



COLORECTAL CANCER AWARENESS MONTH MARCH 2026 | QUICK FACTS

- The American Cancer Society (ACS) estimates 1,530 Nevadans will be diagnosed with colorectal cancer in 2026 and 580 will die of the disease. These counts reflect a more than 3% increase in new cases and a nearly 12% increase in deaths from the disease.
- Nationally, colorectal cancer incidence and mortality have declined by about 1% and 1.5% respectively each year, but in Nevada, both rates have increased. Using five-year data for 2017-2021 vs. 2018-2022, incidence increased from 33.2 to 35.4 per 100,000. Mortality, using years 2018-2022 and 2019-2023, increased from 13.7 to 13.9 per 100,000.
- Colorectal cancer is the #2 cancer killer in Nevada by total numbers, only behind lung cancer.
- The latest ACS data shows that colorectal cancer is now the leading cause of cancer deaths among men under 50, and second for women under 50. Further, 3-in-4 people under 50 are diagnosed with advanced cancer.
- Some lifestyle choices may increase risk of colorectal cancer including lack of exercise; a diet low in fruits, vegetables, and fiber; a diet high in fat or processed meats; being overweight; and using alcohol or tobacco.
- African Americans are more likely to be diagnosed with colorectal cancer and more likely to die of the disease compared to any other racial or ethnic group in the U.S. They are also more likely to develop colorectal cancer at younger ages but also be diagnosed at a later stage of the disease.

SCREENING / EARLY DETECTION

- The U.S. Preventive Services Task Force recommends adults ages 45-75 and at average risk screen for colorectal cancer regularly based on selected method—every year with FIT test, every 3 years for stool DNA test, or every 10 years with colonoscopy.
- Colonoscopy is often considered a preventive exam if done regularly. A doctor can find pre-cancerous polyps and remove them before they become cancer.
- Some people may have increased risk of colorectal cancer, including those with a personal family history of colorectal cancer or colorectal polyps. Other risk factors include having an inflammatory bowel disease such as Crohn's disease or ulcerative colitis, or a genetic syndrome such as Lynch syndrome. People with increased risk may begin screening before age 45 and may need to screen more regularly.

- In 2024, the latest year for which data is available, 63.6% of Nevadans ages 45-75 said they had been screened for colorectal cancer within the recommendations. (Colonoscopy within the past 10 years or blood stool test within the past year.)
- In 2024, 30.2% of Nevadans ages 45-75 said they had never been screened for colorectal cancer, a two percentage point drop from 2022.
- In Nevada, people who identify as non-Hispanic Black are most likely to be up-to-date with screening at 72.7% screened, followed by non-Hispanic white at 67.7%. Fewer people who are Hispanic are up-to-date with screening, just 47.5%, versus never been screened, at 49.6%.