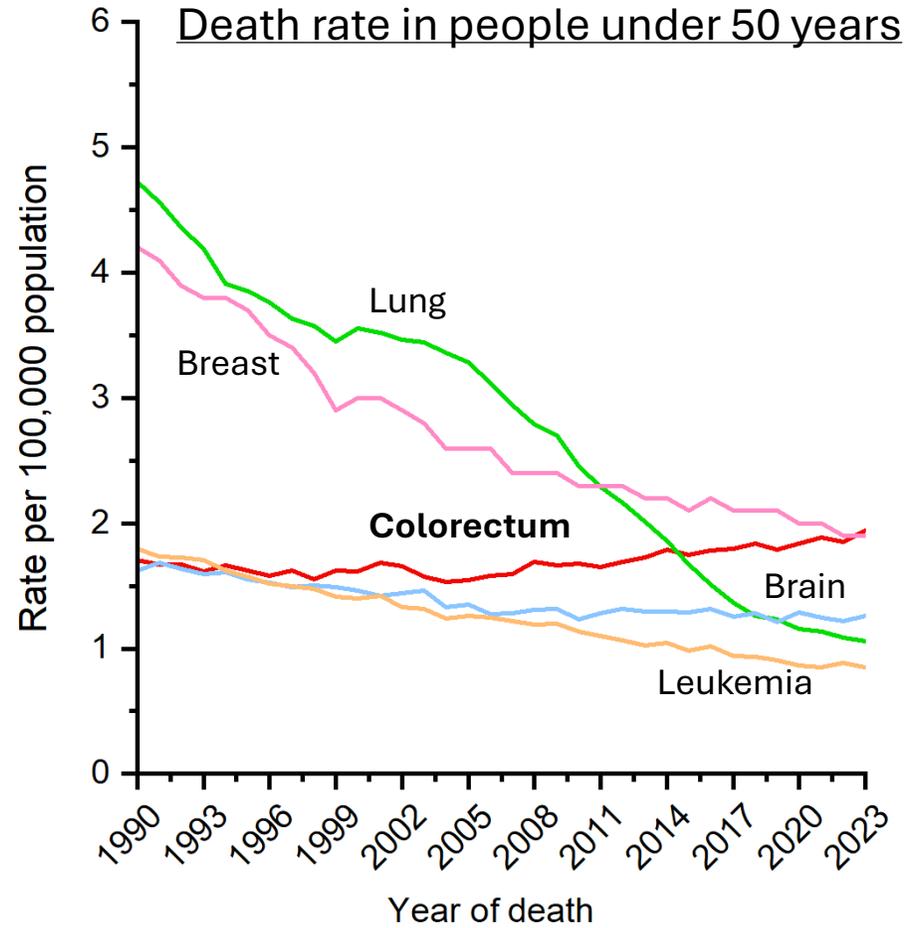


65+ years



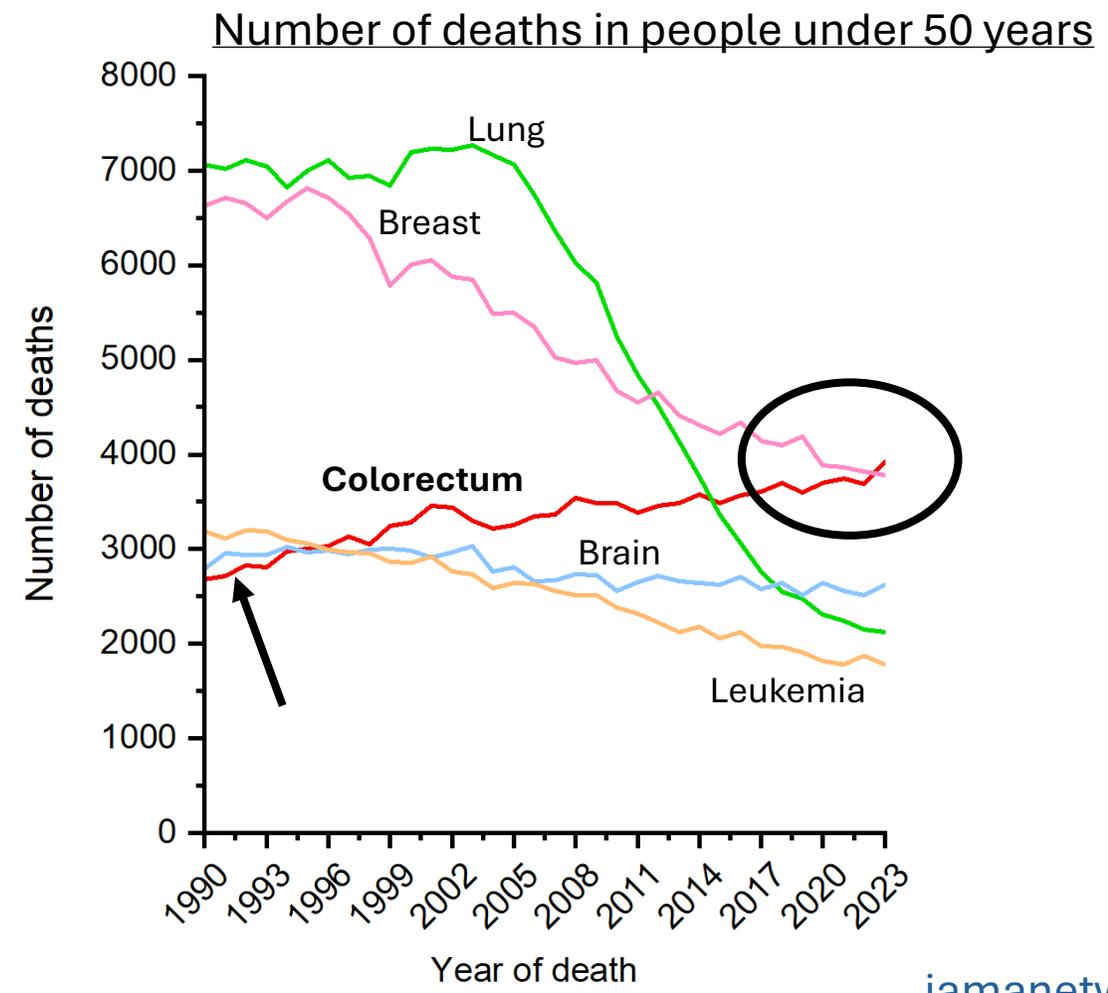
Leading Cancer Deaths in People Younger Than 50 Years

Rebecca L. Siegel, MPH¹; Nikita Sandeep Wagle, PhD, MBBS, MHA¹; Ahmedin Jemal, DVM, PhD¹

