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# EVALUATING THE SYMPTOMATIC INDIVIDUAL FOR CRC

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*CRC incidence and mortality are rising in young adults.*

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While CRC is decreasing nationally, it is actually rising in individuals under the age of 50, for reasons not yet understood. Additionally, younger individuals are more likely to be diagnosed with late stage disease compared to older individuals, due in part to delayed work-up of alarm signs and symptoms. Primary care clinicians can help reduce CRC mortality by considering CRC in the evaluation of a patient with possible signs and symptoms, regardless of age or family history, in addition to preemptively identifying people with risk factors based on personal and family history risk assessment.

## **PARTICIPANTS**

Provider, patient

## **BARRIERS**

Patient lack of awareness, patient willingness to present to provider and/or undergo physical exam and colonoscopy; CRC is not the most likely explanation for patients with nonspecific symptoms and/or no other risk factors

## **STEPS**

- 1** Consider evaluation for CRC in individuals with any of the following signs or symptoms, regardless of age, and even in the absence of other personal or family history risk factors:
  - blood in stool
  - recent-onset, persistent or progressive diarrhea and/or constipation
  - persistent or progressive abdominal pain
  - abdominal mass
  - unexplained iron deficiency anemia
  - unexplained weight loss
- 2** Evaluate for CRC per guidelines. This may include a physical exam, including a rectal exam, and assessing CBC and iron levels.
- 3** Colonoscopy is a recommended diagnostic procedure for patients presenting with the alarm signs and symptoms discussed above. Note that a fecal occult blood test (FOBT) is not indicated as a diagnostic test for symptomatic patients, and a negative FOBT does not rule out the possibility of CRC.

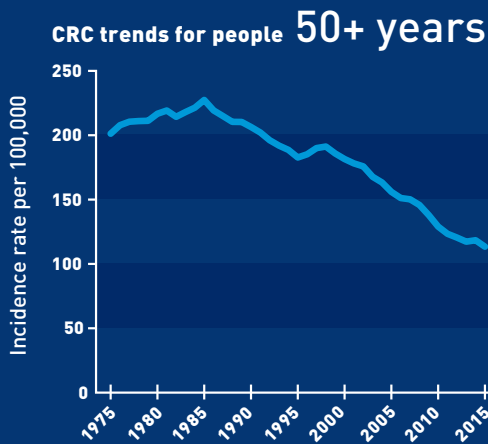
# Colorectal cancer (CRC) in adults under 50 is on the rise



**74%** growth in incidence since 1988

**1 in 10** CRC patients are under 50

## Incidence of CRC by age: 50+ versus 20 – 49



**AVERAGE TIME**  
to diagnose is delayed  
for those under 50



**~1 in 3** early onset colorectal cancers may be **preventable** by taking a family history and screening those at increased risk

**Don't minimize symptoms in young patients**



**SOURCES**  
Siegel et al. JNCI. 2017, 109:djw322.  
Scott et al. AM J Surg. 2016, 211:1014.  
NCI SEER, seer.cancer.gov