

**Talking Points / Key Messaging**

**On Colorectal Cancer:**

* Colorectal cancer, or CRC, refers to colon cancer and rectal cancer.
* CRC is the second deadliest and fourth most common cancer in the U.S.
* More than 150,000 people are diagnosed with CRC and more than 50,000 die from the disease each year.
* The average lifetime risk of colorectal cancer is **1 in 24**.
* Most people are diagnosed with CRC after age 50, but the rate of young-onset CRC, affecting younger people, is rising.
* Non-Hispanic Black people have the second highest mortality rate and second-highest incidence rate of CRC in the U.S. American Indian and Alaskan Native communities face the highest mortality and incidence rates.
* Colorectal cancer often **develops without symptoms**. When present, symptoms may include:
  + Blood in or on stool
  + Persistent unusual bowel movements like constipation or diarrhea
  + Stomach pain, aches, or cramps that don’t go away
  + Losing weight for no reason
* Colorectal cancer starts as an abnormal tissue growth, which is called a polyp, inside the colon or rectum. With the help of screening tests, doctors can find polyps and remove them, which prevents colorectal cancer from developing.
* Colorectal cancer found early has a 91% survival rate.

**On Screening:**

* Colorectal cancer is highly preventable with on-time, routine screening.
* Screening should begin at **age 45** for people at average risk.
* People at higher risk may need to get screened earlier. They should speak with a healthcare provider about when to get checked. Conditions that increase risk include:
  + Inflammatory bowel diseases such as Crohn’s disease or ulcerative colitis
  + A personal or **family history of colorectal cancer** or colorectal polyps
  + A genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (Lynch syndrome)
* Most people have screening options, including colonoscopy, stool-DNA, and FIT (fecal immunochemical test). Some screening options can be completed at home.
* An abnormal/positive stool-DNA or FIT result requires a follow-up colonoscopy.
* Visit **quiz.getscreened.org** for a free personalized screening recommendation based on your individual risk factors.

**On the Colorectal Cancer Alliance:**

* The Colorectal Cancer Alliance exists to end colorectal cancer in our lifetime.
* The Alliance advocates for prevention, magnifies patient support, and accelerates research to end this disease.
* The Alliance empowers a nation of passionate and determined allies to prevent, treat, and overcome colorectal cancer in their lives and communities.
* The Alliance is the largest, oldest, and leading national nonprofit dedicated to this disease.
* The Alliance was founded in 1999 by a group of more than 40 patients and caregivers who saw a need for support in the colorectal cancer community.
* At the Alliance, colorectal cancer is personal. We are patients, caregivers, family members, and advocates.
* The Alliance takes a comprehensive, patient-centered approach to ending colorectal cancer.
* Learn more about the Colorectal Cancer Alliance at ccalliance.org.