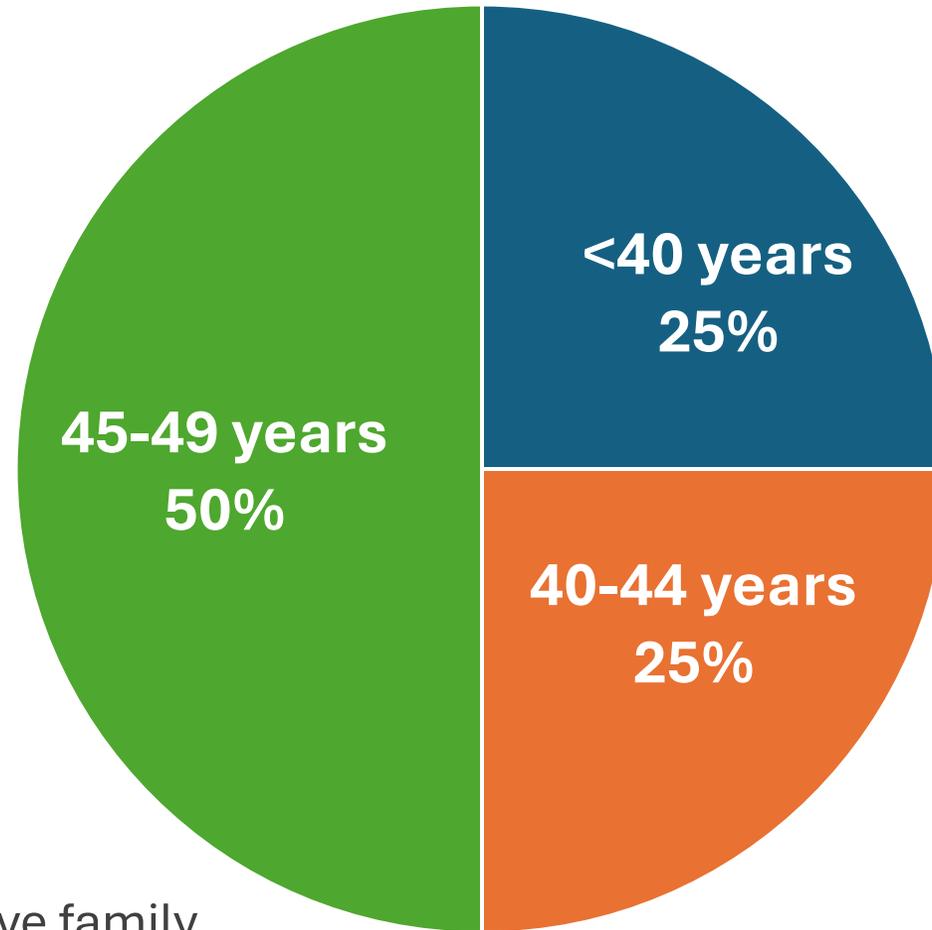


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