

Health and Economic Benefits of Colorectal Cancer Interventions

- Colorectal cancer is a leading cause of cancer death in the United States.
- It generated \$24.3 billion in medical spending in 2020, accounting for 11.6% of all cancer treatment costs.
- More routine screening would reduce cases, deaths, and costs.



Among cancers that affect both men and women, [colorectal cancer](#) is a common cancer and a 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](#)

- 141,902 new cases of colorectal cancer were reported in 2021, and 52,967 people died of this cancer in 2022.[1](#)
- Non-Hispanic Black and non-Hispanic American Indian and Alaska Native people have the highest rates of new colorectal cancer cases.[1](#)
- Non-Hispanic Black people have the highest rates of colorectal cancer deaths.[1](#)
- Early-stage colorectal cancer does not always cause symptoms.

In 2020, the cost of colorectal cancer care was \$24.3 billion:[2](#)

- Colorectal cancer has the second highest treatment cost of any cancer, accounting for 11.6% of all cancer treatment costs.
- The cost for medical services was \$23.7 billion and \$0.6 billion for prescription drugs.
- If cancer diagnosis and treatment were divided into phases of care, then the initial phase would be the first year after a diagnosis, the end-of-life phase would be the year before death from cancer, and the continuing care phase would be the time in between these two phases. The average per-patient costs for medical services were highest for the last year of life (\$110,100), followed by the initial care phase (\$66,500) and continuing care phase (\$6,200).
- The average per-patient costs for oral prescription drugs were highest for the last year of life (\$1,400), followed by the initial care phase (\$400) and continuing care phase (about \$200).

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

The most effective way to reduce the risk of colorectal cancer is routine screening, beginning at age 45, for people who are at average risk.[3](#) 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.[2](#)

However, fewer than 35% of colorectal cancers are found at an early stage.[1](#) In 2020, 72% of adults aged 50 to 75 were up-to-date with colorectal cancer screening (using all 5 tests available).[4](#) Adults without health insurance are less likely to be screened.[5](#)

Colorectal cancer screening can:

- **DECREASE** the number of people diagnosed with colorectal cancer. Increasing screening prevalence to 80% could reduce the number of people diagnosed with colorectal cancer by 22% by 2030.[6](#)
- **REDUCE** deaths. Increasing screening prevalence to 80% could reduce deaths from colorectal cancer by 33% by 2030.[5](#) deaths. Increasing screening prevalence to 80% could reduce deaths from colorectal cancer by 33% by 2030.[5](#)
- **PREVENT** or detect cancer sooner when it is easier to treat. Almost 89% of adults diagnosed with colorectal cancer at an early stage live for 5 years or more, compared to only 16% of those diagnosed with late-stage cancer.[1](#)
- **REDUCE** health care spending. Increasing screening prevalence to 70% among adults age 50 to 64 could reduce Medicare spending by \$14 billion* by 2050.[7](#)

* Costs were measured in 2010 U.S. dollars. Older cost estimates are likely to be underestimates.

CDC's Colorectal Cancer Control Program (CRCCP) awards funding to 35 recipients: 20 states, 8 universities, 2 tribal organizations, and 5 other organizations. CRCCP award recipients 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 among eligible adults.

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.

Spotlight

From July 2021 to June 2022, CRCCP partner clinics screened almost 198,000 people for colorectal cancer. This was a 35% increase (51,084 more screenings) from the previous 12-month period.

October 16, 2024

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