American Cancer Society®

American Cancer Society: A Colorectal Cancer Screening Guide for Cancer Coalitions

We acknowledge the Centers for Disease Control and Prevention (CDC) for its support of the American Cancer Society staff and in the development of this resource under cooperative agreement NU58DP007540 awarded to the American Cancer Society. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

Overview

Colorectal cancer (CRC) is the third most common cancer diagnosed in the United States and is the second most common cause of cancer death when numbers for men and women are combined.[1] However, many diagnoses and deaths from CRC are preventable through regular screening, follow-up, and high-quality treatment.

Regular screening for CRC is an effective tool for finding cancer early when treatment is more likely to be successful. Some CRC screening methods can also help prevent CRC by finding and removing colorectal polyps before they develop into cancer. A study of cancer deaths averted from 1975 to 2000 demonstrated that approximately 79% of CRC deaths were averted because of screening and removal of precancerous polyps or early detection.[2]

CRC screening can help save lives but remains underutilized.

Cancer coalitions are uniquely able to address initiatives such as increasing CRC screening rates by bringing together diverse stakeholders and communities with a shared goal. As they connect with partners, cancer coalitions can share educational information about the importance of CRC screening, as well as educate and encourage partners to implement high-quality CRC screening programs for the people they serve.

This document was created as a practical guide to assist cancer coalition efforts in increasing CRC screening rates in their states. It includes an overview of CRC screening guidelines, recommendations, and tips that can help your coalition align information, messaging, and ideas to engage partners.

To help your coalition build capacity to address CRC screening, the guide includes four steps:

Colorectal Cancer 101

The overall lifetime risk of developing CRC developing is 1 in 24 for men and 1 in 26 for women.[1] These statistics illustrate the burden of CRC on the general population of the US.

154,270	52,900	>1 in 3	>1.4 million
Estimated new CRC diagnoses in 2025[1]	Estimated deaths from CRC in 2025[1]	Adults ages 45+ not screened as recommended[3]	Men and women alive in the US with a history of CRC[4]

The incidence rate of CRC in the US was 36.9 per 100,000 from 2017-2021. The national mortality rate from CRC was 12.9 per 100,000 from 2019-2022.[5]

To view specific rates by state and data trends, visit the American Cancer Society (ACS) Cancer Statistics Center and *Cancer Facts & Figures*.[1,5]

Guidelines and Recommendations for CRC Screening

Current CRC screening guidelines for people at average risk from ACS and the United States Preventive Services Task Force (USPSTF) align.[6,7]

At-a-Glance: ACS Guideline for People at Average Risk

Ages 45-75	Ages 76-85	Over age 85
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.**	**Talk to your doctor.** Discuss whether you should continue screening. When deciding, take into account your own preferences, overall health, and past screening history**.**	**No longer screen.** People who are over age 85 should no longer get colorectal cancer screening.

The two main categories of screening tests included in guideline recommendations for CRC are **stool-based tests** and **visual exams.[6]**

It is essential that all positive or abnormal results from a non-colonoscopy screening test be followed up with a timely colonoscopy to complete the screening process.

Stool-based tests[8]

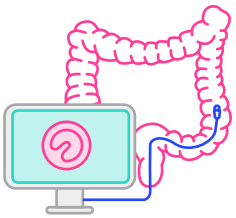
About stool-based tests

- Can be done at home
- No bowel prep or sedation
- Need to be done more often than visual tests
- Can miss polyps and some cancers

Stool-based test options and frequency

- Fecal immunochemical test (FIT) **every year**
- Guaiac-based fecal occult blood test (gFOBT) **every year**
- Multitargeted stool DNA test (MT-sDNA) every **three years**

Visual exam tests[8]



About visual exam tests

- Done in a doctor's office or health facility
- Bowel prep needed
- Only a colonoscopy can remove and test polyps

Visual test options and frequency

- Colonoscopy every **10 years**
- CT colonography (virtual colonoscopy) **every 5 years**
- Flexible sigmoidoscopy every **5 years**

Offering different testing options for patients has increased adherence to screening recommendations.[3] The ACS guideline recommends offering patients stool-based test options, as well as visual exam tests.[6]

For more information, visit Colorectal Cancer Screening Tests on cancer.org.

