

# Colorectal Cancer Prevention and Screening: Turning Data into Action with Early-Onset Insights and Best Practices

March 31, 2026

# Welcome

Aubree Thelen, MPH  
Program Manager, National  
Roundtables and Coalitions, ACS



# Agenda

- 1 Current Landscape of Colorectal Cancer (CRC)**  
The fast-growing burden of younger-onset colorectal cancer
- 2 Tangible Tools & Resources**  
On-Time Screening & Lead Time Messaging Guidebook
- 3 Screening Success Story**  
Georgia CORE screening efforts & the weird looking stools campaign
- 4 Q & A**

# Poll

1. What is the current CRC screening age range for adults at average risk according to USPSTF?
2. Fill in the blank: \_\_\_ out of 4 colorectal cancers in adults younger than 50 are advanced stage.
3. Colorectal cancer is the leading cancer death for people younger than 50 years of age.
4. Fill in the blank: \_\_\_% of early-onset patients have family history/genetic risk.

# Welcome To



**Rebecca Siegel, MPH**  
Senior Scientific Director,  
Surveillance Research  
American Cancer Society



**Kaitlin Sylvester, MPA**  
Strategic Director, National  
Colorectal Cancer Roundtable  
American Cancer Society



**Lynn Durham, EdD**  
President & CEO  
Georgia Center for Oncology  
Research and Education

# The fast-growing burden of younger-onset colorectal cancer

Rebecca Siegel, MPH  
Senior Scientific Director,  
Surveillance Research  
American Cancer Society



ARTICLE

## Colorectal cancer statistics, 2026

Rebecca L. Siegel MPH<sup>1</sup> | Nikita Sandeep Wagle MBBS, MHA, PhD<sup>1</sup> |  
Jessica Star MA, MPH<sup>1</sup> | Tyler B. Kratzer MPH<sup>1</sup> | Robert A. Smith PhD<sup>2</sup> |  
Ahmedin Jemal DVM, PhD<sup>1</sup>

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Correspondence

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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

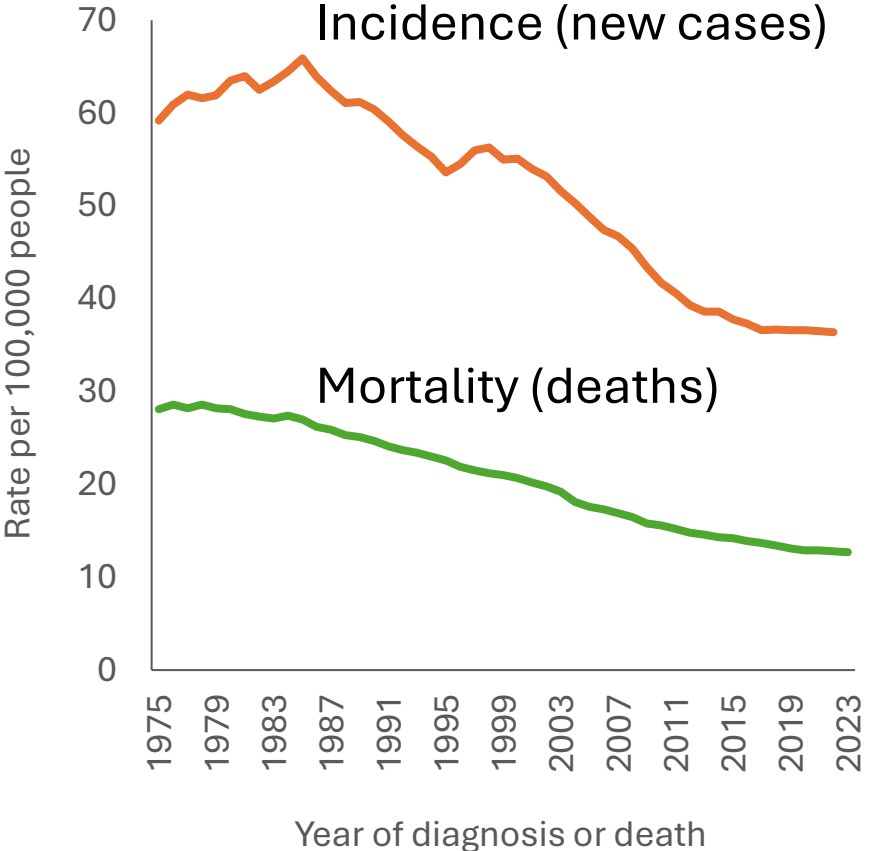
colon and rectum neoplasms, early onset colorectal cancer, epidemiology, health disparities, screening and early detection

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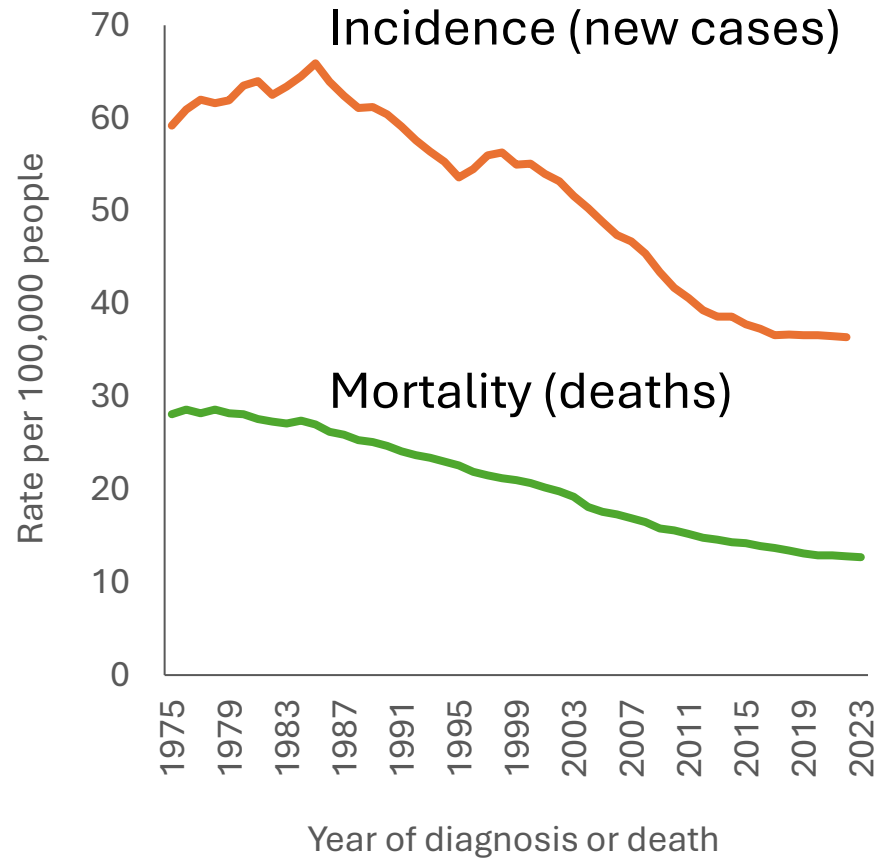
Published March 2, 2026

CA A Cancer Journal for Clinicians

# Long-term colorectal cancer incidence & mortality, US



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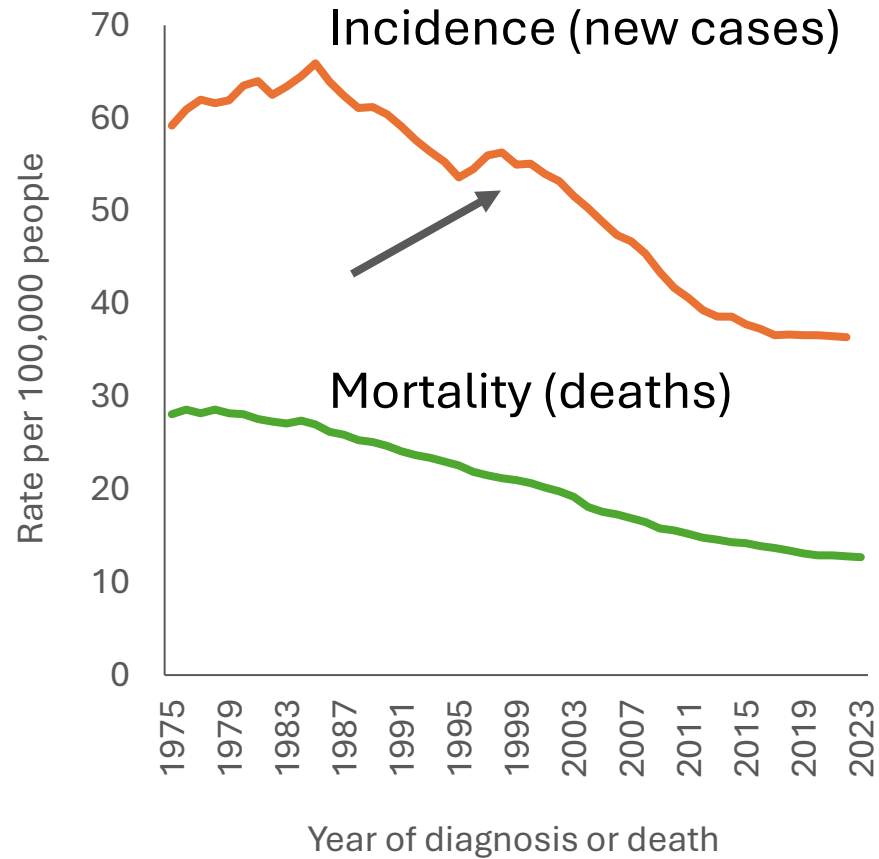


✓ Changing patterns in risk factors

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



# Long-term colorectal cancer incidence & mortality, US



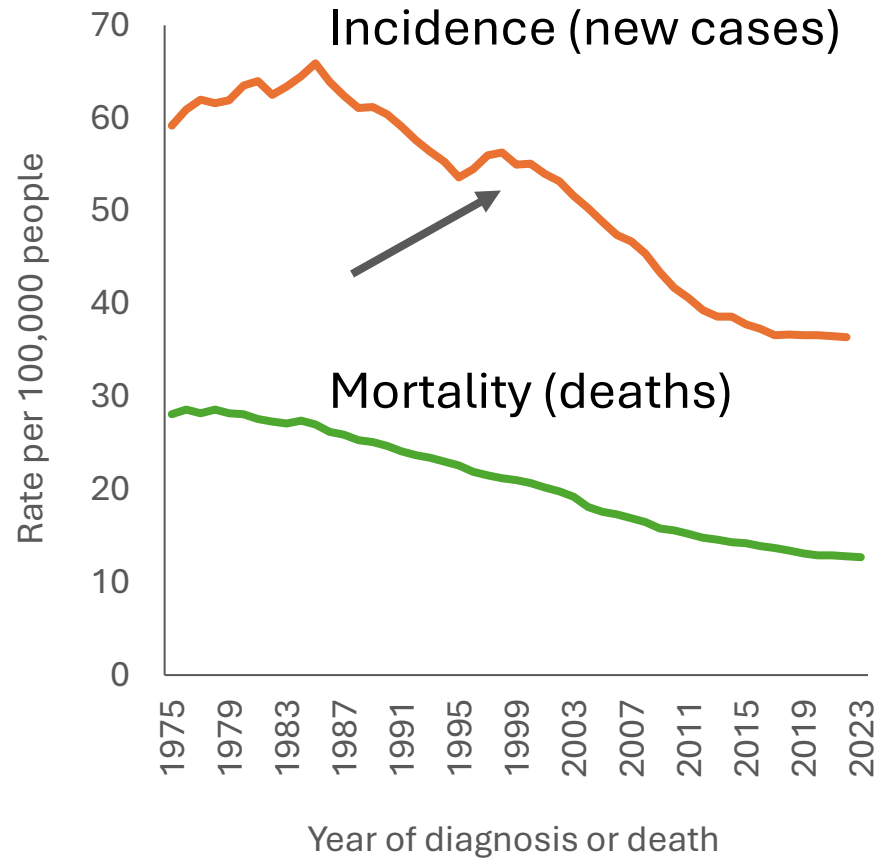
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✓ Screening



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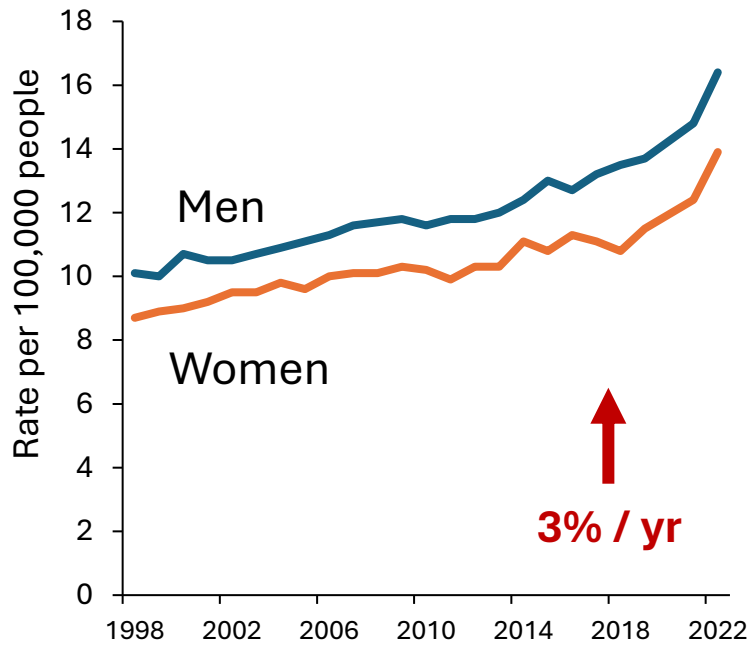


- ✓ Changing patterns in risk factors
  - Less smoking
  - More use of aspirin, ibuprofen, etc.
- ✓ Screening
- ✓ Better treatment (mortality)

