Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/clinicians-roundtable/rising-colorectal-cancer-young-adults-screening-implications/56450/

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Rising Colorectal Cancer in Young Adults: Implications for Screening

Announcer:
This is *Clinician's Roundtable* on ReachMD. On this episode, we'll learn about the recent rise in colorectal cancer among young patients with Dr. Christopher Cann. He's an Assistant Professor in the Department of Hematology Oncology at Fox Chase Cancer Center in Philadelphia, where he's also the Director of the Young Adult Cancer Program. Let's hear from Dr. Cann now.

Dr. Cann:
So what we know is that colorectal cancer over the past three decades or so has been on the rise, not only within the United States, but around the world. Right now, within the United States itself, patients that were born in the 1990s are two times more likely to have colon cancer and four times more likely to develop rectal cancer than their parents, which is pretty astounding to me, and it shows that these cancers are potentially developing earlier than we ever thought they would be. One thing that I always like to talk about is that from a symptom standpoint, it's really important for patients to advocate for themselves regarding how they are feeling and if there's something going on with their body. But then it also relies on us as providers to spread awareness to other providers and say, 'Hey, this is a real phenomenon that is happening, and so we have to a lower threshold to investigate these symptoms that may seem to be rather benign, but if they're lasting a long time and the patient's concerned, have that lower threshold.'

Now when it comes to why this is happening, we still don't know. There has been a lot of research into this—in particular, the microbiome, which is within the guts, and how your bacteria within your gut are changing and increasing inflammation at the epithelial lining of the colon, leading to faster cancer development. There's also a lot of research into what we call the exposome, or the amount of environmental and different exposures we have from birth up until the point of a cancer diagnosis. There's also literature to suggest that more sedentary lifestyles and obesity potentially contribute to this increased risk. So it's likely a multifaceted component that's lending to this rise in cancer.

But one last thing I'll mention is that when younger patients are presenting with colorectal cancer, we're finding that they're presenting late and with more advanced disease, and they are not fitting within that screening timeframe that we have for average-age onsets. And so that's that disadvantage where we can emphasize that screening is so important for those 45 and above to ensure that we catch cancers early, but we're missing the patient population that's seeing this rise in incidences of colorectal cancer that don't fit within that screening guideline.

So it reinforces the fact of not only patients advocating for themselves and providers having a lower threshold, but it also speaks to how we talk about when we may need to have earlier screening colonoscopies. And so I always like to remind viewers, patients, and providers that there's certain criteria from a family history standpoint that we need to be aware of, and this is not necessarily related to a hereditary disorder such as Lynch syndrome, etc.—those are different criteria. What I'm referring to is if a person has a first-degree relative with colorectal cancer at any age, colonoscopy should begin at age 40 or 10 years before the earliest diagnosis of colorectal cancer. Then if we have a first-degree relative with a confirmed advanced adenoma—so a high-grade dysplasia, greater than one centimeter polyp, a villus, or a tubular villus histology—all of those types of polyps are considered advanced and fit within an earlier screening modality. So colonoscopy beginning at age 40 or at the age of onset of that adenoma and that first-degree relative, whichever one is first.

So that's why I like to bring up that difference in screening modality because it sparks patients to talk to their family members about the potential risk of colon cancer and maybe will allow more patients to be screened earlier than they would've otherwise.

Announcer:

© 2026 ReachMD

That was Dr. Christopher Cann talking about the importance of timely colorectal cancer screening given its increasing prevalence in young patients. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

© 2026 ReachMD