

Colorectal cancers (CRC) are cancers that affect the colon and rectum. In 2019, there were 142,642 new diagnoses of CRC cancer, and 51,896 people died of this cancer. CRC has the fourth-highest incidence rate of any cancer in the United States, with a rate of 36.3 (per 100,000 Americans), compared to the most common, female breast cancer, which has an incidence rate of 129.7. CRC also has the fourth-highest rate of mortality, with a rate of 12.8, compared to the lung and bronchus cancer, with a rate of 33.4.<sup>1</sup>

### Racial Disparities

In the United States, CRC disproportionately impacts Black and American Indians/Alaska Natives. While Black and American Indian/Alaska Native Americans make up just 13.4% and 1.1% of the U.S. population, respectively, Black Americans have an incidence rate of 45.7, and American Indian/Alaska Native Americans have a rate of 43.3, compared to a rate of 38.6 in White Americans.

This disparity extends to mortality rates, as well, with Black Americans having a mortality rate of 19.0, and American Indian/Alaska Native Americans have a rate of 15.8, compared to a rate of 13.8 in White Americans.<sup>2</sup>

### Sex/Gender Disparities

Men are disproportionately impacted by CRC, with an incidence rate of 44.4, compared to an incidence rate of 34.0 in Women. Men are also disproportionately impacted in terms of mortality, as well, with a mortality rate of 16.6, compared to a rate of 11.7 in women. These disparities are consistent across every racial demographic group.<sup>2</sup>

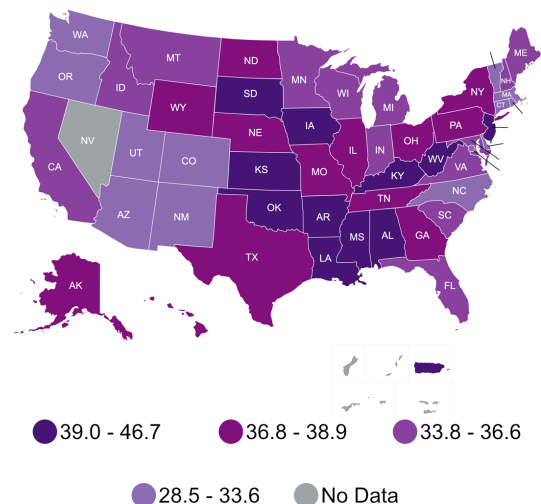
### Income Disparities

Socioeconomic status is highly correlated to CRC screening and health outcomes. Just 58% of persons whose household incomes were below \$15,000 per year reported being screened for CRC, compared to 76.1% of persons whose annual incomes were \$75,000 or greater.<sup>3</sup>

A review of cancer mortality data found that mortality rates for CRC were higher in counties with persistent poverty rates (i.e., counties with  $\geq 20\%$  of population living in poverty since 1980), than in those without persistent poverty rates. Counties with persistent poverty rates saw a mortality rate of 20.1, compared to counties with non-persistent poverty rates, which had a mortality rate of 17.1.<sup>4</sup>

### Regional Disparities

Southern states are disproportionately impacted by CRC, with six states in the South having the highest rates of new CRC diagnoses in the United States. Mississippi has the highest rate of new diagnoses, with a rate of 46.7, compared to Utah, which has the lowest rate at 28.5.<sup>1</sup>



CRC mortality rates are also highest in the South, with five southern states having the highest rates of CRC mortality in the United States. Mississippi, again, has the highest mortality rate, with a rate of 17.7, compared to Connecticut, which has the lowest rate of 10.2.<sup>1</sup>

These geographic disparities are highly correlated with lower levels of educational attainment, higher levels of generational poverty, and greater barriers to accessing and affording healthcare services, such as screening to detect CRC and comprehensive treatment.

### References

- <sup>1</sup>Centers for Disease Control and Prevention. (2022, November). U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2021 submission data (1999-2019). <https://www.cdc.gov/cancer/dataviz/>
- <sup>2</sup>American Cancer Society. (2020). Colorectal Cancer Facts & Figures 2020-2022. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2020-2022.pdf>
- <sup>3</sup>Musselwhite, L.W., et al. (2021, May 19). Colorectal Cancer: In the Pursuit of Health Equity. *American Society of Clinical Oncology Educational Book*, 41, 108-117. <https://doi.org/10.1200/edbk.321071>
- <sup>4</sup>Moss, J.L., et al. (2020, October 01). Persistent Poverty and Cancer Mortality Rates: An Analysis of County-Level Poverty Designations. *Cancer Epidemiology: Biomarkers & Prevention*, 29(10), 1949-1954. <https://doi.org/10.1158/1055-9965.EPI-20-0007>