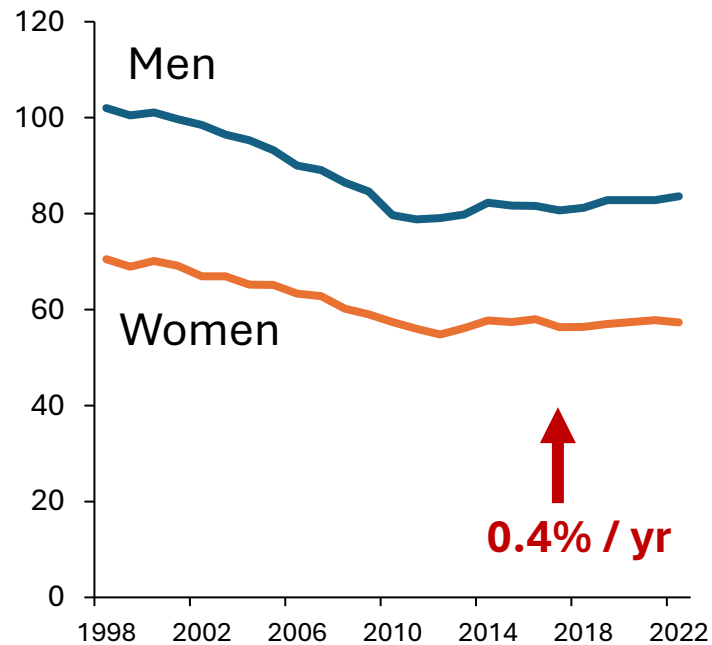


# Trends in colorectal cancer incidence by age, 1998–2022

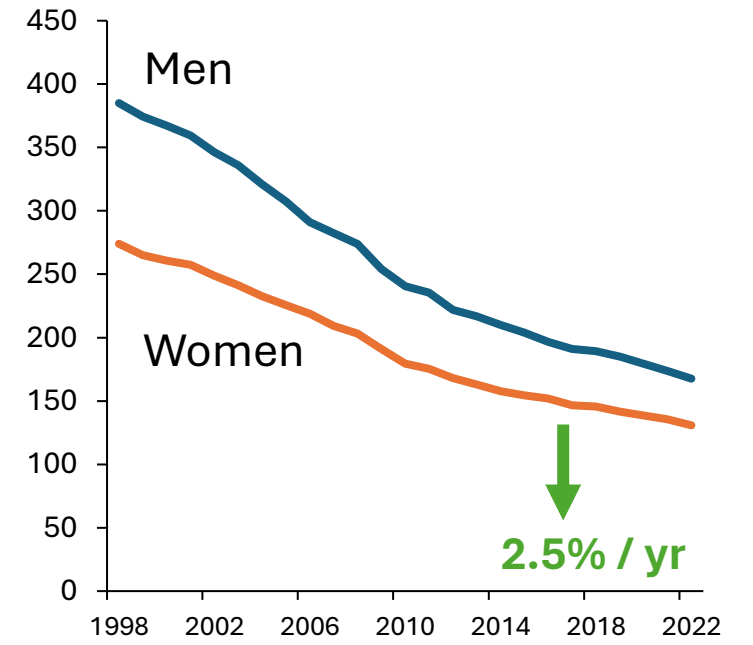
## 20-49 years



## 50-64 years

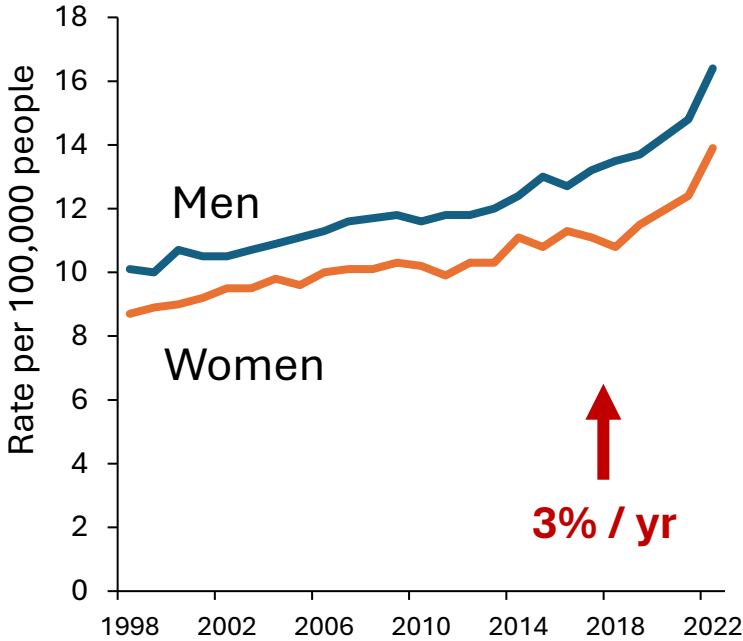


## 65+ years

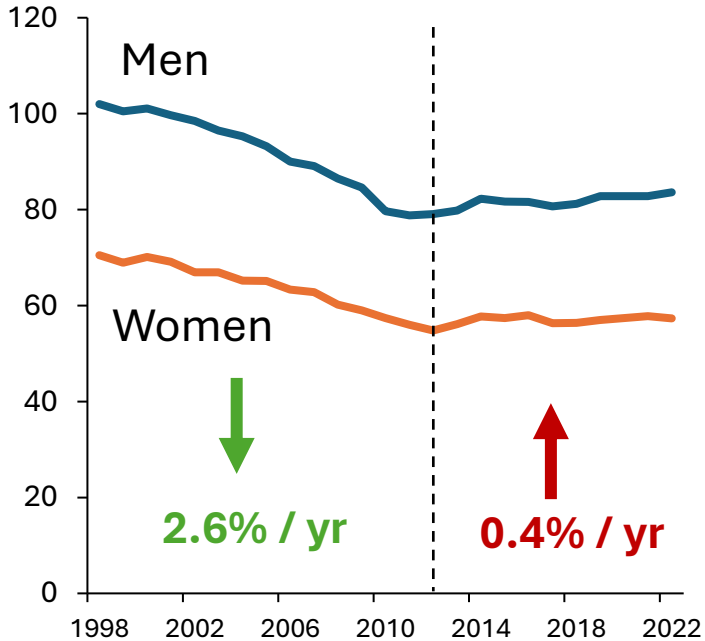


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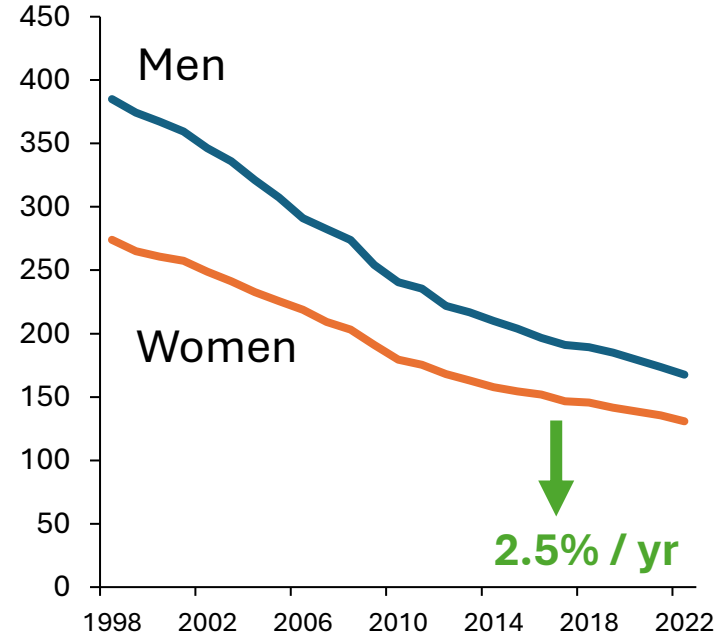
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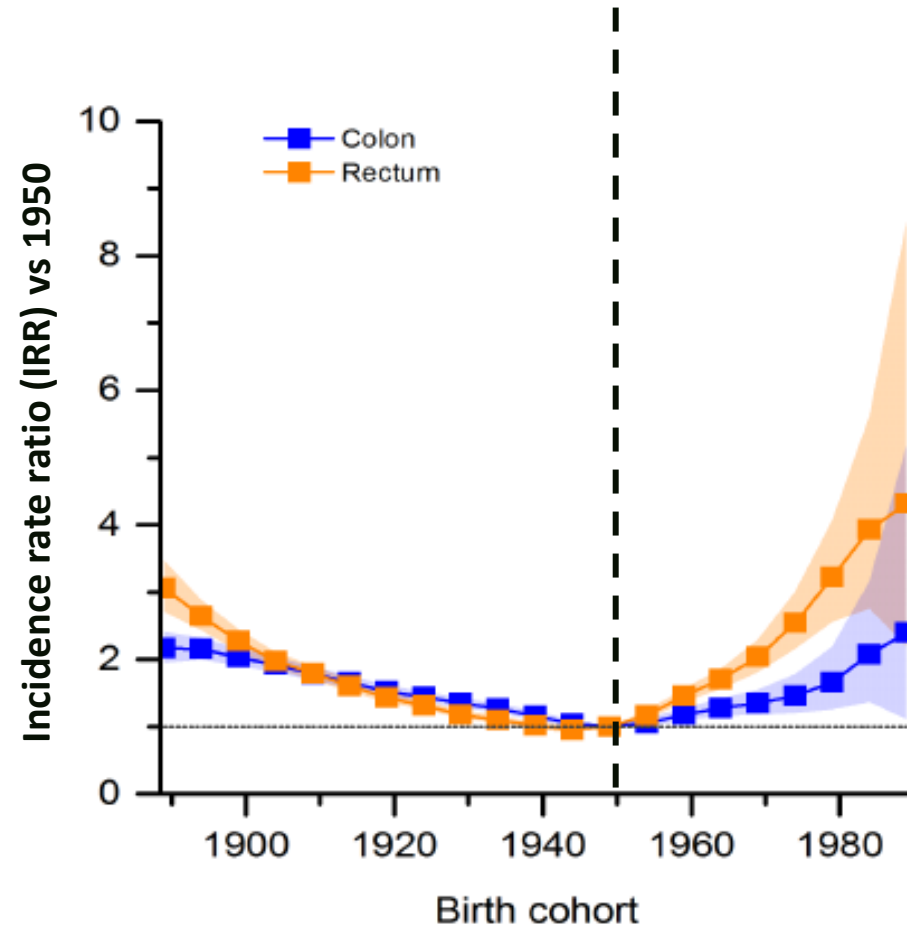


# Colorectal Cancer Incidence Patterns in the United States, 1974–2013

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

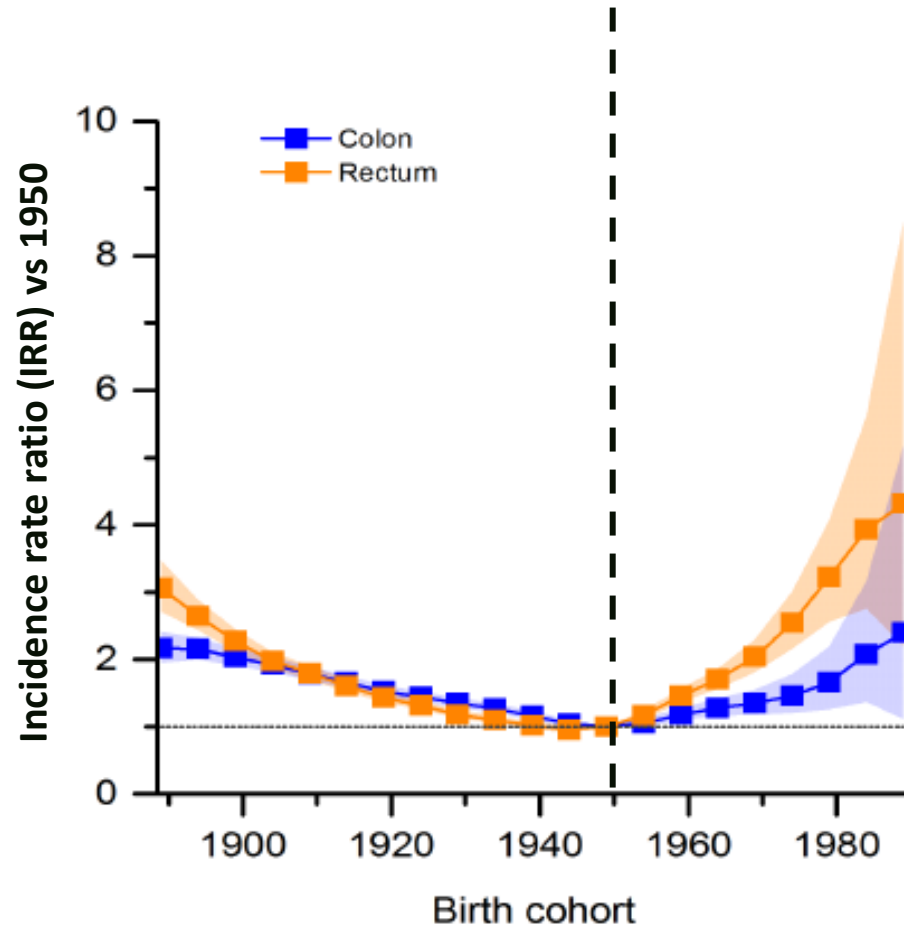


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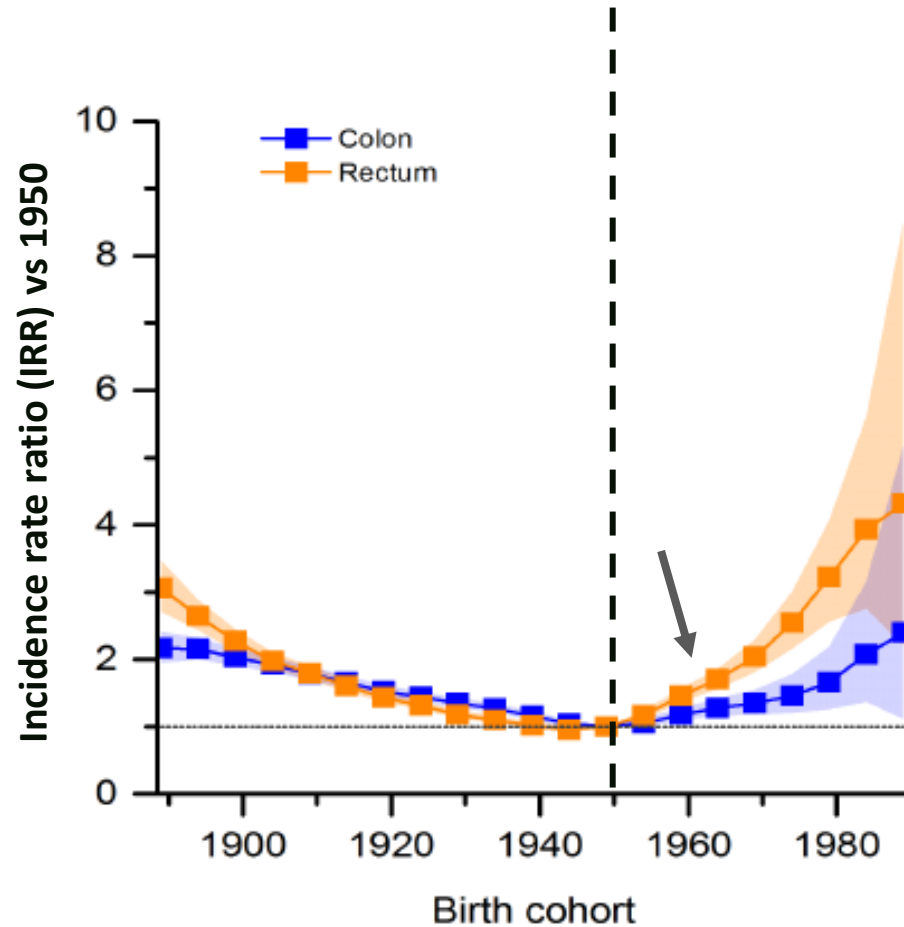
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4x the risk of rectal cancer  
2x the risk of colon cancer

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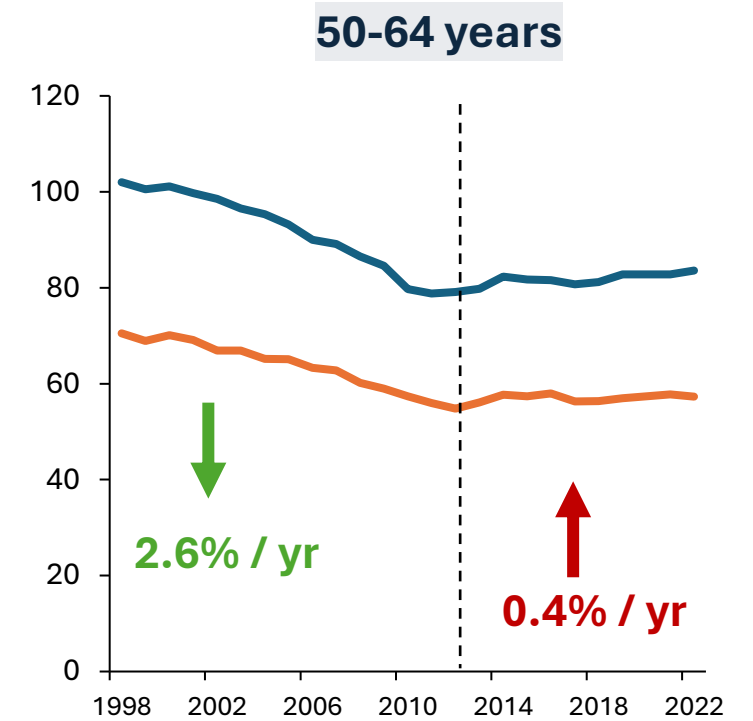
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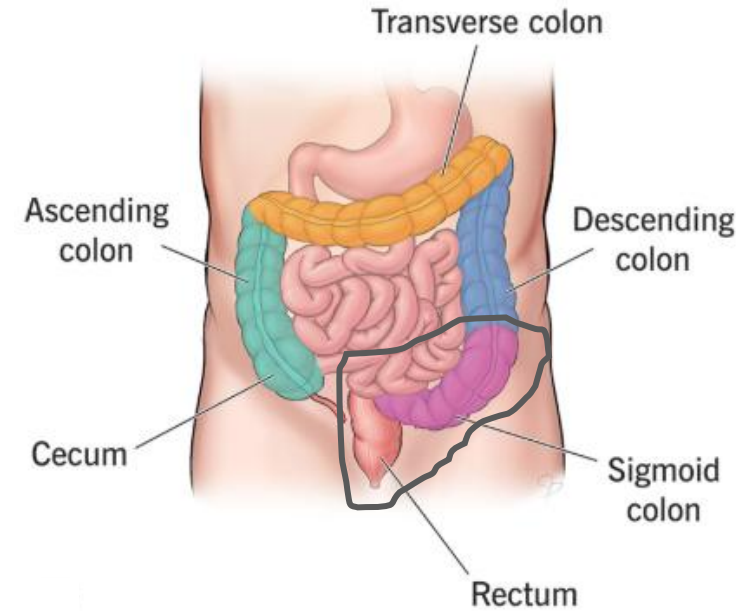
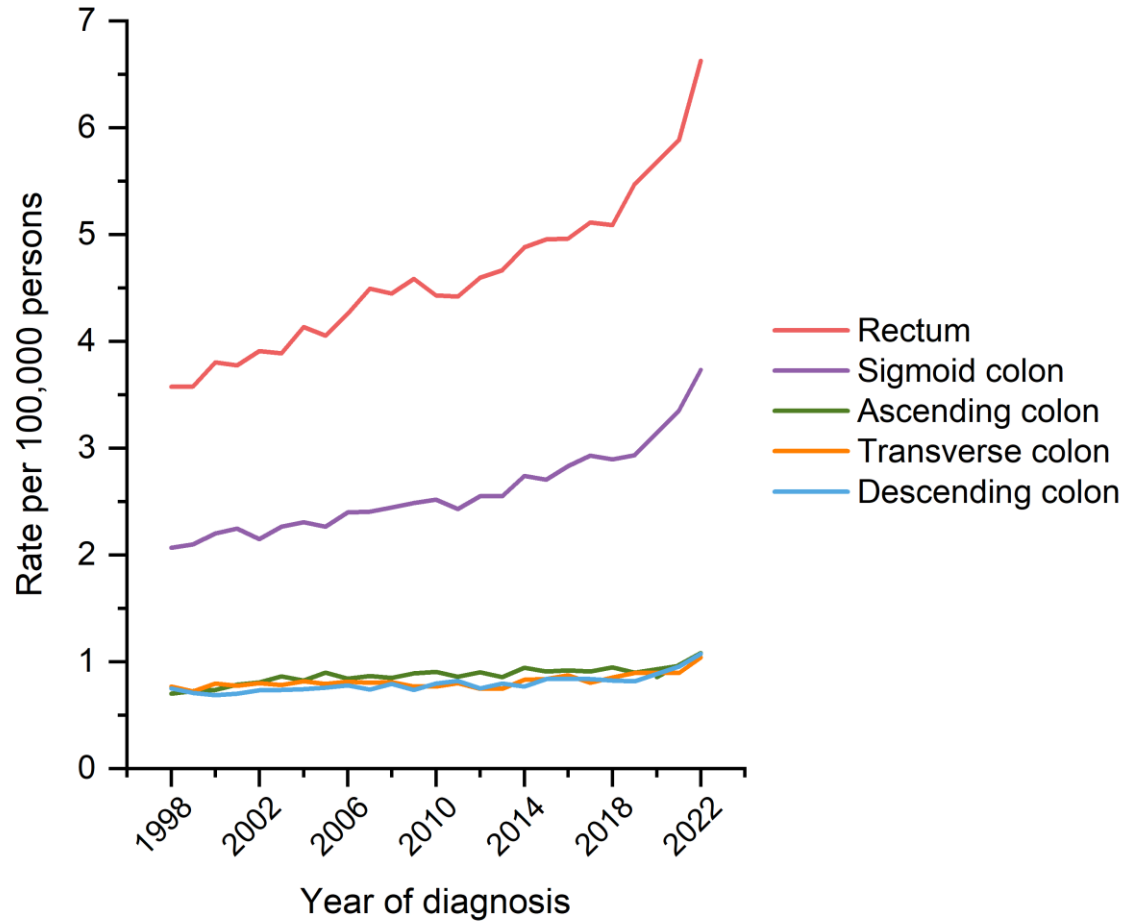