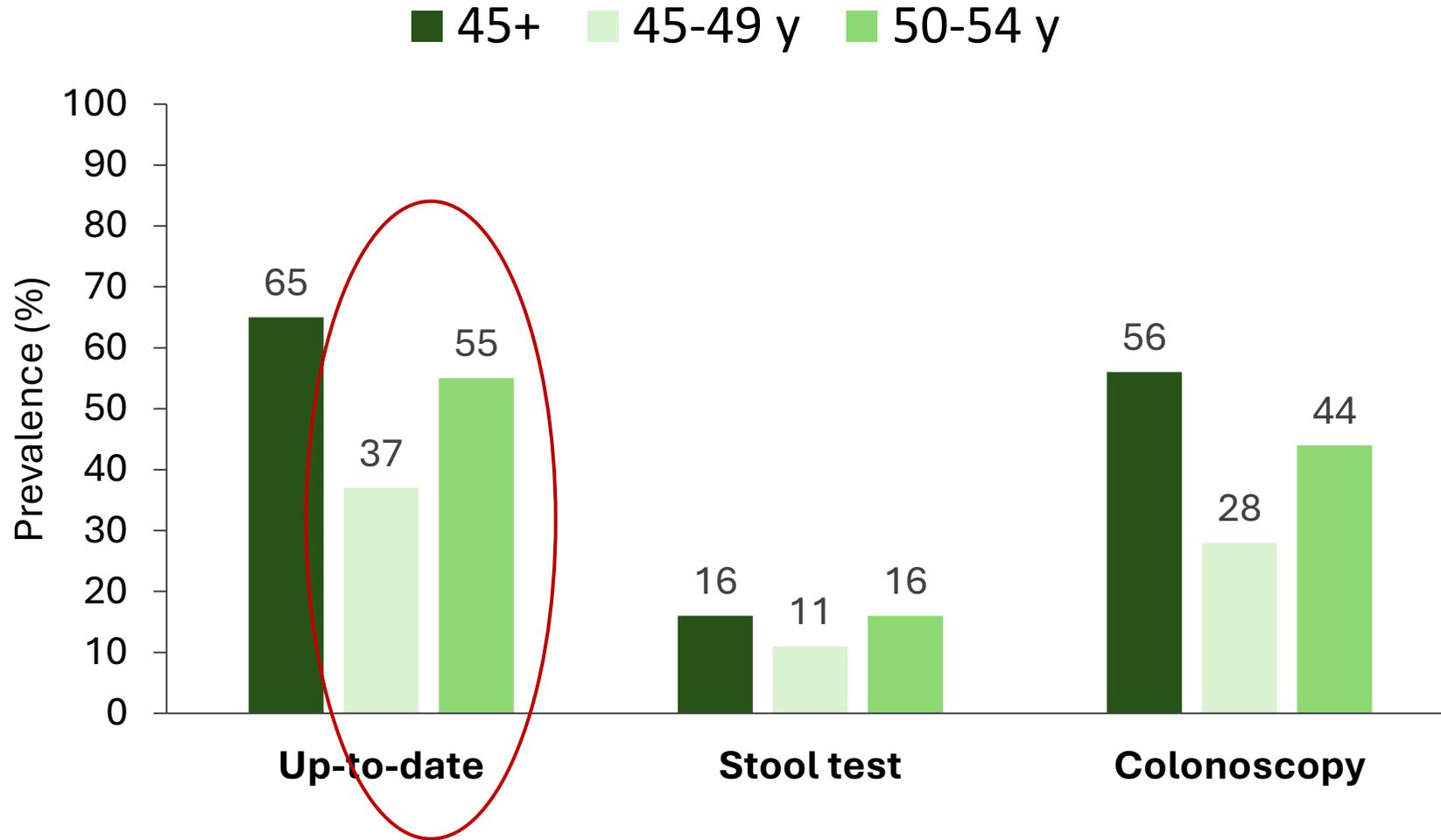