CRC Survival Statistics

Following are five-year relative survival rates for colon and rectal cancers.[1]

Stage	Five-year relative survival rates for colon cancer	Five-year relative survival rates for rectal cancer
Localized	91%	90%
Regional	73%	74%
Distant	13%	18%

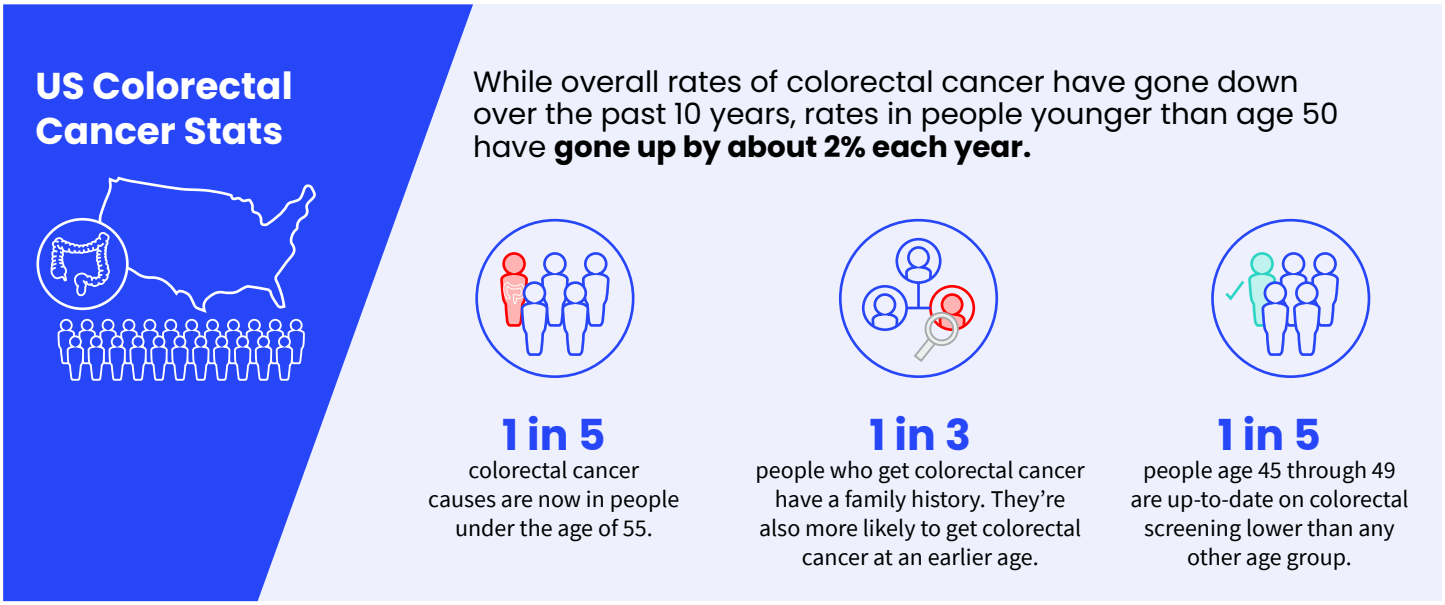
The table illustrates the importance of timely CRC screening. When found early, at the localized or regional stage, treatment is more likely to be successful than at distant (later) stages.

Cancer Affects Everyone, but it Doesn't Affect Everyone Equally

Many groups of people have a higher risk of CRC, lower screening rates for CRC, or less access to care than others due to many factors. The following data explore some of these disparities.