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# Trends in early-onset colorectal cancer by subsite

## 20-49 years



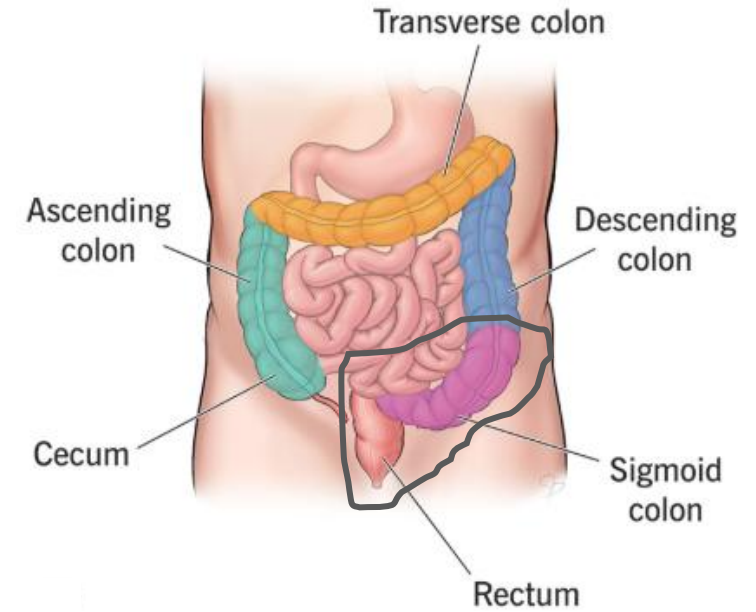
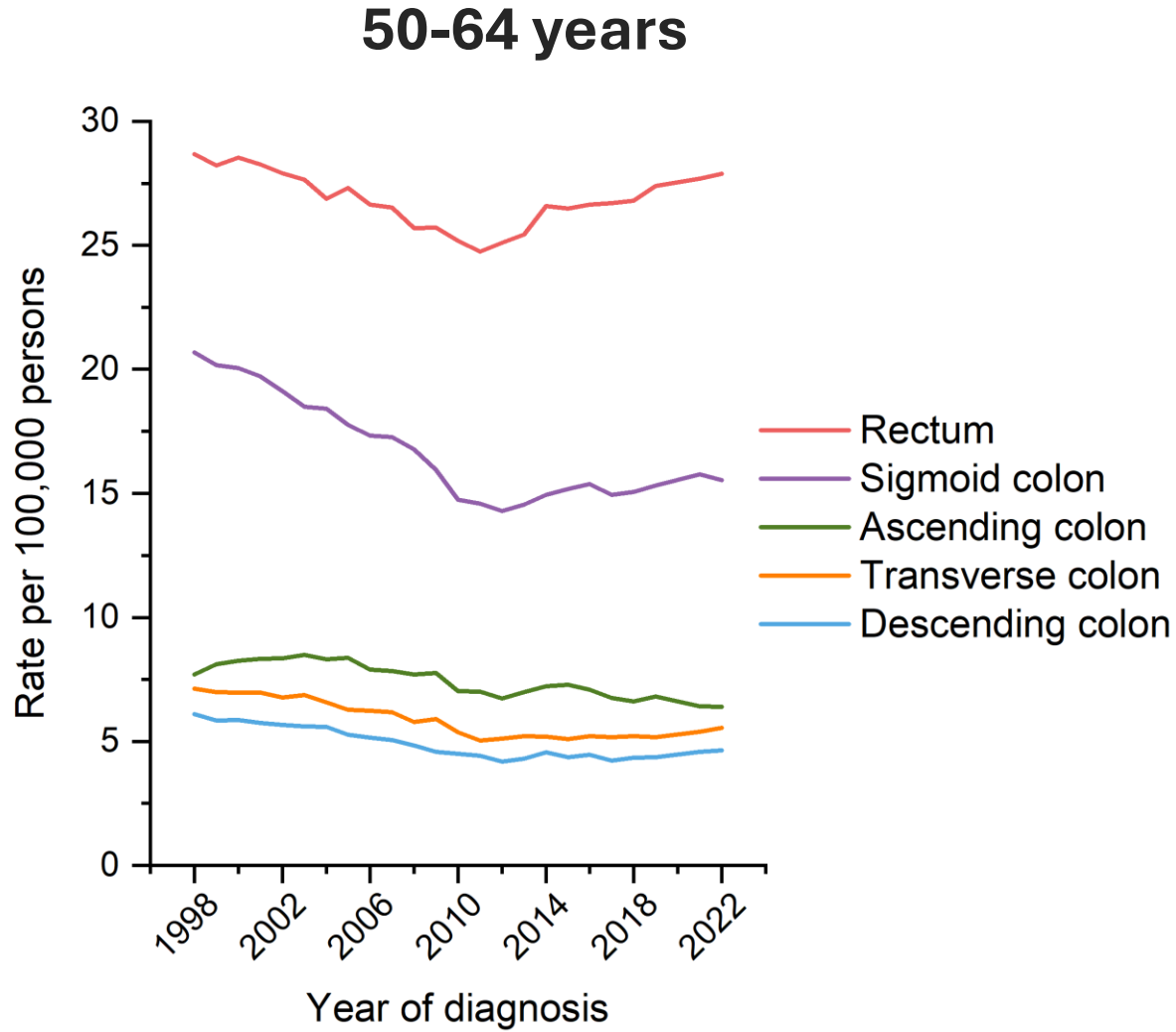
## Rectum + sigmoid colon

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

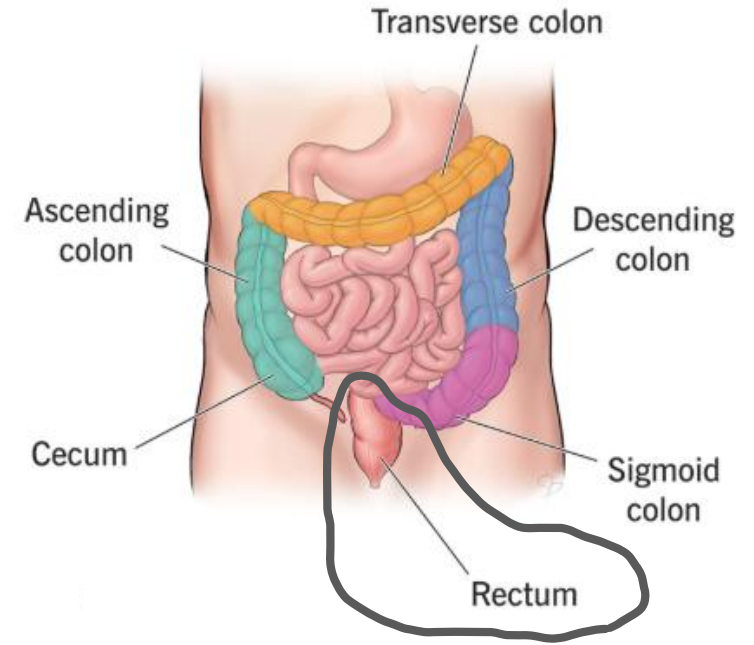
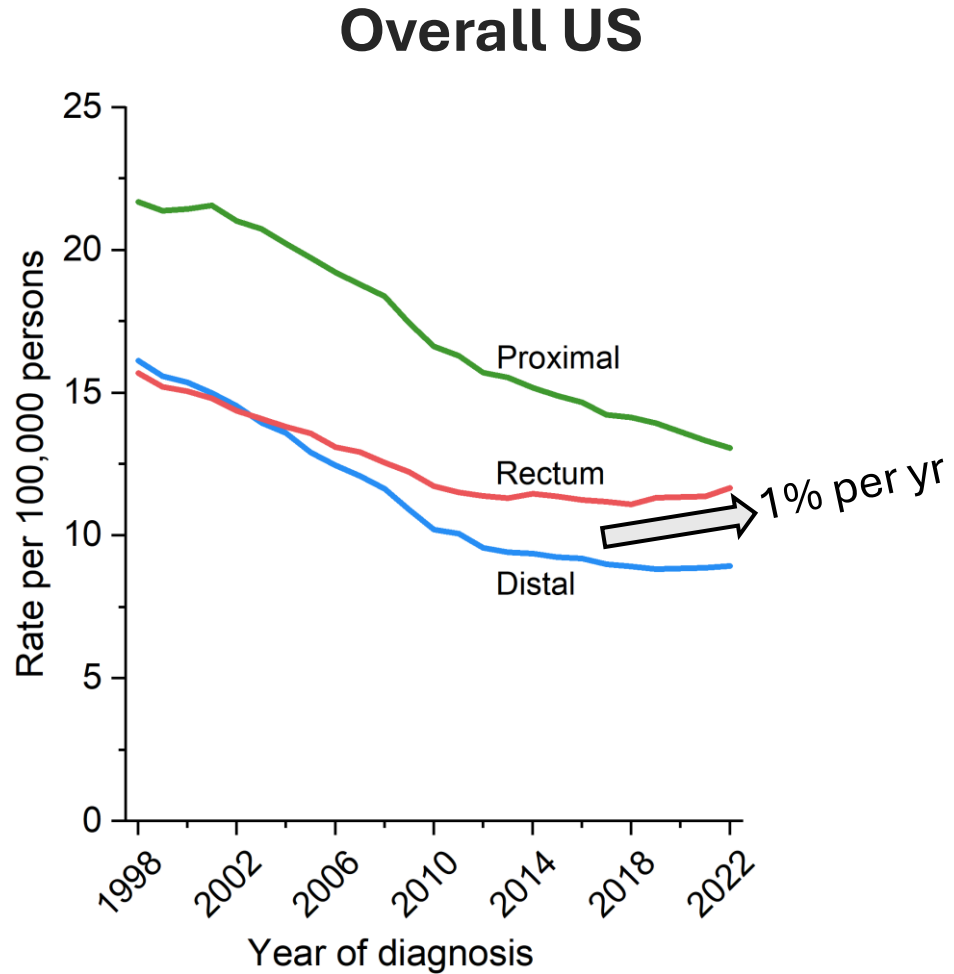
**57%**  $\Rightarrow$  **68%**



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



# Rising incidence of rectal cancer in the US



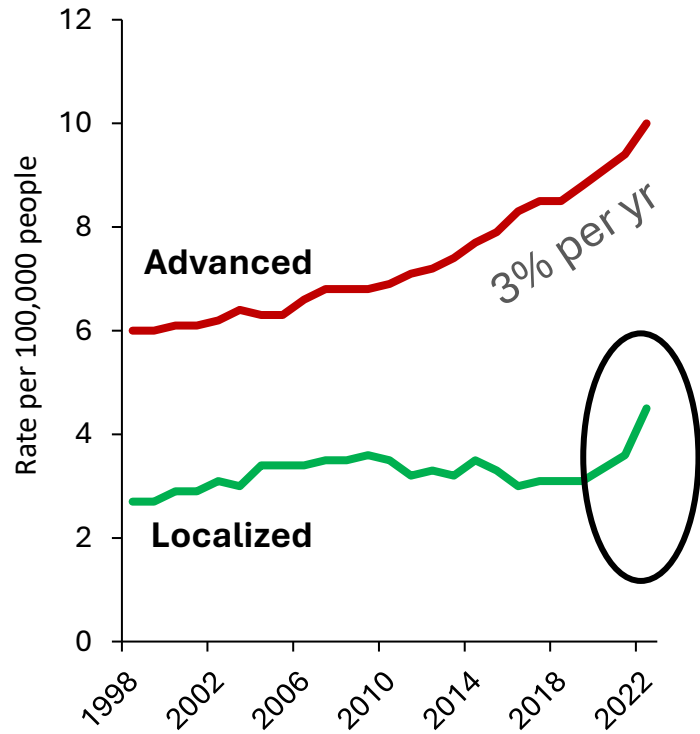
## Rectum:

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

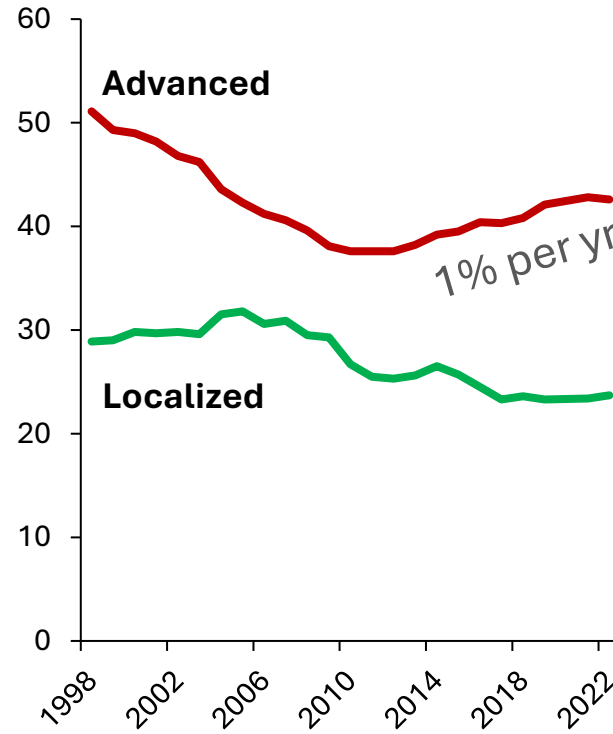


# Trends in stage-specific incidence by age, 1998–2022

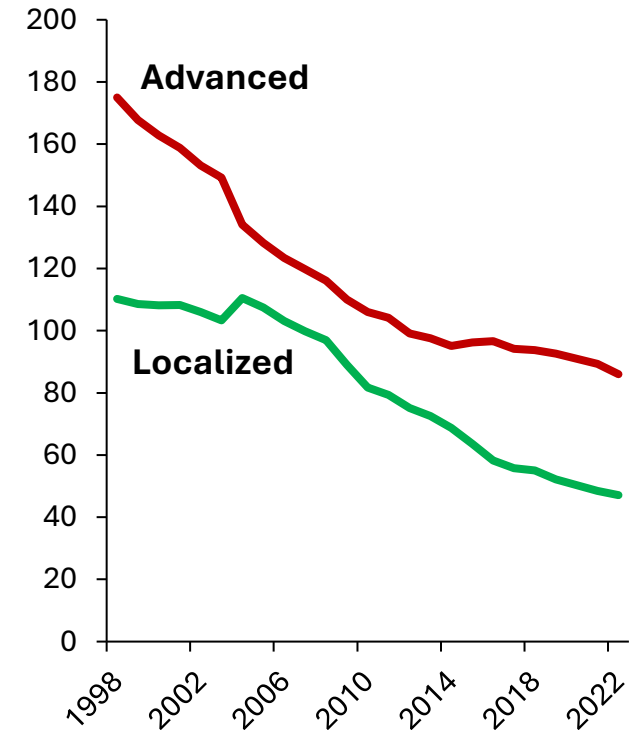
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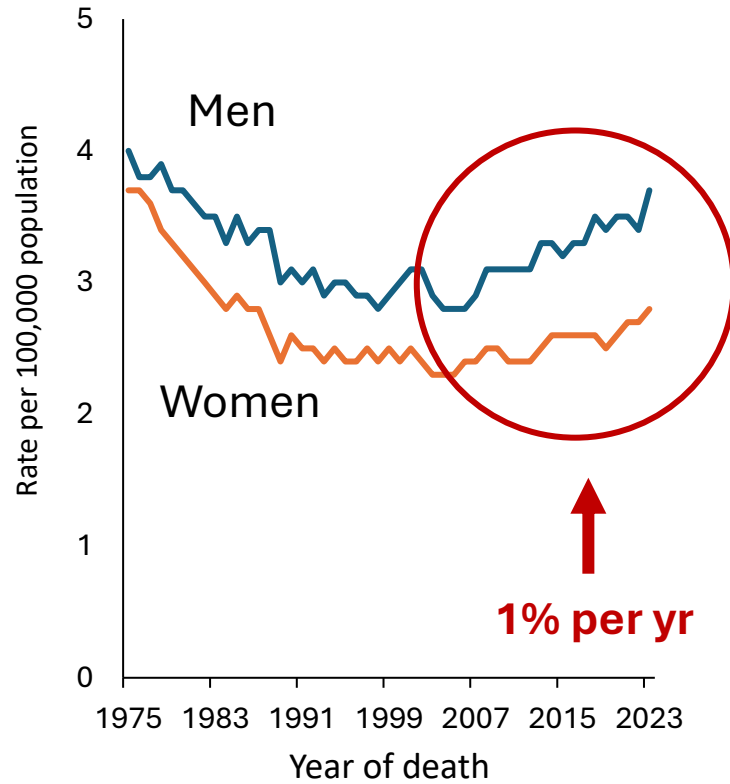


**3 in 4** cases before 50 years are advanced

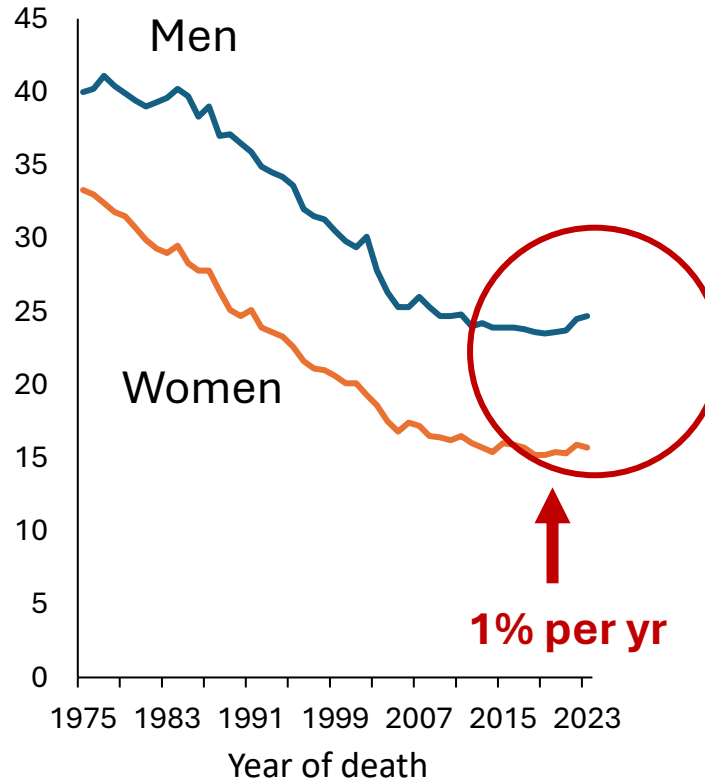


# Trends in colorectal cancer death rates by age, 1975-2023

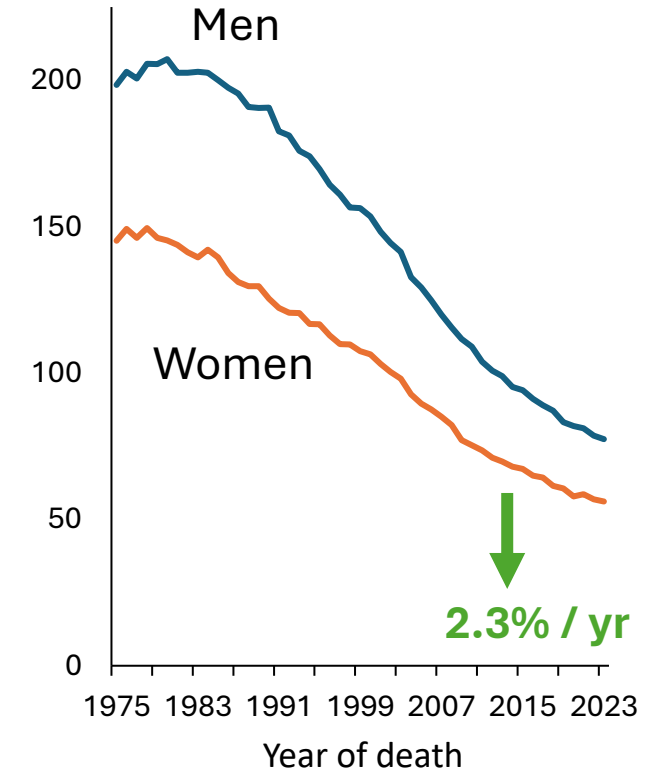
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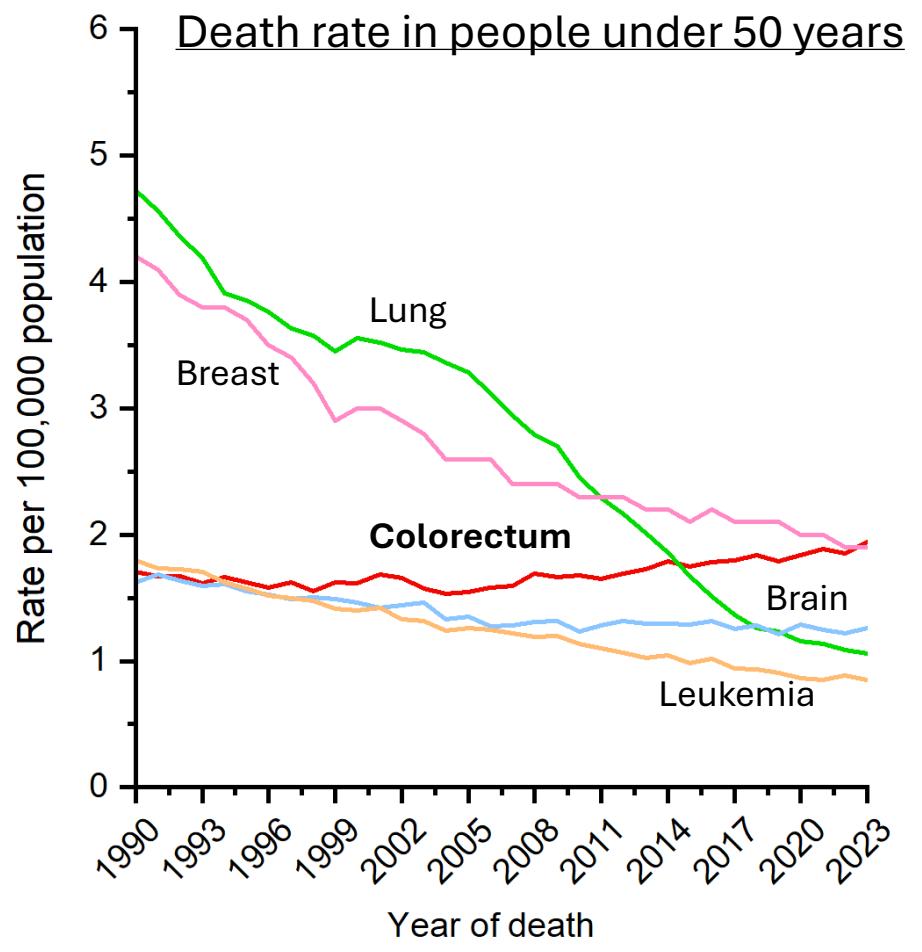


## 65+ years



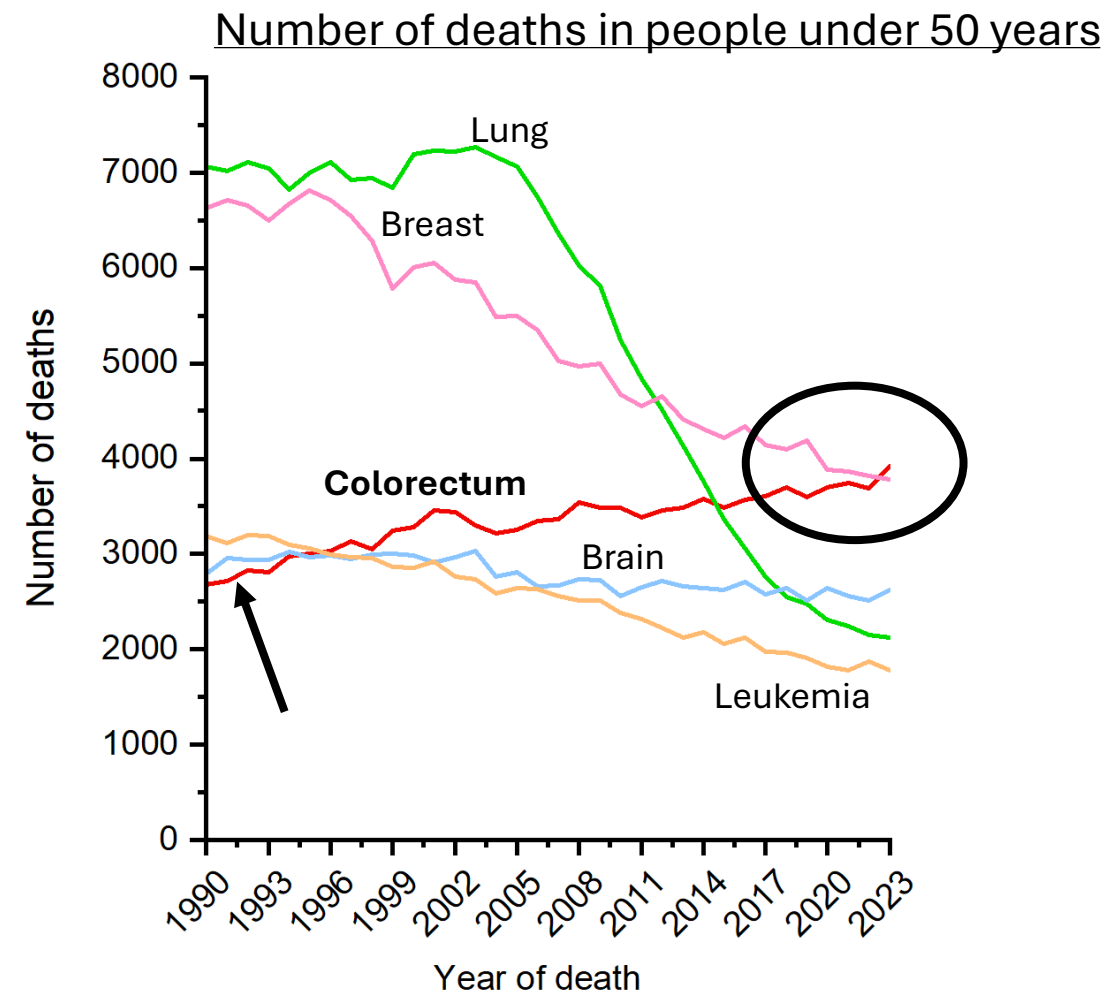
# Leading Cancer Deaths in People Younger Than 50 Years

Rebecca L. Siegel, MPH<sup>1</sup>; Nikita Sandeep Wagle, PhD, MBBS, MHA<sup>1</sup>; Ahmedin Jemal, DVM, PhD<sup>1</sup>

