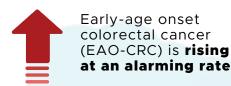
National Clinical Alert: Young Onset Colorectal Cancer™

58%



Patients younger than 55 are 58% more likely to be diagnosed with advanced stage (III or IV) disease

WHY?

- Low symptom awareness
- Less access to medical care
- Symptoms dismissed by provider
- Misdiagnosis

REFER PATIENTS WITH THESE SIGNS & SYMPTOMS FOR A DIAGNOSTIC EVALUATION!

- Rectal bleeding
- Change in bowel movement
- Diarrhea
- Abdominal pain
- Increased platelets
- Low mean red cell volume
- Low hemoglobin
- Abnormal liver function
- Raised inflammatory markers
- Unexplained fatigue or weight loss

FAMILY HEALTH HISTORY (FHH) IS IMPORTANT TO IDENTIFY:



Individuals at an increased risk of developing CRC



Those eligible for screening at an earlier age (<45 years)



Those eligible for more frequent screening



YOUNG ADULTS AT HIGH-RISK HAVE:

First-degree relative(s) with CRC

First-degree relatives with advanced colorectal polyps



Hereditary syndromes, such as, Lynch syndrome, Familial Adenomatous Polyposis (FAP), MUTYH-associated polyposis (MAP), and Germline variants associated with CRC

IMPORTANT ACTION STEPS

- Education campaigns for the public
- ② Educate providers about the rise in EAO-CRC and the importance of FHH
- ③ Physical exam and referral to a gastroenterologist/surgeon or endoscopist for anyone—regardless of age—who presents with any symptoms of CRC

Talk to your patients about:

- **BASIC DIGESTIVE HEALTH**
- WHAT AND WHERE THE COLON IS
- NOT TO DISREGARD THE SYMPTOMS OF CRC

REMEMBER!

The U.S. Preventive Services Task Force has updated its guidelines for CRC screening. **Average-risk** adults can start screening at age 45 years.

CONTRIBUTORS TO THIS CLINICAL ALERT: Andrew Albert, MD; Chelsea Boet, MD (deceased); Cindy Borassi; Anne Carlson; Whitney Jones, MD; Erin Peterson; and Thomas Weber, MD, FACS (deceased)