In the US, rising numbers of CRC incidence has rapidly shifted mortality patterns in adults younger than age 50.[2,9] CRC is now the leading cause of cancer death in men and the second in women younger than 50.[10]

Further, the number of people diagnosed with advanced-stage CRC increased from 52% in the mid-2000s to 60% in 2019.[9] Learn more about CRC in younger adults in the following figure.



Risk Factors, Screening Trends, and Barriers to Quality Care

Key risk factors contribute to CRC incidence, some of which are modifiable. Following are risk factors and their aligning national data that may inform your data collection and analyses.

Nonmodifiable Risk Factors

Age

The risk of CRC increases with age. While CRC is much more common after age 50, cases are rising among people who are younger than 50.

Race and Ethnicity

- CRC incidence is highest among American Indian (50.6 per 100,000) persons, followed by non-Hispanic Black individuals (40.4), and lowest in Asian Americans/Pacific Islander people (27.9).[1]
- CRC mortality rates are 44% higher in Black men and 31% higher in Black women compared to White men and women, respectively.[1]

Sex at Birth

During 2017-2021, the overall CRC incidence rate was higher in men (40.4 per 100,000) than in women (30.5 per 100,000), likely due to lifestyle factors. Men are also more likely to die from CRC than women.[1,5]

Gender Identity and Sexual Orientation

LGBTQ+ communities have a higher prevalence of CRC risk factors, such as tobacco use, alcohol use, and excess body weight, among certain subgroups.[11]

Personal and Family History

A person's risk can be affected by their personal or family history of CRC polyps or cancer or if they have a family cancer syndrome. About 30% of people diagnosed with CRC have a family history of the disease. A personal history of getting radiation to the abdomen or pelvis, or having a history of inflammatory bowel disease can also increase risk.[5]

Modifiable Risk Factors

Lifestyle factors

More than 54% of CRCs in the US are attributable to lifestyle-related factors, including:[1]

- Excess body weight
- Type 2 diabetes
- Physical inactivity
- Long-term cigarette smoking
- Unhealthy diet, including high consumption of red or processed meat, low intake of calcium, and very low intake of fruits, vegetables, and whole grains
- Moderate to heavy alcohol use

Learn more at **Colorectal Cancer Risk Factors** on cancer.org.

Challenges Due to Health-related Social Needs and Access to Quality Care

- Time off of work is cited as a barrier to getting screened for CRC, which may require time off for preparation and recovery. Nearly half (48%) of Hispanic/Latinx workers and more than one-third (36%) of Black workers report having no paid time off of any kind from their jobs.[12]
- According to a recent Agency for Healthcare Research and Quality report, Black people receive worse medical care than White people on 85 of 190 measures, including effective treatment for CRC.[13]
- Despite similar self-reported CRC screening prevalence, Black people are more likely to receive a lower-quality colonoscopy.[5]
- People with the lowest socioeconomic status are 40% more likely to be diagnosed with CRC than those with the highest socioeconomic status.[5]

Screening Trends

- Screening rates also vary widely by subgroups. For example, screening rates vary by Hispanic origin, ranging from 45% among adults of Mexican descent to 62% among Puerto Rican adults.[3]
- Historically and in 2023, up-to-date screening was highest among White (67%) and Black (66%) people and lower among Hispanic (56%), Asian (58%), and American Indian or Alaska Native (59%) persons.[3]
- In the US, screening is lowest among ages 45-49 (37%) and ages 50-54 (55%); Hispanic (56%); Asian Americans (58%); American Indian or Native Alaskan (59%); individuals with less than a high school education (51%), individuals with a lower income (<100% Federal Poverty Level) (51%); the uninsured (25%); and recent (<10 years) immigrants (43%).[3]

Building Your Coalition's Capacity to Address CRC Screening

Cancer control coalitions are well-suited to bring stakeholders together around CRC screening. Effective coalition initiatives can impact real change by:

- Identifying community resources
- Bringing public awareness to issues surrounding CRC
- Promoting prevention and screening
- Successfully putting strategies into action

Follow these steps to build your capacity to address CRC screening:

1. Gather Data

Assess the CRC Data and Risk Factors in Your Community

The previous section outlined CRC incidence, mortality, and screening data across the US population and among specific groups. These data are crucial to start cancer control planning. Analyzing the data as they relate to your patient population is important. Considering all data related to prevention, early detection, treatment quality, and survivorship provides coalitions with the information necessary to identify high-risk populations. Doing so can also help monitor trends, plan interventions, allocate resources, and evaluate the impact of their efforts.

