

POWER OF PREVENTION

The Health and Economic Benefits of Preventing Chronic Diseases



COLORECTAL CANCER

Among cancers that affect both men and women, [colorectal cancer](#) is the second most common cancer and the second leading cause of cancer-related death in the United States.

Age is the biggest risk factor. About 9 in 10 colorectal cancer cases are among men and women aged 50 or older.¹

Colorectal Cancer in the United States

- 141,000 people were diagnosed with colorectal cancer in 2016, and more than 52,000 people died of it.¹
- Blacks are more likely to be diagnosed with and die of colorectal cancer than members of other racial and ethnic groups.¹
- Early-stage colorectal cancer does not usually cause symptoms.

Strategies That Work

CDC is working to prevent cancer, detect it early, improve the health of people with cancer, and reduce health care costs associated with cancer.

The most effective way to reduce the risk of colorectal cancer is routine screening, beginning at age 50, for people who are at average risk.² Screening tests can find precancerous polyps so they can be removed before they turn into cancer.³ Screening tests also can find colorectal cancer early, when treatment is most effective.³

The Benefits of Using Proven Strategies

More colorectal cancer screening would:

-  **PREVENT** cancer. Increasing screening to 80% from current levels could reduce the number of people diagnosed with colorectal cancer by 22% by 2030.⁴
-  **REDUCE** deaths. Increasing screening to 80% from current levels could reduce deaths from colorectal cancer by 33% in 2030.⁴
-  **INCREASE** 5-year survival rates. About 90% of adults diagnosed with colorectal cancer at an early stage live for 5 years or more, compared to only 14% of those diagnosed with late-stage cancer.⁵
-  **SAVE** the government money. Increasing screening to 70% from current levels could reduce Medicare spending by \$14 billion^{*(a)} in 2050.⁶



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However, even when screening is available, many people are reluctant to get screened. Less than 40% of colorectal cancers are found at an early stage.⁵ In 2015, only 6 in 10 people who were eligible received a screening test.⁷ Adults without health insurance are less likely to be screened.⁷

In 2015, CDC funded 23 states, 6 universities, and 1 American Indian tribe to implement the Colorectal Cancer Control Program (CRCCP) over a 5-year period. The program works to increase colorectal cancer screening among eligible adults.

CRCCP awardees partner with health systems that serve high-need populations to help them use [interventions recommended in the Guide to Community Preventive Services](#) to increase colorectal cancer screening.

Recommended interventions include:

- Using patient and provider reminder systems.
- Assessing the performance of health care providers and giving them feedback to help them improve.
- Reducing structural barriers to screening—for example, by offering longer clinic hours, services at local worksites, and help with paperwork or transportation.



Since 2015, the CRCCP has worked with more than 800 clinics serving over 1.2 million US adults aged 50 to 75. From 2015 to 2018, the average screening percentage for these clinics increased by 10.3 percentage points, from 42.9% to 53.2% (CDC, unpublished data, 2019).



\$14.1 BILLION^{*(a)}
total annual medical cost
of colorectal cancer care⁸

The High Cost of Colorectal Cancer

- 11% of all cancer treatment costs in the United States are for colorectal cancer.⁸
- Colorectal cancer has the second highest cost of any cancer in the United States.⁸
- Average Medicare health care spending for patients with newly diagnosed colorectal cancer ranges from \$40,000 to \$80,000,^{*(b)} depending on the stage.⁹
- On average, cancer survivors have annual losses in work productivity (due to missed work days and employment disability) that are about \$1,000^{*(c)} higher compared to people without a cancer history.¹⁰ Some cancer survivors are not able to return to work, while others report not being able to perform all tasks because of illness or distress.

* Costs were measured in ^a2010 US dollars, ^b2013 US dollars, and ^c2011 US dollars. Older cost estimates are likely to be underestimates.