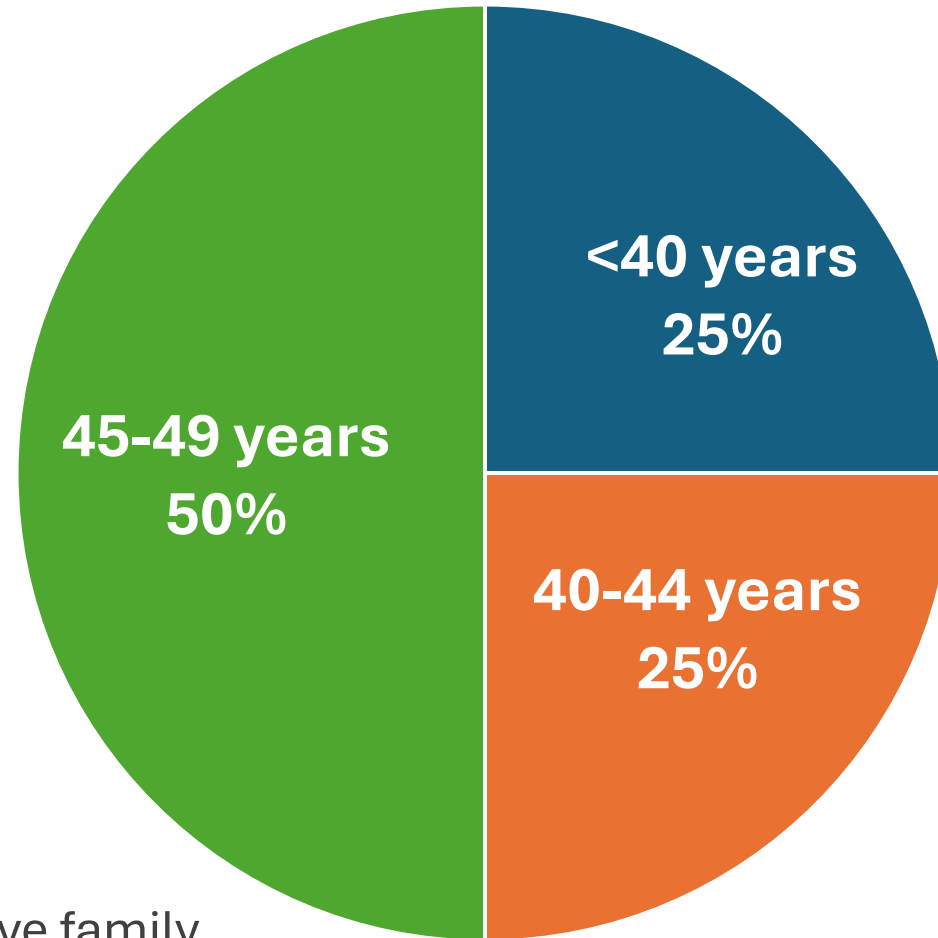


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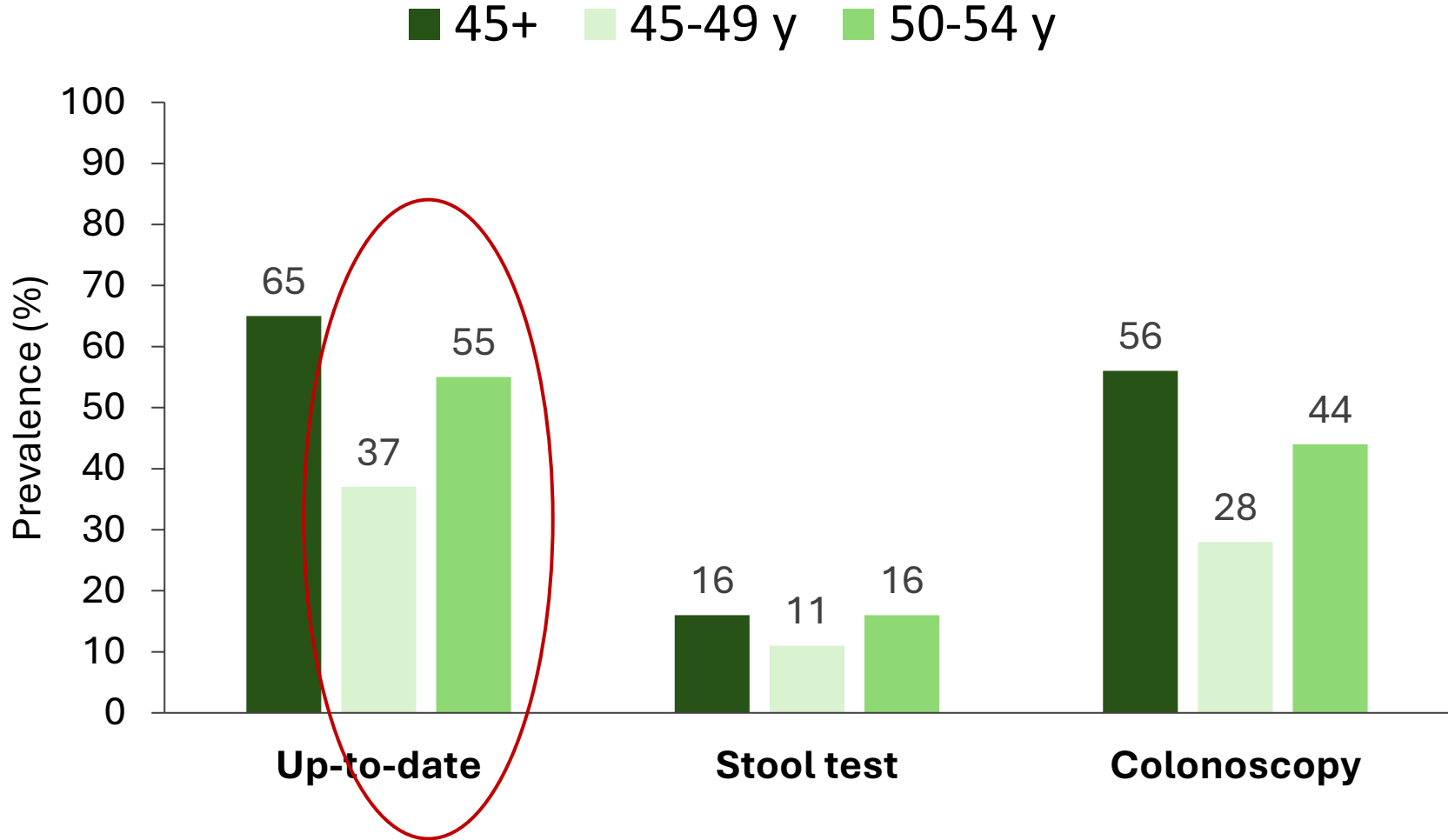


# Age distribution of early-onset colorectal cancer, 2022



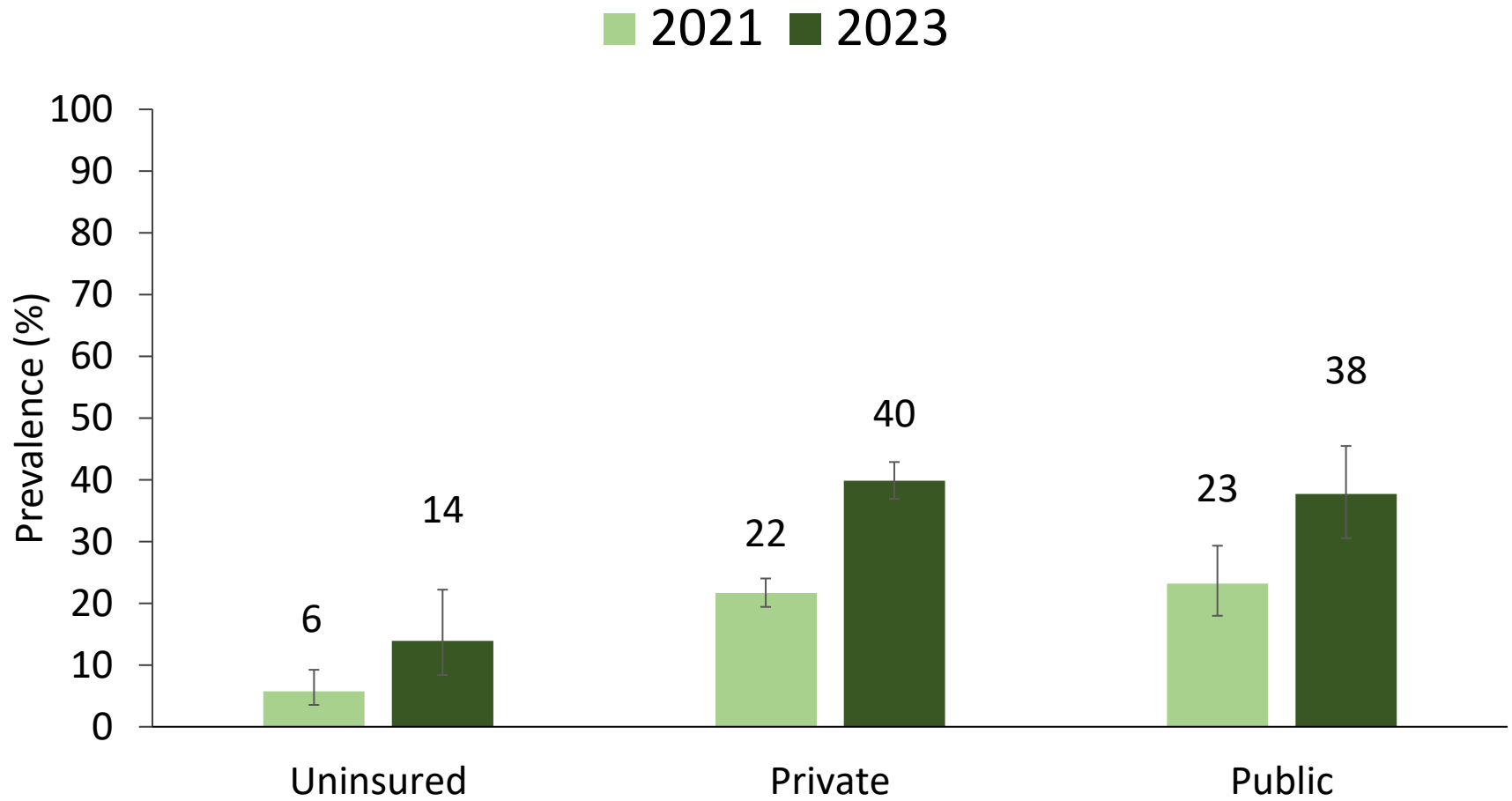
~30% of early-onset patients have family history/genetic risk and should have been screened **before 45 y**

# Colorectal cancer screening by age & test, 2023



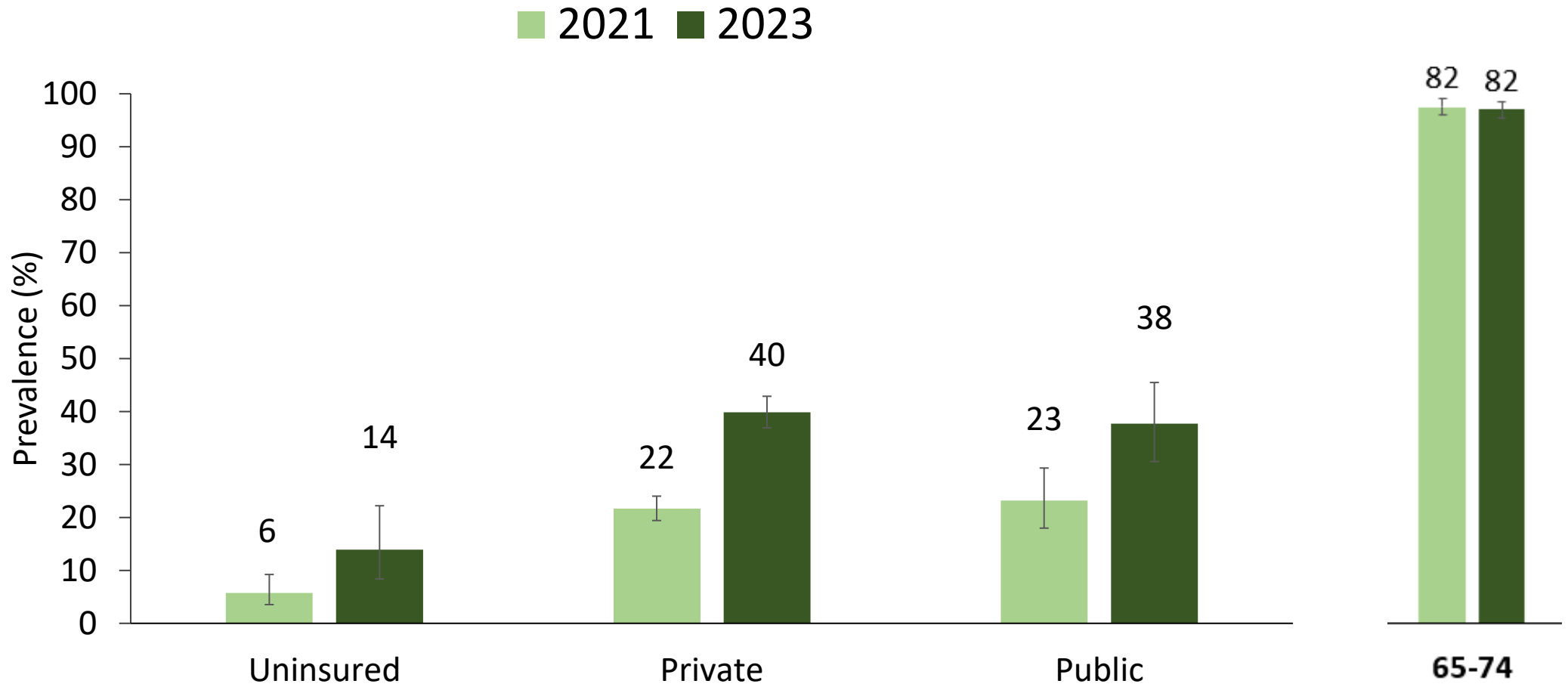
UTD=Up to date per recommendations from ACS (American Cancer Society ) or USPSTF (US Preventive Services Task Force)

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



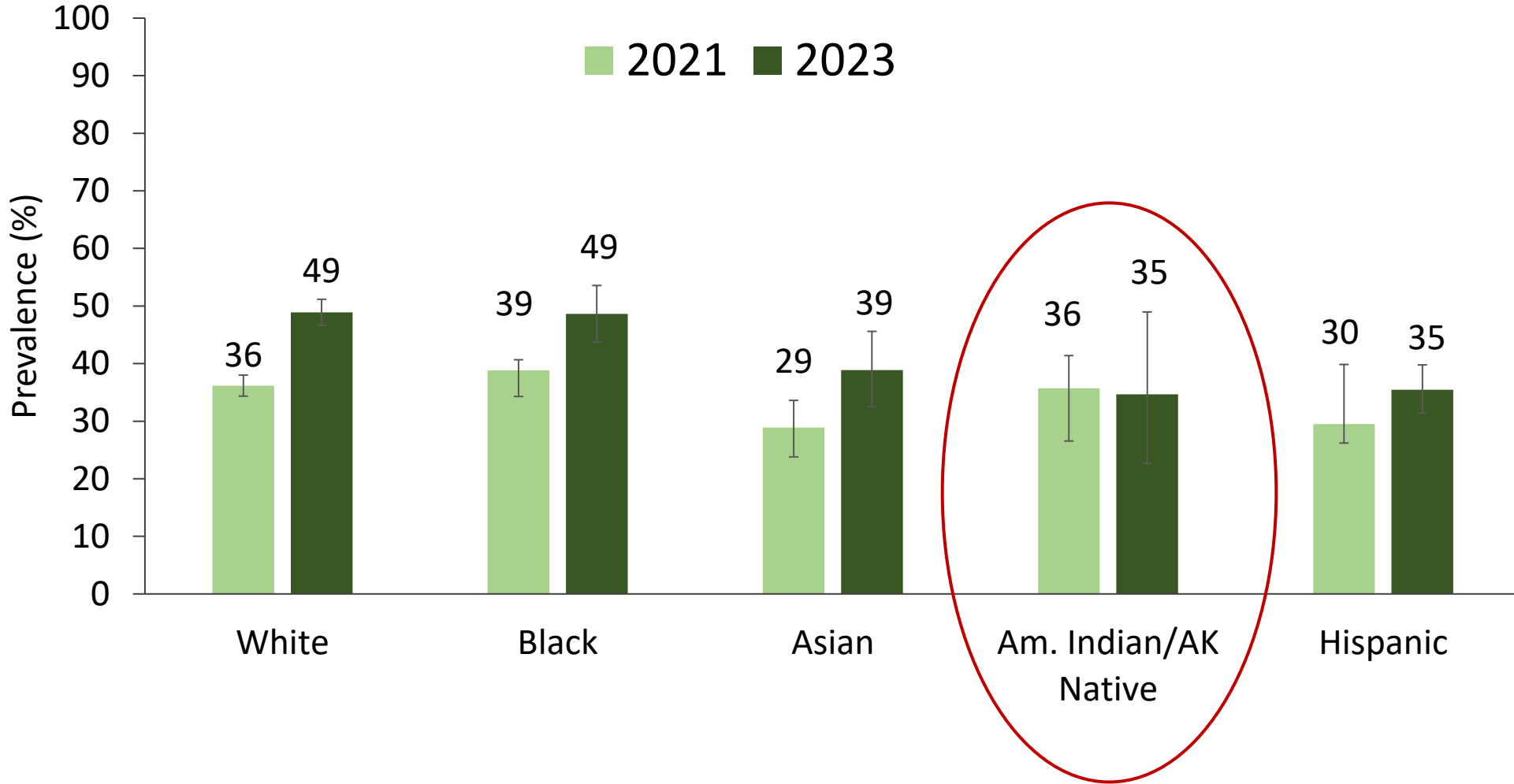
Data source: National Health Interview Survey, 2024

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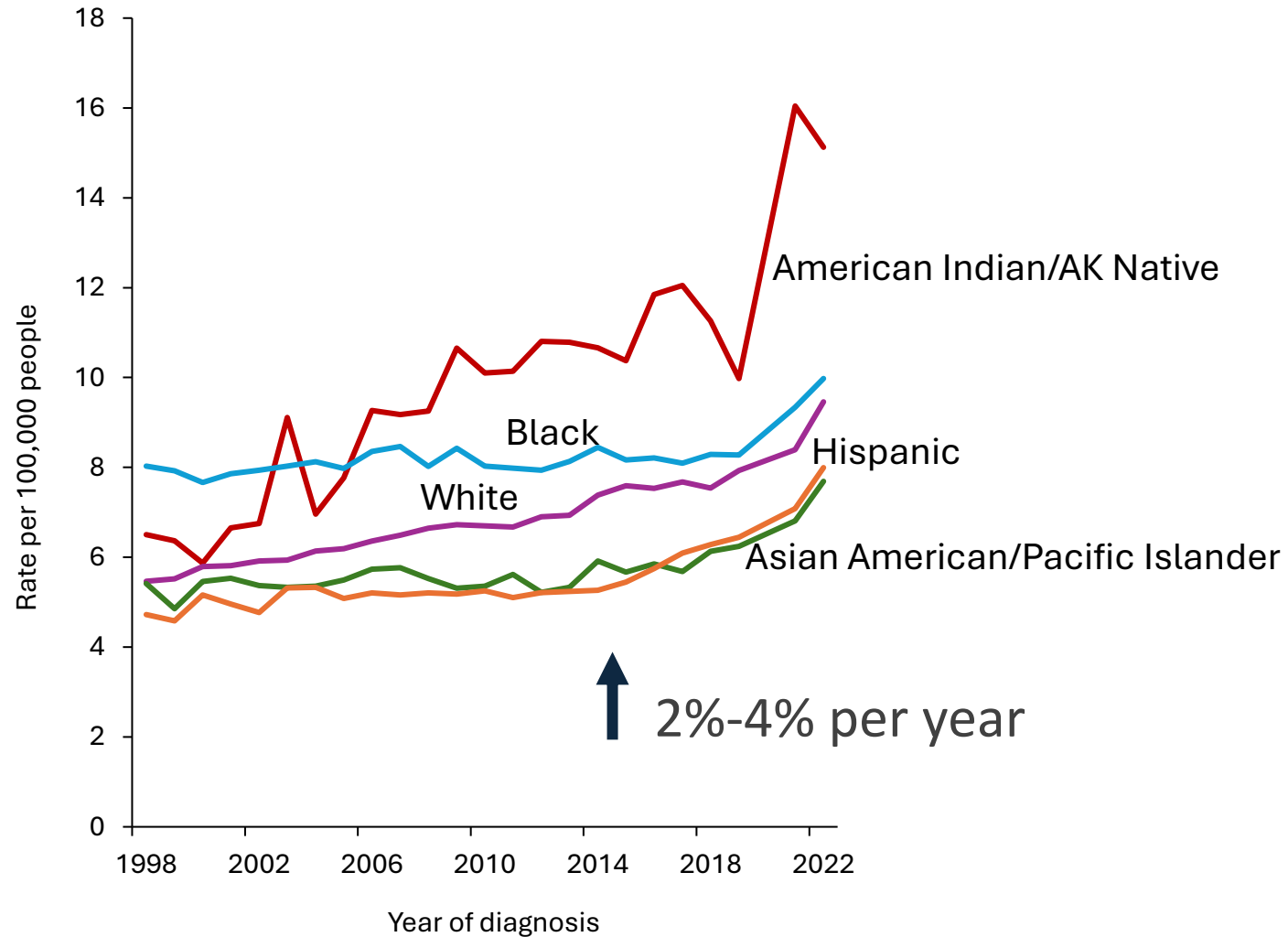
Data source: National Health Interview Survey, 2024

# 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

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

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$\leq 49$  years: **68 diagnoses every day**



# Summary

---

- **Colorectal cancer increasing!**
  - in people born after 1950 (age 0-65 years)
  - Advanced disease
  - Sigmoid colon/rectum
- **CRC #1 cancer death under 50** (up from 5<sup>th</sup> in early 90's)
- **Opportunities**
  - Screening! Local disease uptick proves success
  - Native Americans – highest burden; no screening progress
  - 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

# Lead Time Messaging to Support On-Time CRC Screening

Kaitlin Sylvester, MPA  
Strategic Director, National  
Colorectal Cancer Roundtable  
American Cancer Society



# Colorectal Cancer Screening Guidelines

for people at average risk



## Ages 45–75

### **Get screened.**

Several types of tests can be used. Talk to your doctor about which option is best for you.