Age distribution of early-onset colorectal cancer, 2022

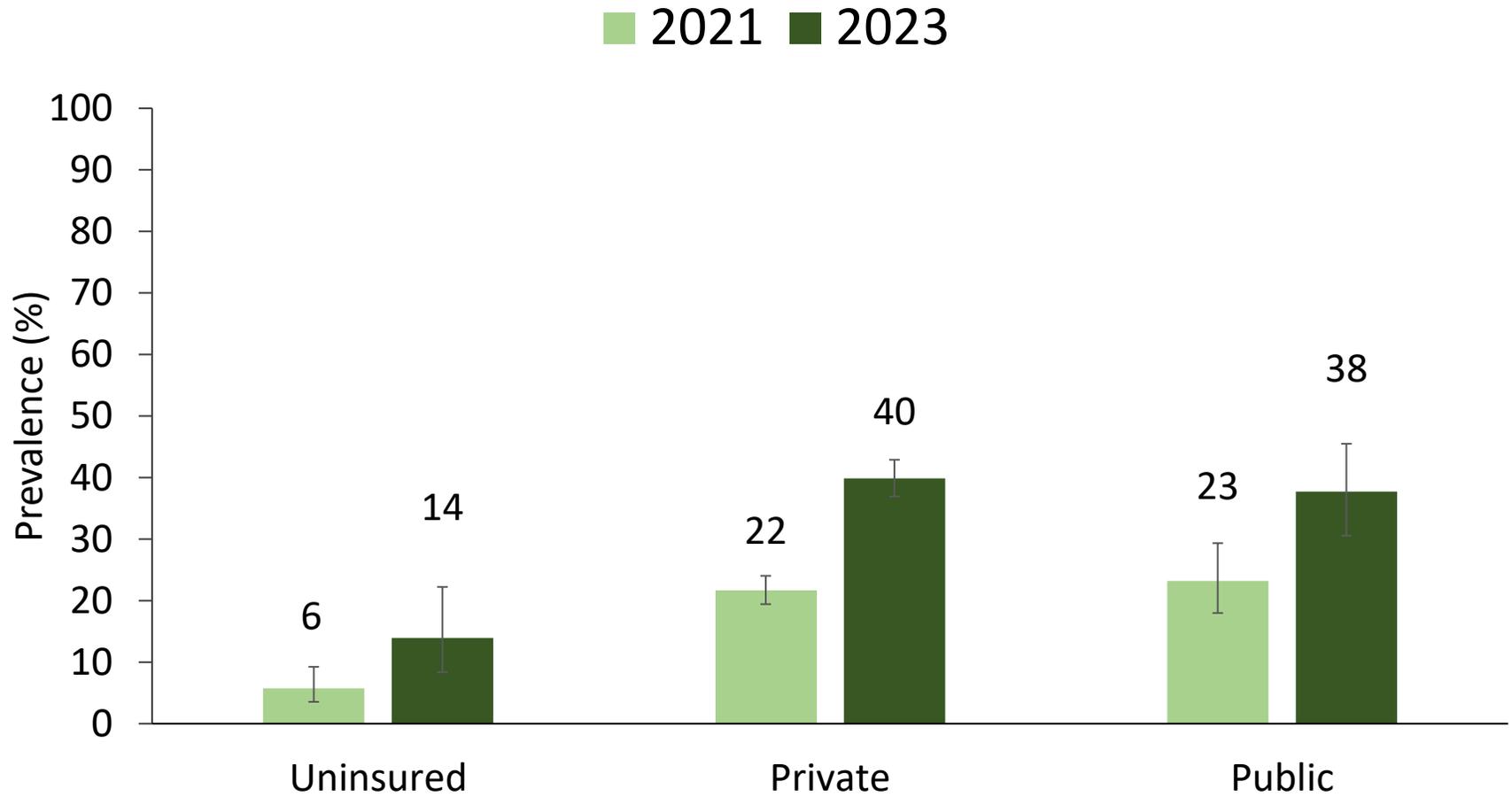


~30% of early-onset patients have family history/genetic risk and should have been screened **before 45 y**