In the following list, you'll find data sources to assess the current state of CRC in your population:

- The CDC Behavioral Risk Factor Surveillance System (BRFSS) is a nationwide system of health-related telephone surveys that collect state data about US residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.
- The ACS NCCRT CRC Data Dashboard integrates layers from multiple data sources, allowing you to interactively explore state and national data using maps and graphs, including:
    - CRC surveillance data (incidence rates, mortality rates)
    - CRC screening rates
    - Health care settings/locations (Commission of Cancer hospitals, federally qualified health centers [FQHCs], National Cancer Institute—designated cancer centers)
    - Demographics (age, race and Hispanic origin, gender identity and sexual orientation, poverty status, educational attainment)
    - Additional health measures (smoking, binge drinking, obesity)
- The American Cancer Society Screening Disparity Atlas is a state-of-the-art dashboard that provides vital insights into cancer screening and risk factors, incidence, mortality, and demographics. The tool is enriched with detailed data on FQHCs, including their associated sites, screening rates, patient characteristics, and informative charts, from 2014 to 2022. The dashboard can assist in identifying and addressing gaps to eliminate disparities in cancer screening and outcomes.
- Interact with US statistics on cancer occurrence, risk factors, and screening by visiting the ACS Cancer Statistics Center.
- In your coalition advocacy work, presenting CRC incidence and mortality by congressional district may be helpful. Use the CDC's Cancer Statistics: Data Visualization tool to find CRC incidence and mortality data for the nation, states, congressional districts, and counties.

RESOURCE TIP: ACS has developed a CRC Screening Trends and Disparities data visualization slide deck, compiling the latest data in a visually appealing 28-slide presentation ready-to-go for you and your coalition partners. Contact a regional ACS team member for access to the PowerPoint presentation.

Conduct an Environmental Scan Related to CRC

To avoid duplicating work, or to seek partnership on work already happening and align your efforts to increase CRC screening, conduct an environmental scan.

RESOURCE TIP: Developed by the ACS Comprehensive Cancer Control National Partnership (CCCNP), this worksheet walks you through the environmental scan process with guiding questions and action steps that will frame your efforts.

2. Develop or Revise Goals, Objectives, and Strategies

After looking at the data and environment, look at your state/tribal/territorial cancer control plan. Using the CCCNP CRC Screening Cancer Plan Tip Sheet and evidence-based strategies outlined below, work with your team or coalition to revise or develop new goals, objectives, and strategies to address CRC screening.

RESOURCE TIP: The CRC Screening Cancer Plan Tip Sheet provides step-by-step guidance. This step and **Step 3 (Choose and Prioritize CRC Objectives)** often go together, so review that section as well if your coalition or team moves straight onto prioritizing these strategies.

The Community Guide is a collection of evidence-based recommendations and findings from the Community Preventive Services Task Force (CPSTF). CPSTF makes recommendations about the effectiveness and economic impact of public health programs, services, and other interventions used in real-world settings (e.g., communities, worksites, schools, faith-based organizations, military bases, public health clinics and departments, and integrated health care systems).

Recommendations in The Community Guide are considered the gold standard for what works to help protect and improve population health.

Increasing CRC Screening is A National Goal

The ACS NCCRT's 80% in Every Community campaign brings together numerous, multi-sectored organizations to work toward the shared goal of reaching CRC screening rates of 80% and higher in communities across the nation.

Learn more about the campaign and ways to advance the shared goal.

Strategies to Reach Patients[14]

Patient reminders for CRC screening can be written (patient portal, letters, postcards, emails, texts) or in telephone messages (including automated messages).

