

# Don't Let the COVID-19 Pandemic Stall Your Colorectal Cancer Screening

## American Cancer Society urges people to talk to their doctor about getting back to screening

ATLANTA, Feb. 25, 2021 /PRNewswire/ -- Despite the continued COVID-19 pandemic, cancer screening remains a public health priority. Existing disparities will likely increase without deliberate focus to address known barriers to cancer screening along with additional challenges related to the pandemic. During Colorectal Cancer Awareness Month, the American Cancer Society (ACS) is encouraging people to talk to their doctor about colorectal cancer screening tests. Colorectal cancer is the second most common cause of cancer death in the United States when men and women are combined.

"Research shows that screening can prevent colorectal cancer through the detection and removal of precancerous growths (polyps), as well as detect cancer at an early stage when treatment is likely to work best," said Laura Makaroff, DO, Senior Vice President, Prevention & Early Detection, American Cancer Society. "We know the pandemic has disrupted cancer screening, and we are urging people to talk to their doctor about getting back on track with colorectal cancer screening now."

This year, an estimated 149,500 cases of colorectal cancer will be diagnosed in the U.S., and about 52,980 people will die from the disease. Black Americans have the highest colorectal cancer incidence and mortality rates of all racial groups in the U.S. Reasons for racial/ethnic disparities in colorectal cancer are complex, but largely reflect differences in risk factor prevalence and health care access, both of which are related to socioeconomic status.

The ACS recommends that individuals at average risk for colorectal cancer begin screening at age 45 years and continue through age 75 years, with more individualized decision making from ages 76 to 85 years based on health status/life expectancy, patient preferences, and prior screening history. Regular adherence to screening with either stool testing (fecal immunochemical tests, highly sensitive guaiac-based tests, or a multi-target stool DNA test) or structural exams (e.g., colonoscopy or computed tomography colonography) results in a similar reduction in premature colorectal cancer death over a lifetime.

More than half (55%) of colorectal cancers in the U.S. are attributable to potentially modifiable risk factors, including excess body weight, physical inactivity, long-term smoking, high consumption of red or processed meat, low calcium intake, heavy alcohol consumption, and very low intake of fruits and vegetables and whole-grain fiber. Hereditary/genetic and medical factors that increase risk include a personal or family history of colorectal cancer, certain inherited genetic syndromes, a personal history of inflammatory bowel disease, and type 2 diabetes. A recently published [ACS study](#) finds that long-term aspirin use before a diagnosis of colorectal cancer may be associated with lower colorectal cancer-specific mortality.

"Cancer screening disparities are evident and are likely to increase as a result of the COVID-19 pandemic," said William Cance, MD, Chief Medical and Scientific Officer, American Cancer Society. "Healthcare providers must continue to make cancer screening a priority and efforts to overcome barriers for populations with low screening prevalence must be at the forefront of our focus as we continue to provide the public with safe opportunities to prevent cancer or detect it early."

For more information on colorectal cancer, visit [cancer.org](https://www.cancer.org).

SOURCE American Cancer Society

For further information: Charaighn Sesock: [charaighn.sesock@cancer.org](mailto:charaighn.sesock@cancer.org), American Cancer Society