Colorectal cancer screening by age & test, 2023

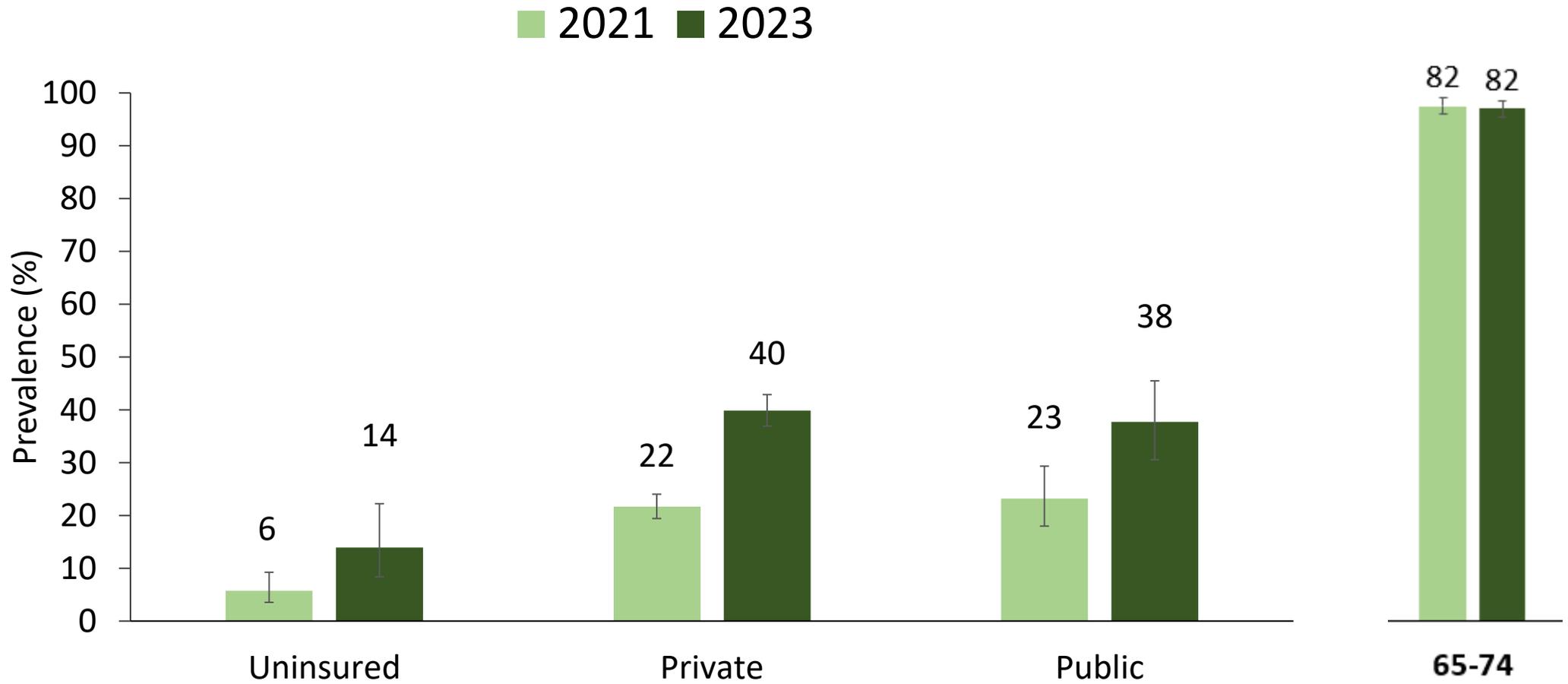


CRC screening ages 45-49 y by