**No matter which test you choose, the most important thing is to get screened regularly.**

## Ages 76–85

### **Talk to your doctor**

about whether you should continue screening. When deciding, take into account your own preferences, overall health, and past screening history.

## Over Age 85

### **No longer screen.**

People over age 85 should no longer get colorectal cancer screening.

## Testing Options

- Visual exams such as colonoscopy or CT colonography look at the inside of the colon and rectum for polyps (growths) or cancer.
- Stool-based tests look for signs of cancer in stool and can be done at home. These tests include the fecal immunochemical test (FIT), fecal occult blood test (FOBT), and multi-target stool DNA test.
- All abnormal results on non-colonoscopy screening tests should be followed up with a timely colonoscopy.
- People with a family history of polyps or colorectal cancer, or who have other risk factors, might need to start screening before age 45, be screened more often, and/or get specific tests.

**Cancer screening saves lives. Get screened.**

Visit [cancer.org/getscreened](https://cancer.org/getscreened) for cancer screening FAQs, including information about how to schedule a screening test, how to afford screening with and without insurance, and more.

# ACS (2018) vs. USPSTF (2021) Colorectal Cancer Screening Recommendations

	2018 ACS	2021 USPSTF*
<b>Age to Start</b>	<b>45 years</b>	<b>45 years</b>
<b>Testing options and intervals</b>	<p><b>Stool-based tests</b></p> <ul style="list-style-type: none"> <li>• Fecal immunochemical test (FIT), <i>every year</i></li> <li>• High-sensitivity, guaiac-based fecal occult blood test (gFOBT), <i>every year</i></li> <li>• Multitarget stool DNA test (sDNA-FIT), <i>every 3 years</i></li> </ul> <p><b>Structural examinations</b></p> <ul style="list-style-type: none"> <li>• Colonoscopy, <i>every 10 y</i></li> <li>• CT colonography, <i>every 5 y</i></li> <li>• Flexible sigmoidoscopy, <i>every 5 y</i></li> </ul>	<p><b>Stool-based tests</b></p> <ul style="list-style-type: none"> <li>• Fecal immunochemical test (FIT), <i>every year</i></li> <li>• High-sensitivity, guaiac-based fecal occult blood test (gFOBT), <i>every year</i></li> <li>• Multitarget stool DNA test (sDNA-FIT), <i>every 3 years</i></li> </ul> <p><b>Structural examinations</b></p> <ul style="list-style-type: none"> <li>• Colonoscopy, <i>every 10 y</i></li> <li>• CT colonography, <i>every 5 y</i></li> <li>• Flexible sigmoidoscopy, <i>every 5 y</i></li> <li>• Flexible sigmoidoscopy, <i>every 10 years + FIT every year</i></li> </ul>
	<b>Age to end</b>	Individualized decision <b>76 to 85 years</b>

\* <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>

# Lead Time Messaging to Support On-Time CRC Screening

# Key Definitions

## **On-Time Screening**

Individuals with average or high risk for CRC should be screened at the intervals recommended by the ACS screening guidelines and risk factors.

## **Lead Time Messaging**

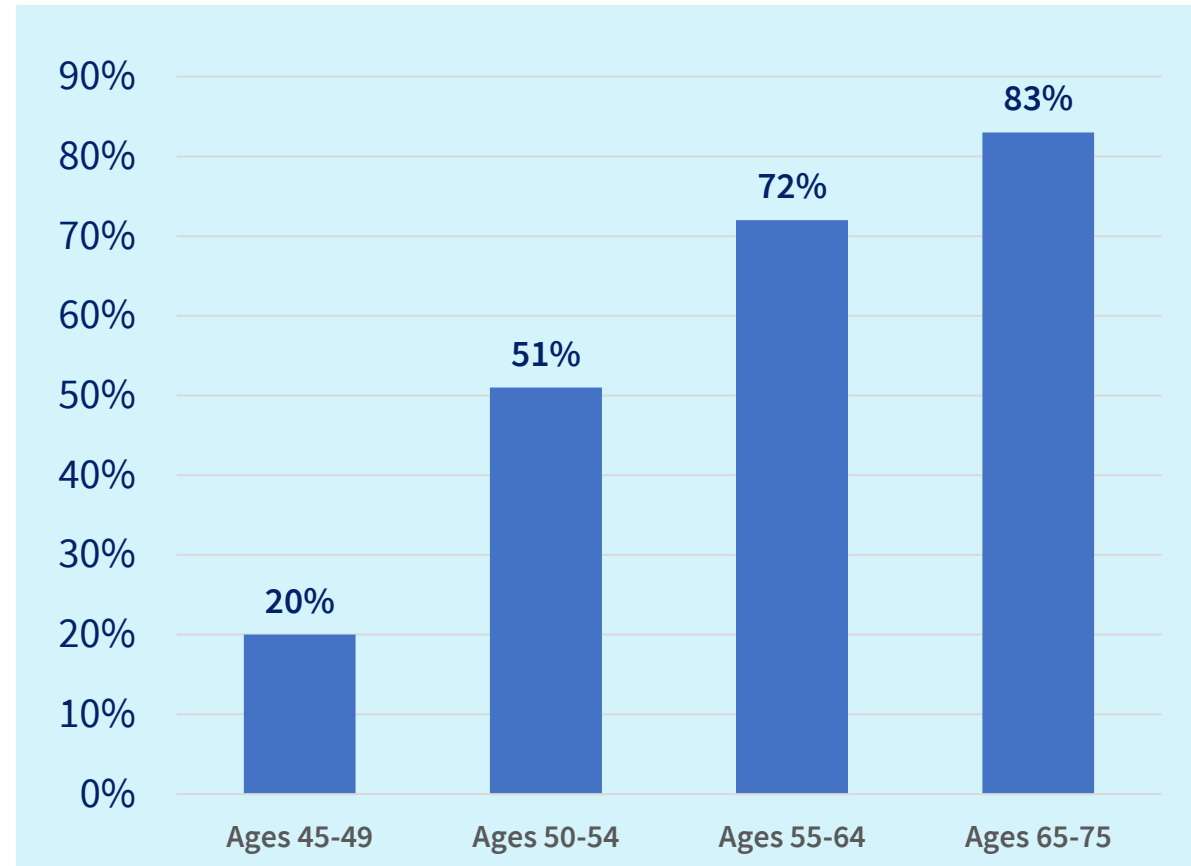
Lead time messaging relates to the delivery of accurate, relevant, and actionable information regarding CRC risk and risk-based screening options prior to the starting age recommended by the ACS for average and high-risk individuals. The intent of CRC screening lead time messaging is to increase on-time screening rates. To maximize effectiveness, multiple messages should be delivered multiple times in advance of the on-time screening date.

## **Tailored Messaging**

Campaigns use messages that are tailored to reflect the needs, values, and motivations of a specific community. Tailored messages often outperform non-tailored messages when it comes to altering cancer screening behaviors and increasing public knowledge regarding cancer.

# Why is on-time screening important?

- On-time screening rates for both average risk individuals, especially the 45-54 age group, and those at familial/genetic risk are suboptimal.
- CRC incidence and mortality rates have increased in the <55 age group.
- Adherence to current guidelines could potentially prevent **16%** of EAOCRC and result in an earlier diagnosis in **51%**. (Stanich et al., 2021)



NHIS Colorectal Cancer Screening (%) in Adults 45 Years and Older, 2021, US  
National Health Interview Survey, 2021

# Goals of the Lead Time Messaging Project:

- Better understand perceptions about CRC, CRC screening, and interactions with the health care system.
- Identify messages that heighten awareness about CRC and the importance of on-time screening.
- Motivate and empower individuals at both average and familial risk to discuss screening with their providers prior to the recommended age of initiation.
- Determine effective messaging that best resonates with different target audiences (e.g., ages 20-29, 30-39, 40-44)

# Key Takeaways from the Market Research

There is an education gap around screening with younger audiences.

## Young people agree:

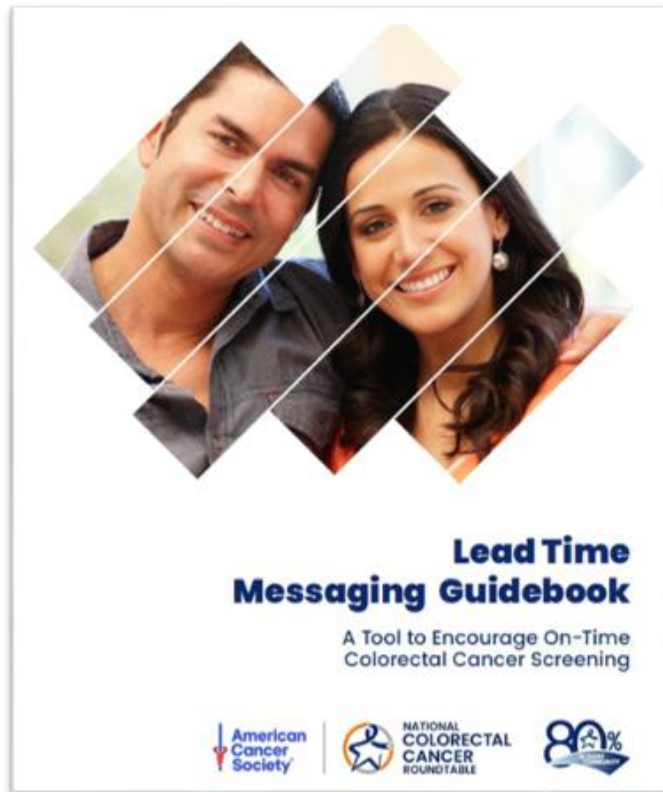
- Appetite to be told about screening before recommended screening age.
- Agree you should get screened on time.

## Messaging Types:

- People aren't just looking for quantitative info.
- Want messages that resonates with them.

High on the action list --- people may already know but want to hear from their clinicians. They are more motivated to get screened when it is recommended by their physician or a health care clinician they trust.

# Lead Time Messaging for On-Time Screening



- Share best practices for messaging and educating about CRC screening before recommended screening age.
- Encourage people starting in their 20s to discuss their Family Cancer History including CRC and colon polyps and take action as needed.
- Encourage people to talk to their healthcare provider about CRC and learn when they will most likely need to be screened.
- Motivate individuals to make it a priority to get regular, on-time CRC screening.

# Guidebook Contents



Key Definitions & Screening Recommendations



National Data on CRC Screening & Rates



Recommended Lead Time Messages



Helpful Tactics to Use for Effective Messaging



Focus on Family History



# Recommended Lead Time Messages



- 1 Colorectal cancer is often a silent disease. Usually there are no symptoms. That's why getting screened is so important. Regular screening can help prevent colorectal cancer — or catch it early when it is easier to treat. Most people should begin screening at age 45.
- |   |  |
|---|--|
| <p>2 Eat well? ✓<br/>Work out regularly? ✓<br/>Don't smoke? ✓<br/>What else??</p> | <p>You're taking all the right steps to live a healthy lifestyle. But are you missing one step that might be easier than you think? Talk to your doctor to find out if it's time for you to get screened for colorectal cancer and what screening options are right for you.</p> |
|---|--|
- 3 Did you know colorectal cancer is expected to be the leading cause of cancer-related death among 20-49-year-olds by 2030? It's never too early to talk to your doctor about when it's appropriate to start screening.
- 4 Colorectal cancer is on the rise among young adults and among those who are too young to begin screening, two-thirds experience symptoms for many months before they're finally diagnosed. Be sure to alert your doctor if you're experiencing blood in your stool, persistent abdominal pain, changes in bowel habits, or unexplained weight loss. If these symptoms persist, the possibility of colorectal cancer must be considered.

# Focus on Family History

## Insights Into Family History for Those Under 45:

- Fewer than half of individuals with a family history of CRC receive personalized counseling.
- Have a lack or limited understanding of their family history.
- Haven't talked to clinician about family history.
- Family history is not sufficiently tracked.
- Do not know their screening age could be different than 45.

## The guidebook includes:

- Top tested messages for those with a family history
- Top tested messages about talking with family about CRC
- ACS NCCRT resources & tools: ***Risk Assessment & Screening Toolkit***



# Using Effective Messaging

## *Important Messaging Tactics to Remember*

- Understanding common fears and anxiety related to CRC and CRC screening and using tailored messaging to help combat those fears will increase the likelihood that screening will occur on time.
- People have different motivations and values and it's important to tailor messaging to their needs. For messaging to be impactful, it needs to feel relatable, give direct and concise information, and include actionable next steps.
- Proper channels and messaging mechanisms are crucial for delivering effective messaging. A recommendation from a clinician can be highly effective at encouraging on-time CRC screening.
- Continuing to share messages about CRC, family history and CRC screening will increase the likelihood of individuals getting screened on-time.

# Weird Looking Stools

Lynn Durham, EdD  
President & CEO  
Georgia Center for Oncology  
Research and Education





## **THE CHALLENGE:**

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

# General Assembly Initiatives



CENTER *for* ONCOLOGY  
RESEARCH & EDUCATION

## Improving Colorectal Cancer Outcomes for Georgians Through a Public Awareness Campaign

### The Challenge

While overall rates of colorectal cancer (CRC) have decreased slightly since the 1980s because of more screening, **the incidence and death rates of CRC for those under age 55 are increasing.**<sup>1</sup> Although the recommended screening rate has been lowered to age 45, the number of people *under* the screening age diagnosed with CRC is rising to concerning levels. In 2030, it is estimated that colorectal cancer will be the leading cause of cancer deaths for those ages 20-49, according to a 2021 [JAMA study](#).

### Our Request

The Georgia Center for Oncology Research and Education (Georgia CORE) is a statewide nonprofit dedicated to reducing the cancer burden in Georgia through research, education, and advocacy. We are committed to reducing rates of CRC in Georgia. Working with an award-winning advertising agency with experience in statewide public health campaigns, we are requesting State funding to raise awareness of this deadly disease.

We respectfully request **\$250,000** in one-time State funding in 2025 for media and promotional campaign buys to educate Georgians about the signs and symptoms of CRC.