What Coalitions Can Do:

- Provide health systems with tested messages to use in patient reminders.
- Create and/or print patient reminders, and distribute them through partner health systems.
- Present at a statewide conference on evidence supporting patient reminders in CRC screening.

One-on-one education strategies provide information from health care professionals, advisors, or volunteers to individuals about indications for, benefits of, and ways to overcome barriers to CRC screening. Conversations are intended to help inform, encourage, and motivate individuals to seek recommended screening options.

What Coalitions Can Do:

- Provide data to health education entities to help target their activities.
- Conduct an environmental scan regarding screening locations and disseminate to those conducting education.
- Provide educators with materials that use tested messages.

Small media, including videos and printed materials such as letters, brochures, social media posts, and newsletters, can be used to inform and motivate people to be screened for cancer. These materials can help provide information tailored to specific individuals or general audiences.

What Coalitions Can Do:

- Develop and implement a detailed communication plan that outlines the when-where-how-and-why of your small media campaign (e.g., assigning roles, setting objectives, and establishing timelines).
- Collect and share county-level data to identify locations that should be targeted for media dissemination.
- Conduct focus groups in counties with low screening rates to learn more about facilitators and barriers to CRC screening and tailor your media based on what you learn.

Strategies for Health Care Providers and Health Systems

Provider assessment and feedback interventions aim to:

- Evaluate provider performance in delivering screening messages or offering screening to patients (assessment).
- Present providers with information about their performance in providing screening services (feedback).

Provider reminder and recall systems can help inform health care providers when it is time for a patient's cancer screening test (reminder) or that the patient is overdue for screening (recall). The reminders can be provided in different ways, such as in patient charts or portals, or by phone calls, texts, mail, or emails.

What Coalitions Can Do:

- Provide your clinical partners with resources – like the ACS NCCRT's Steps for Increasing CRC Screening Rates: A Manual for Primary Care Practices, which provides a step-by-step guide for the implementation of strategies to increase CRC screening rates. It includes ready-to-use tools and resources to improve workflow efficiency.
- Your coalition could host and conduct trainings, train-the-trainer sessions, summits, and webinars leveraging the content from the Steps for Increasing Colorectal Cancer Screening Rates manual or other relevant ACS NCCRT resources like Increasing Colorectal Cancer Screening in Rural Communities: A Practical Guide.

Strategies to Increase Community Access to Care

Engaging community health workers (CHWs), who are typically used in under-resourced settings to improve health and enhance health equity, can improve screening rates and have been shown to be cost-effective if not cost saving for CRC screening. They can increase demand for screening services using group education, one-on-one education, patient reminders, and small media, as well as work to help reduce structural barriers while working within a team or alone.

What Coalitions Can Do:

- Educate clinical and community-based partners about the benefits and potential cost savings of CHWs in many settings.
- Educate CHWs about their role in the CRC screening process through their state CHW curriculum (if it exists) or professional societies.
- Advocate for their state health department to create a CHW curriculum and certification that includes CRC screening in it.
- Encourage partners to prioritize and include CHWs within their CRC screening workflows and community outreach and education.

Patient navigation services provided through health care systems can help patients overcome barriers to accessing CRC screening. Services are offered to populations experiencing greater disparities in cancer screening, including people from historically disadvantaged racial and ethnic populations and people with limited incomes. Patient navigators can help provide patient reminders, reduce structural barriers, educate patients, and reduce their out-of-pocket costs.

What Coalitions Can Do:

- Educate policymakers about the impact of patient navigation among populations experiencing disparities
- Hold a patient navigation summit and provide education and materials on CRC screening.
- Educate clinical partners about the benefits of patient navigators in CRC screening workflows.

Helping Reduce Structural Barriers is a strategy that combats non-economic burdens or obstacles that make it difficult for people to access cancer screening.