insurance status, 2021 vs 2023



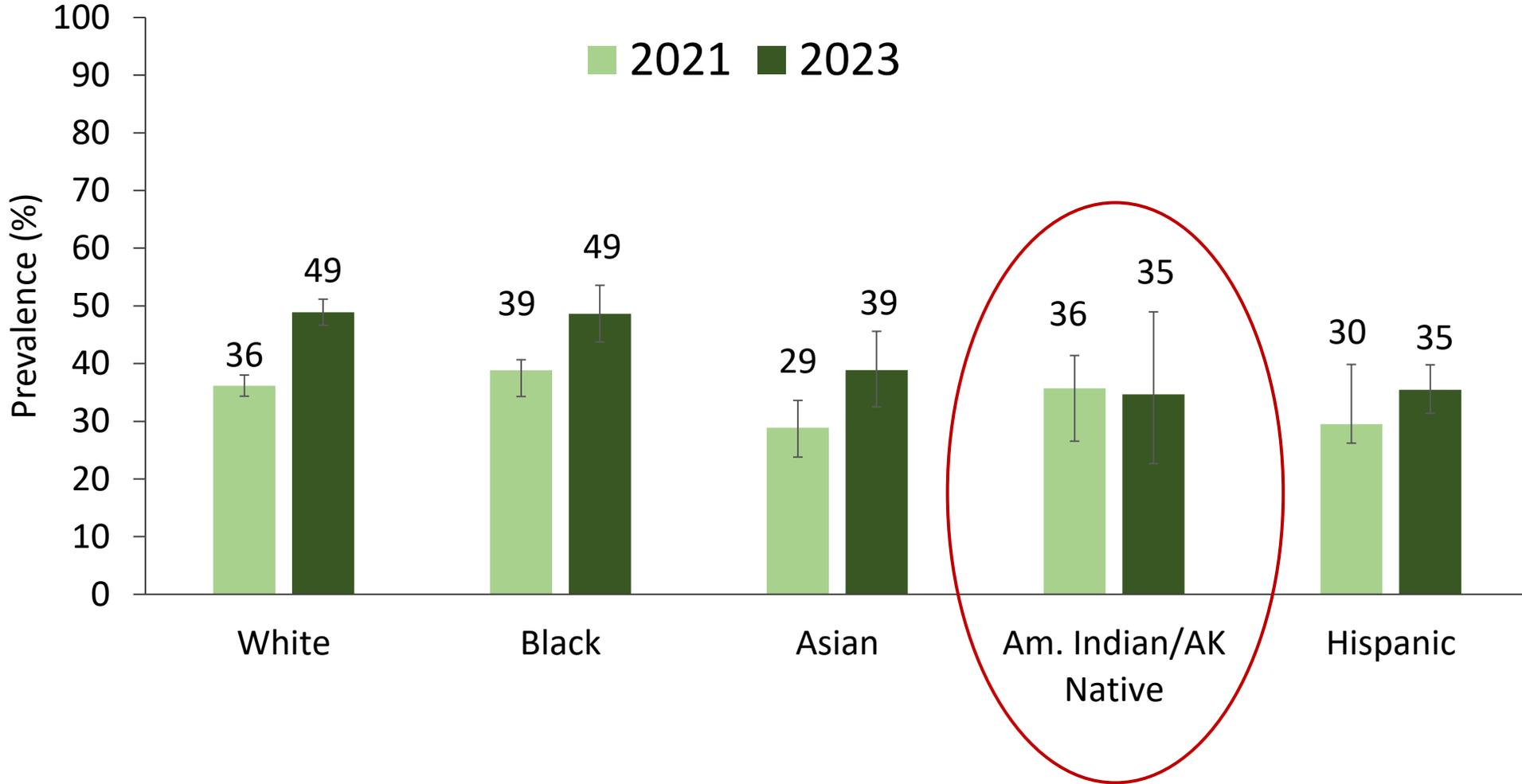
Data source: National Health Interview Survey, 2024