# THE IDEA

# WEIRD LOOKING STOOLS

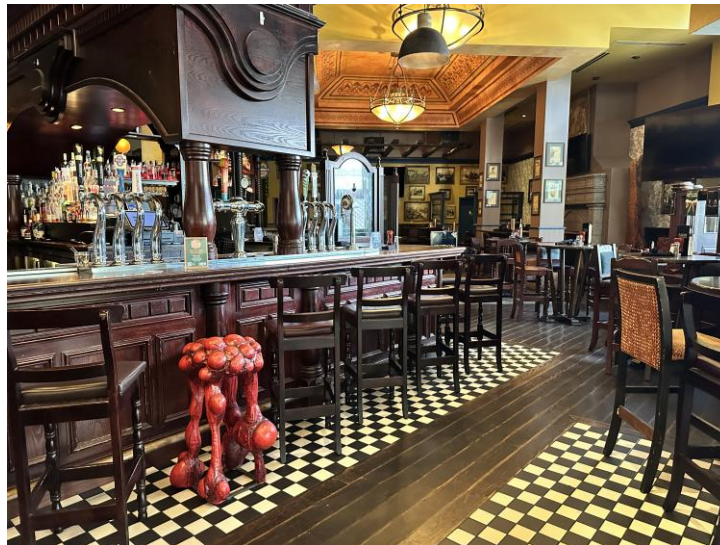
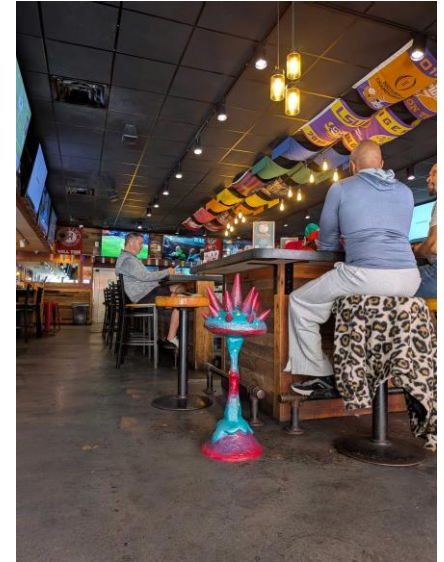
The campaign to prevent colon cancer in Georgians



**SO WE MADE DOZENS OF  
WEIRD LOOKING STOOLS...**



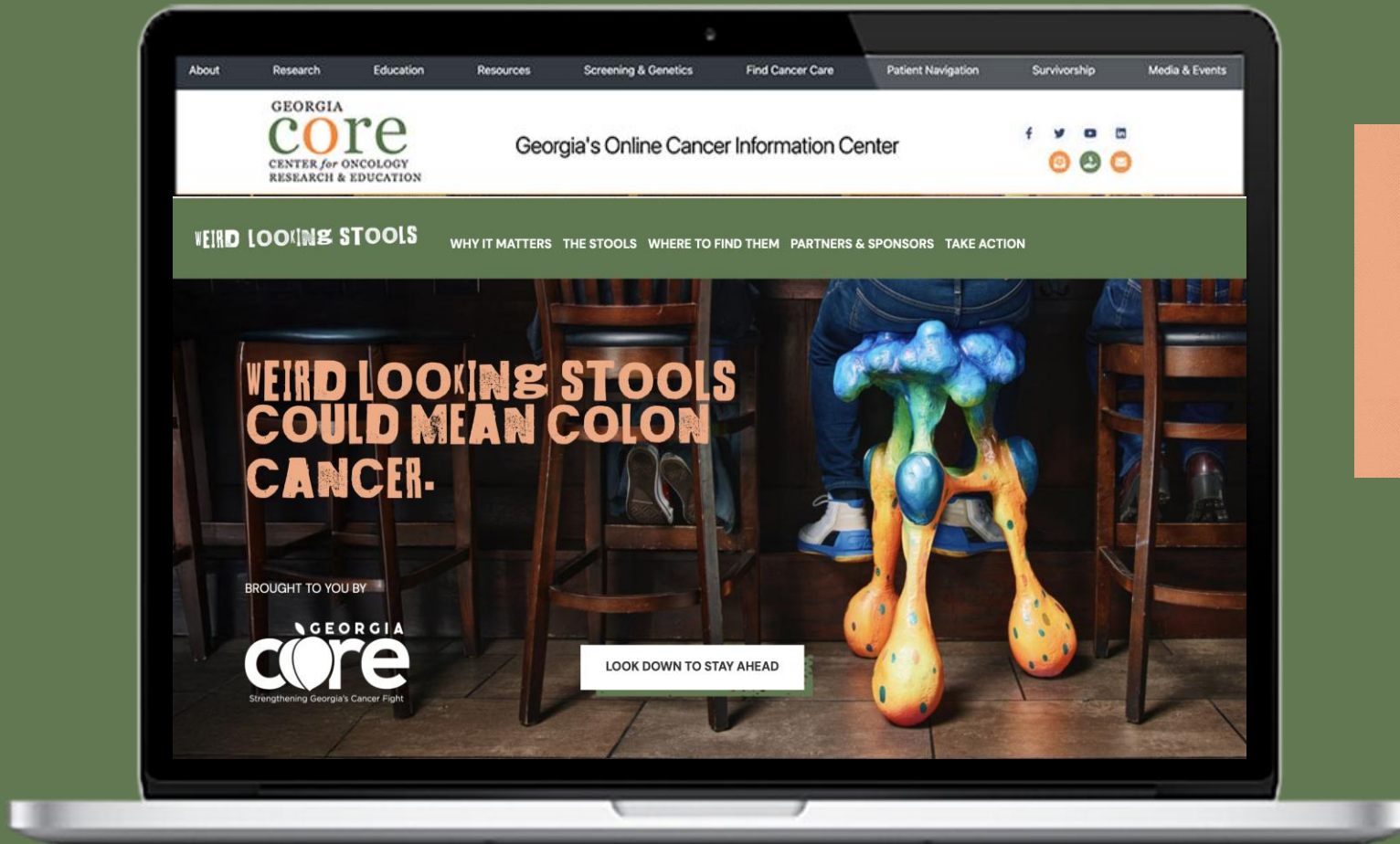
# AND PUT THEM IN BARS & COFFEE SHOPS AROUND GEORGIA



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



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



WHY IT MATTERS

## DID YOU KNOW

COLON CANCER IS THE 2ND LEADING CAUSE OF CANCER DEATH IN BOTH MEN AND WOMEN IN GEORGIA.<sup>1</sup>

By 2030, it's projected to be #1 for people under 50.<sup>2</sup> Cases in young adults are rising fast. The good news? Caught early, colon cancer is highly preventable.

These symptoms could be signs of a larger issue.

- STOMACH PAIN
- UNEXPLAINED WEIGHT LOSS
- CHANGES IN BOWEL HABITS
- BLOOD IN STOOL

## TAKE THE QUIZ

Check out this quiz to see your level of risk for colon cancer.

TAKE THE QUIZ

### SIGNS AND SYMPTOMS<sup>3</sup>

- Stomach pain
- Unexplained weight loss
- Changes in bowel habits
- Blood in stool
- Funky or skinny poop
- Diarrhea
- Anemia
- Fatigue

Genetics can also play a role. Consider your family history if you have a relative diagnosed with colon 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, especially in RURAL areas



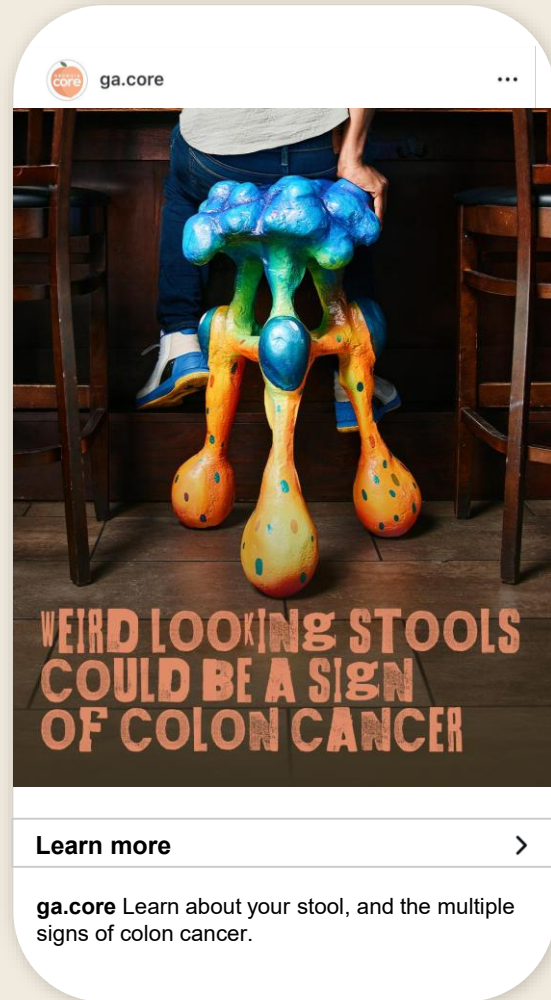
# TARGETED META & INSTAGRAM ADS



ga.core

NO STOOL SHOULD FEEL THIS UNCOMFORTABLE

[LEARN MORE](#)



ga.core

WEIRD LOOKING STOOLS COULD BE A SIGN OF COLON CANCER

[Learn more](#)

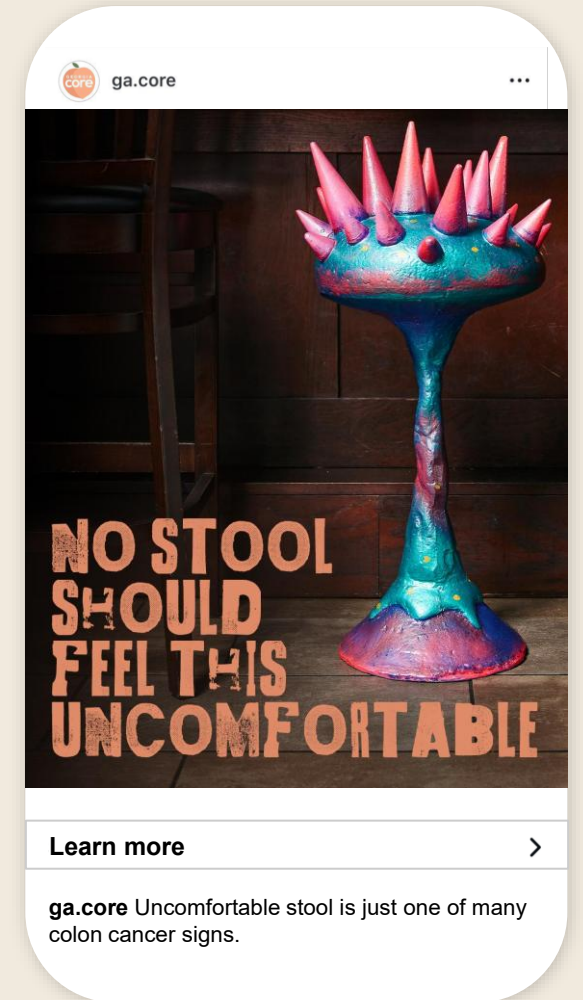
ga.core Learn about your stool, and the multiple signs of colon cancer.



ga.core

CHECK FOR WEIRD LOOKING STOOLS

[LEARN MORE](#)



ga.core

NO STOOL SHOULD FEEL THIS UNCOMFORTABLE

[Learn more](#)

ga.core Uncomfortable stool is just one of many colon cancer signs.

# WE INVITED SPONSORS TO JOIN US

Our thanks to the **Georgia General Assembly**  
and to our sponsors for supporting this life-saving effort for Georgians



# 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

# WEIRD LOOKING STOOLS

The campaign to prevent colon cancer in Georgians

## RESULTS

# 64 Million

# of times campaign ads were seen

## 46,069

Clicks from digital ads  
(leading to websites)

## 97,609

Views of Weird  
Looking Stools  
online page

## 94%

Share of visitors  
making first visit to  
WLS web page

## 30

National / local media  
outlets reporting on  
campaign

# OVER 365 MILLION EARNED IMPRESSIONS!

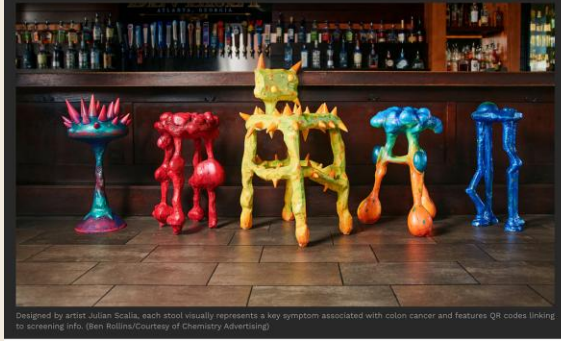
AJC (online)  
AJC (print)  
The Telegraph (Macon)  
Woman's World  
Yahoo!News  
Black Press USA  
The Atlanta 100  
The Grio  
Yahoo!News  
AOL  
WANF - TV (Atlanta, GA)  
WRDW (pick-up)  
WALB News (pick-up)  
MSN (pick-up)  
Cancer Health

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  
WHNS (FOX) - Greenville, SC (6PM News)  
WCTV (CBS) - Tallahassee, FL (5:30PM News)  
WRDW (CBS) - Augusta, GA (News 12 Live at 5)  
Peachtree TV - Atlanta, GA ANF AM Live  
Atlanta News First (WANF-CBS) - Atlanta, GA ANF AM Live  
WHNS (FOX) - Greenville, SC - Morning News  
WRDW (CBS) - Augusta, GA - News 12 This Morning  
WAGT (NBC) - Augusta, GA News 26 This Morning

Ad Age  
PharmaLive  
Little Black Book  
Media Marketing  
Med Ad News  
Roastbrief US  
Muse by Clios  
Indie Agency

## 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 26, 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.



## '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



## Artful stools spark conversation on rising colon cancer rates



## 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



## 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

Advertisement: Don't miss out on our weekly cancer treatment and news updates. Cancer Health Email Newsletter



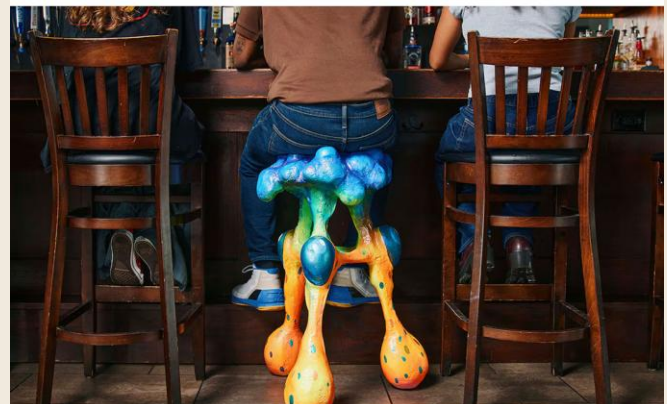
Georgia CORE's 'Weird Looking Stools' designed by Julian Scalia raise awareness of colon cancer. Courtesy of Chemistry Advertising

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

# AdAge

Creativity Top 5 Biggest advertisers ranked Agency Review Tracker

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



ANF ATLANTA NEWS FIRST 55° Atlanta, GA. Advertisement for Vrbo Private Vacation Rentals.

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



ABBY KOUSOURIS FADD, MIDTOWN ANF

PharmaLive.com MARKETING & ADVERTISING R&D THERAPEUTICS RESOURCES MANNY AWARDS

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





# Thank You

# Q&A

# Poll

1. What is the current CRC screening age range for adults at average risk according to USPSTF?
2. Fill in the blank: \_\_\_ out of 4 colorectal cancers in adults younger than 50 are advanced stage.
3. Colorectal cancer is the leading cancer death for people younger than 50 years of age.
4. Fill in the blank: \_\_\_% of early-onset patients have family history/genetic risk.
5. Yes or No: I learned something new as a result of today's webinar.



# Resources

# New Cancer Screening Resources



## Community Health Center Cancer Screening Resources for Health Care Professionals

The American Cancer Society (ACS) is committed to supporting primary care professionals and their patients with trusted, evidence-based resources around cancer prevention, screening, and early detection. With people at the heart of our mission, we applied input from health center leaders across the country to curate this list of key cancer risk and prevention resources for primary care professionals and practices. We invite you to access the practical tools, guidelines, and strategies below to enhance your cancer screening efforts and improve patient outcomes.