What Coalitions Can Do:

- Compile, share, and maintain a list of community-based resources to assist with transportation.
- Host events connecting screening provider sites with community-based resource organizations.
- Share success stories with screening centers, like how they expanded their clinical hours, or used CHWs to engage their patients more with the CRC screening process.
- Convene a statewide meeting of health care systems with CRC mobile screening vans to share best practices and identify collaborative opportunities for follow-up colonoscopy.

3. Choose and Prioritize CRC Objectives

After reviewing the CRC screening strategies recommended by The Community Guide, use the following questions with your partners to decide which would be best suited for implementation by your coalition:

- Is this something we need to accomplish together? (i.e., it is not likely that the objective would be achieved without the work of our coalition/roundtable/ workgroup)
- Does this intervention address a significant area of need for our constituents and stakeholders?
- Does it have a reasonable chance of success?
- Is it likely that we will be able to recruit other individuals and organizations to work on this over the next year?
- Am I personally willing to work on this intervention over the next 12-18 months?

RESOURCE TIP: The ACS Facilitative Leadership Toolkit has detailed, easy-to-follow instructions for facilitative exercises that will help your coalition/workgroup come to a group consensus.

4. Adapt Messaging

After reviewing strategies, choosing, and prioritizing them as a coalition, you may need to reach people or clinicians in your community through tailored CRC screening messaging. Research shows that individualized health communications can increase motivation to obtain on-time and regular CRC screening.[15] Messaging that reflects the needs, values, and motivations of a specific community produces greater changes in health behavior.[15,16]

Following is a list of resources from the ACS NCCRT and the CDC that compiles tested messages to increase CRC screening, as well as guides that can assist your coalition in developing targeted messaging relevant to your communities.

- Tailoring CRC Screening Messaging: A Practical Coalition Guide (2024)
- CRC Screening in the African Methodist Episcopal (AME) Church Community: Messaging Materials Developed in the Atlanta East District of the AME Church (2024); and the AME Church Resource Guide (2024) for use when developing new messaging with AME Church partners
- Lead Time Messaging Guidebook: A Tool to Encourage On-Time CRC Screening (2023)
- Messaging Guidebook for Black & African American People: Messages to Motivate for CRC Screening (2022)
- 80% in Every Community Messaging Guidebook: Recommended Messaging to Reach the Unscreened (2019)
- CDC's CRC Communication Resources

Library of Key Resources

Following is a list of available resources to assist your coalition that can help support CRC screening initiatives.

ACS NCCRT Resource List

- Guide to the Development of State-Level CRC Coalitions
- What Can CCC Coalitions Do to Advance 80% in Every Community? Brief
- Steps for Increasing CRC Screening Rates: A Manual for Primary Care Practices
- Tailoring CRC Messaging: A Practical Coalition Guide
- Messaging and Communications Resource Hub

Comprehensive Cancer Control National Partnership

The Comprehensive Cancer Control National Partnership (CCCNP) is a national coalition of 17 organizations that seeks to support coalitions in the implementation of their jurisdictional cancer plans. ACS is a founding member of the CCCNP and has been active within the partnership for over 25 years. Access the CCC Tip Sheet about CRC.

Data

- ACS NCCRT Data Dashboard
- ACS Cancer Statistics Center
- Cancer.org | *Colorectal Cancer Facts & Figures*
- CDC
  - United States Cancer Statistics: Data Visualizations
  - Behavioral Risk Factor Surveillance Survey
  - National Health Interview Survey
- Department of Health And Human Services | Health Center Program Uniform Data System (UDS) Data Overview
- National Committee for Quality Assurance | Healthcare Effectiveness Data and Information Set

Guidelines

- ACS
- USPSTF

General Information & Materials

- ACS Brand Central (downloadable/printable materials)
- ACS NCCRT Resource Center
- Cancer.org | CRC Fact Sheet for Patients and Caregivers
- Cancer.org | CRC Cancer Type Detailed Guide
- Cancer.org | Information for Health Care Professionals
- ACS CancerRisk360™

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