CRC screening ages 45-49 y by insurance status, 2021 vs 2023



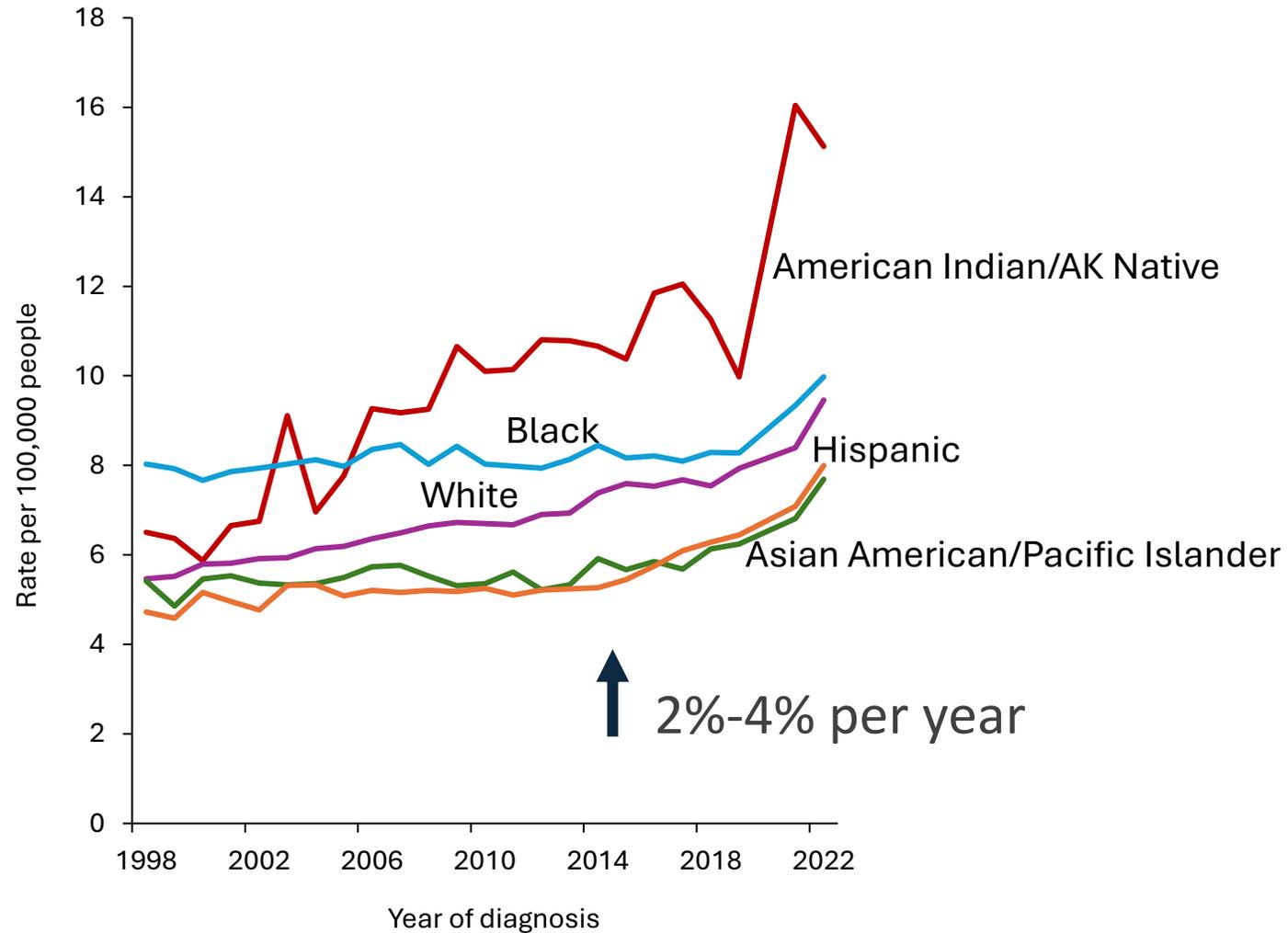
Data source: National Health Interview Survey, 2024