### Breast Cancer Screening Resources

- Breast Cancer Screening Guidelines
- Breast Cancer Facts & Figures 2024-2025
- Breast Cancer Facts and Figures 2024-2025: At a Glance Summary
- Breast Cancer Fact Sheet for Health Care Professionals

### Cervical Cancer Screening Resources

- Cervical Cancer Screening Guidelines
- Cervical Cancer Fact Sheet for Health Care Professionals
- FAQs for Transitioning to Primary HPV Testing for Cervical Cancer Screening
- Preparing for Self-Collection: Clinician Communication Guide

### Colorectal Cancer Screening Resources

- Colorectal Cancer Screening Guidelines
- Colorectal Cancer Fact Sheet for Health Care Professionals
- Clinician's Reference Brief Stool-based Tests for Colorectal Cancer Screening
- Lead Time Messaging Guidebook: A Tool to Encourage On-Time CRC Screening
- Steps for Increasing CRC Screening Rates: A Manual for Primary Care Practices

### Lung Cancer Screening Resources

- Lung Cancer Screening Guidelines
- Lung Cancer Fact Sheet for Health Care Professionals
- Lung Cancer Screening Shared Decision Making: A Guide for Health Care Professionals
- Steps for Increasing Lung Cancer Screening: A Guide for Primary Care Practices



## Community Health Center Cancer Screening Resources for Health Care Professionals

### Prostate Cancer Screening Resources

- Prostate Screening Guidelines
- Prostate Cancer Fact Sheet for Health Care Professionals
- Prostate Cancer Statistics, 2025

### General Cancer Resources

- Cancer Facts and Figures 2025
- Cancer Statistics Center
- The Cancer Atlas
- Cancer Screening Disparities Atlas
- Health Care Professionals Information
- ACS CancerRisk360™
- American Cancer Society Roundtables
- Cancer Screening Evidence-Based Intervention Guide



Supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a grant. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HHS or the U.S. Government.

July 2025

## Cancer Screening Resources for Patients

Cancer screening saves lives. Connect with trusted information to understand why, when, and how to get screened. Take action today: talk to a health care professional to schedule your screening.

### Breast Cancer Screening Resources

- Breast Cancer Screening Guidelines
- Breast Cancer Fact Sheet
- What You Need to Know About Mammograms Booklet
- 7 Things to Know About Getting a Mammogram Infographic



### Cervical Cancer Screening Resources

- Cervical Cancer Screening Guidelines
- Cervical Cancer Fact Sheet
- Screening Tests for Cervical Cancer
- Cervical Cancer Prevention Flyer



### Colorectal Cancer Screening Resources

- Colorectal Cancer Screening Guidelines
- Colorectal Cancer Fact Sheet
- Colorectal Cancer: Catch It Early and Reduce Your Risk
- Getting Screened for Colorectal Cancer Booklet
- 7 Things to Know About Getting a Colonoscopy Infographic



### Lung Cancer Screening Resources

- Lung Cancer Screening Guidelines
- Lung Cancer Fact Sheet
- Lung Cancer Screening Handout
- Finding Lung Cancer Early Flyer
- Lung Cancer Screening Patient Decision Guide



## Cancer Screening Resources for Patients

### Prostate Cancer Screening Resources

- Prostate Cancer Screening Guidelines
- Prostate Cancer Fact Sheet
- Prostate Cancer Screening Patient Decision Aid
- Testing for Prostate Cancer Booklet



### Learn How to Lower Your Cancer Risk

Take 10 minutes to complete our ACS CancerRisk360™ tool to learn more about what factors might affect your health and actions you can take to help lower your cancer risk.

### General Cancer Prevention and Screening Resources

- Get Your Test Flyer
- Get Screened Info Page
- Healthy Eating and Being Active Can Lower Your Cancer Risk Flyer
- What is Cancer? Flyer
- You Can Help Reduce Your Cancer Risk Flyer



### Get Help and Support from the American Cancer Society

Call 1-800-227-2345 to speak with a cancer information specialist who can answer questions and provide guidance and a compassionate ear.  
 Visit [cancer.org](https://www.cancer.org) or live chat with a cancer information specialist who can answer questions and provide guidance and a compassionate ear.  
 Get Help - Search for and connect to support for cancer-related needs.  
 Screening Locator - Find cancer screening locations near you.

Supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a grant. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HHS or the U.S. Government.

July 2025

Cancer Screening Resources For Healthcare Professionals

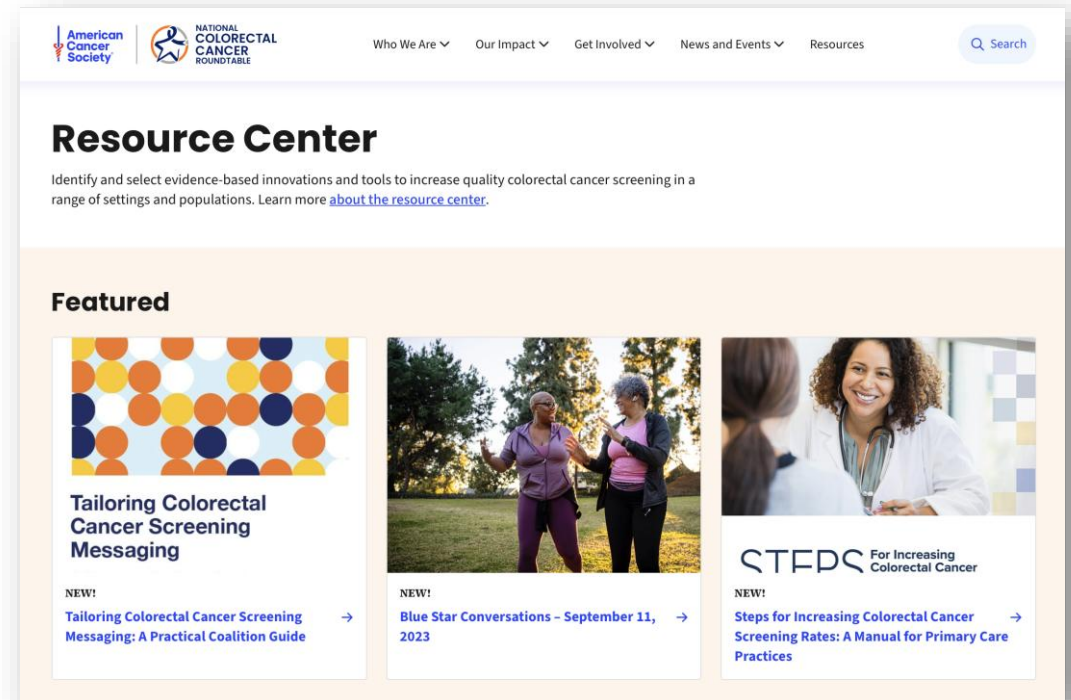


Cancer Screening Resources for Patients



# ACS NCCRT Website & Resource Center

The **ACS NCCRT Website & Resource Center** contains evidence-based resources and tools to help you increase quality colorectal cancer screening in a range of settings and populations.




[nccrt.org/resource-center](https://nccrt.org/resource-center)

# Clinician's Reference: Stool-Based Tests for Colorectal Cancer Screening

## Newly Updated January 2025

- Aims to introduce (or reintroduce) the value of stool-based testing to primary care clinicians.
- Summarizes the science behind the different types of stool-based tests available—Fecal Immunochemical Tests (FIT), High-Sensitivity Fecal Occult Blood Tests (HS-gFOBT) and FIT-DNA testing—and provides guidance on implementing high quality stool-based screening programs





**NEWLY UPDATED**

**Clinician's Reference:**

Stool-Based Tests for Colorectal Cancer Screening

This resource is designed to introduce (or reintroduce) primary care clinicians to the value of stool-based testing for colorectal cancer.

 | 

# ACS NCCRT Guidebook: Increasing CRC Screening in Rural Communities Best Practices

## About the Guide

- **Background:** People living in rural communities face higher CRC incidence and mortality rates, increased prevalence of risk factors associated with CRC, and unique barriers to CRC screening when compared to non-rural residents.
- **Objective:** To address this need, the ACS NCCRT sought to develop a guide to support key community partners in understanding and overcoming the unique challenges and common barriers to CRC screening faced in rural communities.

## How to Use the Guide

- **Audience:** Targeted at health systems—inclusive of community health centers, primary care practices, and hospitals—as well as community-based organizations.
- **Format:** Designed to give you easy and direct access to the materials most relevant to your needs and specific challenges.



# 2026 Promising Practices Series



Join us for this informative webinar series to learn about the latest evidence-based practices to improve HPV vaccination (among adolescents aged 9–13) and cervical cancer elimination efforts nationwide!

Live CME/CNE credit will be provided for all sessions.

This series is scheduled on Thursdays from 2pm - 3pm ET:

**Session 1:**  
*20 Years of HPV Vaccination Safety & Impact*  
February 19<sup>th</sup>

**Session 2:**  
*HPV Vaccination QI Success Stories*  
April 16<sup>th</sup>

**Session 3:**  
*Partnering for HPV Vaccination Progress*  
June 18<sup>th</sup>

**Session 4:**  
*Provider Education for On-Time HPV Vaccination*  
August 20<sup>th</sup>

**Session 5:**  
*Provider & Team Champions for HPV Vaccination*  
October 15<sup>th</sup>

**Session 6:**  
*Cervical Cancer Elimination*  
December 10<sup>th</sup>



**Register [here!](#)**

# 2026 Rural Learning Community

The American Cancer Society (ACS) and the ACS National HPV Vaccination Roundtable are partnering with rural healthcare providers to expand knowledge and improve access to preventive care, including on-time HPV vaccination and other cancer screenings. This rural learning community will provide practical strategies and peer-based learning to help participants implement evidence-based interventions that strengthen cancer prevention and screening efforts in their clinics and communities.



**This series is scheduled on Wednesdays from 2pm – 3pm ET**

**March 11:** Advancing Cervical Cancer Screening: Updated Guidelines and Self-Collection Success in Rural Communities

**April 8:** Back to the Basics: Re-Centering HPV Vaccination in a Shifting Adolescent Landscape

**May 13th:** Small Media, Big Impact: Boosting HPV Vaccination in Rural Communities

**June 10th:** Improving HPV Communication and Uptake in Rural Settings

**August 12th:** Culture in Conversation: Trusted Voices Improving HPV Vaccination

**September 9th:** From Start to Finish: HPV Series Completion in Rural Communities

**October 14th:** From Colon to Cervical: Best Practices with Self-Collection Testing

**November 11th:** Bridge the Gap: HPV Partnerships & Pathways That Work

**Join us for this monthly interactive series!**



**Register today!**

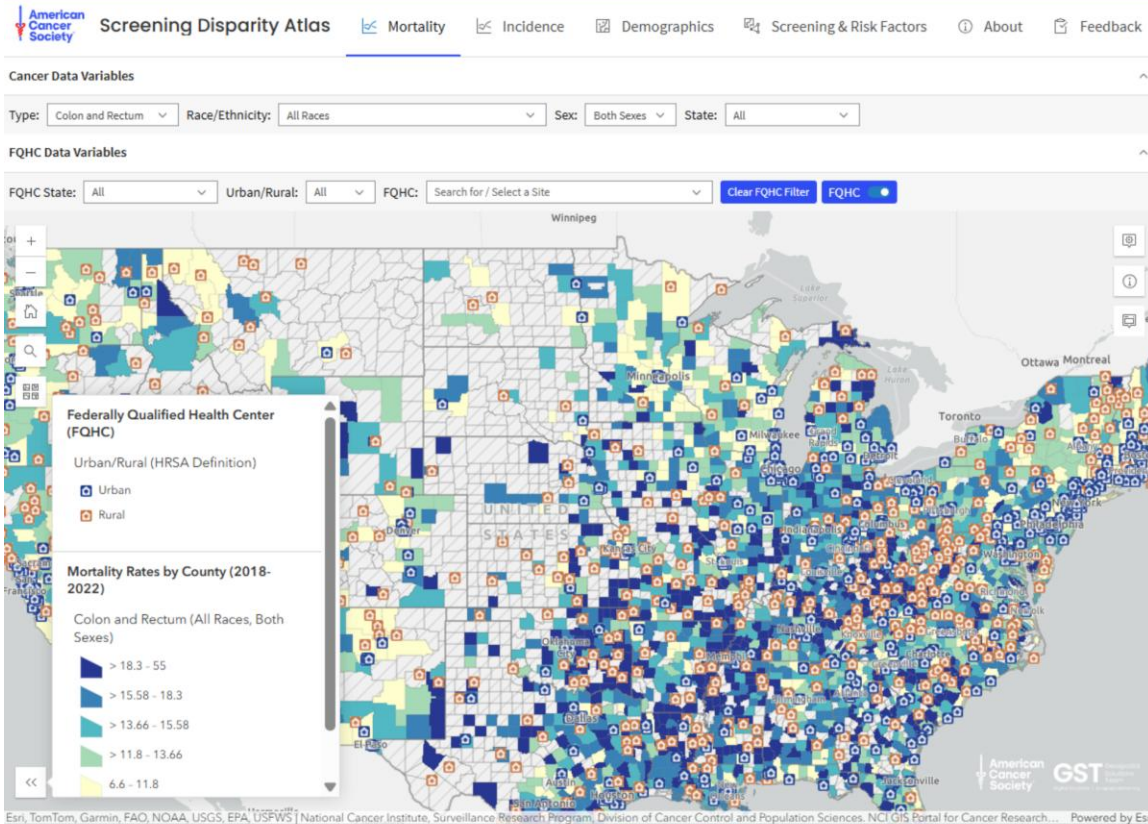
**Questions?** Contact: [Ashley.Lach@cancer.org](mailto:Ashley.Lach@cancer.org)





Want to uncover **colorectal cancer** mortality, incidence and screening **disparities in your community?**

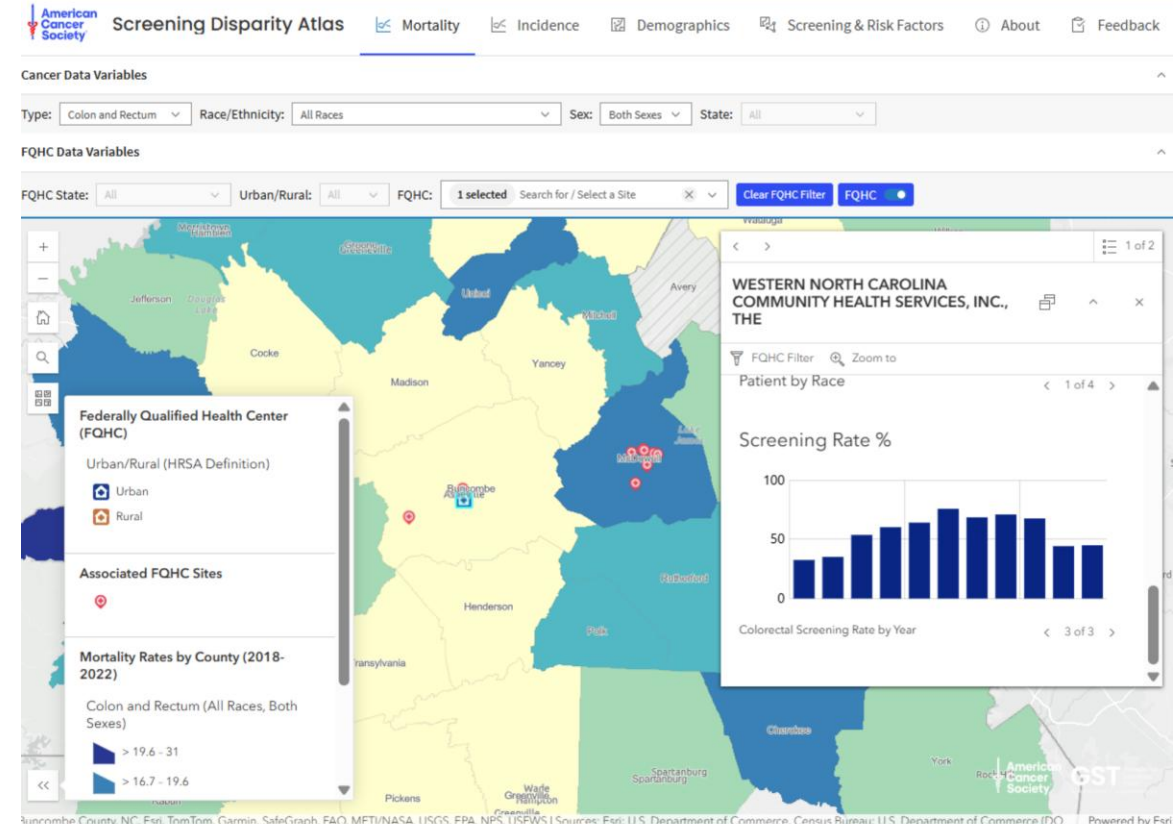
**Use our ACS Screening Disparity Atlas!**



[maps.cancer.org/ScreeningDisparityAtlas](https://maps.cancer.org/ScreeningDisparityAtlas)



Find FQHC colorectal cancer screening rates from 2014-2024 on our **ACS Screening Disparity Atlas.**



[maps.cancer.org/ScreeningDisparityAtlas](https://maps.cancer.org/ScreeningDisparityAtlas)

# Partner Acknowledgement



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ROUNDTABLE

# Funder Acknowledgement

This program is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a \$200,000 award funded by CDC/HHS. The content shared are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.



# Thank You!