Colorectal cancer screening by race/ethnicity, 45-54 y, 2021 vs 2023



Data source: National Health Interview Survey, 2024

Trends in early-onset colorectal cancer by race/ethnicity



Estimated New Colorectal Cancer Cases and Deaths in 2026

CASES		
Age, years	Total	Percent
0-49	24,640	16%
50-64	47,600	30%
65+	86,610	55%
All ages	158,850	100%

DEATHS		
Age, years	Total	Percent
0-49	3,890	7%
50-64	13,480	24%
65+	37,860	69%
All ages	55,230	100%



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≤ 64 years: **45%** of cases, up from **27% in 1995**



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≤ 49 years: **68 diagnoses every day**



Summary

- **Colorectal cancer increasing** in people born after 1950 (age 0–65 years)
 - Advanced disease
 - Rectum cancer increasing all ages (1 in 3 colorectal cancers = rectal cancer)
- **CRC #1 cancer death under 50** (up from 5th in early 90's)
- Opportunities
 - **Screening!** Increases in local disease <50 y → success!
 - **Native Americans – highest burden** with **no progress** in screening
 - **Education/increased awareness** of symptoms → earlier diagnosis



Thank you!

CDC & NCI cancer registries

Nikita Wagle, MBBS, MHA, PhD

Hyuna Sung, PhD

Tyler Kratzer, MPH

Ahmedin Jemal, DVM, PhD

Bob Smith, PhD

Jessica Star, MA, MPH



North American Association of Central Cancer Registries

Questions



Bill Thach, MBA

Stage 4 Neuroendocrine Carcinoma of the Rectum,
Patient in active treatment

Questions

Events & Resources



- **ACS's upcoming webinar on March 31st:** Turning Data Into Action with Early-Onset CRC Insights and Best Practices for Community Health Centers: <https://nccrt.org/event/acs-webinar-march-2026/>
- **ACS NCCRT Member Events this March:** <https://nccrt.org/crc-news-march-2-2026/#2026partners>
- **Take a look at the new 3-year Strategic Roadmap:** <https://nccrt.org/strategic-roadmap/>
- **Upcoming ACS NCCRT Resources**
 - Updated Advanced Polyp Brief
 - Social Media Toolkit
 - Clinician's Reference Brief: EAO CRC Signs & Symptoms
- **Save the Date:** 30th ACS NCCRT Annual Meeting will be November 18th-20th, location TBD



Thank You!

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