

Colorectal Cancer Screenings and Early Diagnosis Surge in Younger Adults

American Cancer Society researchers say the increase in colorectal cancer screening among younger adults is linked to rise in earlier-stage diagnosis.

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In a new study led by the [American Cancer Society](#) (ACS), scientists found that after a stable 15-year trend, diagnoses of local-stage colorectal cancer (CRC) rose steeply in adults aged 45–49 years old during 2019 to 2022 in the United States, including a 50% relative increase from 2021 to 2022 (from 11.7 to 17.5 cases per 100,000). Local or early stage means the cancer is confined to the original site where it started and usually has no symptoms. The study is published today in the [Journal of the American Medical Association](#) (JAMA).

“These findings contrast with consistent increases of distant-stage diagnoses in this age group,” said [Elizabeth Schafer, MPH](#), associate scientist, surveillance and health equity science, and lead author of the study. “It is promising news because the uptick of cases is likely due to first-time screening in the wake of new recommendations for younger average-risk adults to begin testing for colorectal cancer earlier.”

The recommended age to begin CRC screening was lowered from 50 to 45 years by ACS in 2018 and the United States Preventive Services Task Force (USPSTF) in 2021.

For the study, researchers analyzed CRC cases diagnosed from 2004 to 2022 among adults 20–54 years old in the 21 geographic areas of the National Cancer Institute’s Surveillance, Epidemiology, and End Results (SEER) program. Cases were sorted by age, where the cancer was located, and stage at diagnosis. Incidence rates were adjusted for delays in case reporting, and age-standardized to the 2000 U.S. standard, population.

Results showed that CRC incidence increased steadily by 1.6% annually since 2004 among adults 20–39 years old and by 2.0%–2.6% per year since 2012 among adults 40–44 and 50–54 years old. However, in people 45–49 years old, an increase of 1.1% annually during 2004 to 2019 accelerated to 12.0% per year from 2019 to 2022. This steep increase was driven by the detection of local-stage tumors, which increased from 2019 to 2022 by 18.8% per year for colon cancer after previously stable rates and by 25.1% per year for rectal cancer after declining rates.

This trend contrasts with stable rates of localized disease among adults 20–39 years old and

slower increases of 2.5–3.1% annually among adults 40–44 and 50–54 years of age beginning in 2016 to 2017 that were confined to rectal tumors. Advanced-stage disease continues to increase steeply, by 1.7–2.9% annually since 2004 among adults under 45 years old and even more rapidly during the past decade in ages 45–54.

In support of these findings, another ACS led study also published today in JAMA reports that CRC screening among U.S. adults 45–49 years of age increased by 62% from 2019 to 2023.

“It’s not only thrilling to see the increase in colorectal cancer screening among younger adults, but also how it likely ties into rises in earlier stage diagnosis as noted in the other ACS led paper,” said [Jessica Star, MPH, MA](#), associate scientist, cancer risk factors and screening surveillance research at the American Cancer Society, and lead author of this study. “However, we still have a long way to go. Screening for colorectal cancer in ages 45–49 remains suboptimal and has not increased equitably by both educational attainment and insurance status.”

For this study, scientists analyzed the data of more than 50,000 individuals from the National Health Interview Survey, comparing changes in CRC screening from 2019 to 2023 within age groups 40–44, 45–49, 50–54, 55–64, and 65–75 years. The data were adjusted for age, sex, race/ethnicity, education, and region. Multi-targeted DNA stool testing was restricted to people who had ever received a fecal occult blood test (FOBT) or fecal immunochemical test (FIT) to ensure consistency with questions in the 2019 survey for accurate comparison. When unrestricted by ever FOBT/FIT status, up-to-date CRC screening is 20% in 2021 and 37% in 2023. (See study footnotes in the JAMA article for more information.)

The study results showed that among 45–49-year-olds, colonoscopy screening increased by 43% and stool-based testing increased more than 5-fold from 2019 to 2023. Screening also increased significantly from 2019 to 2023 in every racial and ethnic group, but it remained unchanged among individuals with less than a high school education and those who were uninsured.

“These studies further demonstrate the importance of people having access to comprehensive health insurance, which covers evidence-based preventive services,” said [Lisa A. Lacasse](#), president of ACS’s advocacy affiliate, [the American Cancer Society Cancer Action Network](#) (ACS CAN). “With more than 2 million people in America expected to be diagnosed with cancer in 2025, it’s more important than ever to make sure that everyone can access necessary screenings. ACS CAN will continue to advocate at the state and federal level to expand access for all because it isn’t just good policy, it’s lifesaving.”

Other ACS researchers contributing to these studies include senior authors [Rebecca Siegel, MPH](#), and [Dr. Priti Bandi](#), and co-authors [Dr. Hyuna Sung](#), [Dr. Ahmedin Jemal](#), and [Dr. Robert Smith](#).

Additional ACS Resources:

- [Cancer Statistics Report 2025](#)
- [Cancer Prevention Early Detection Report](#)

- [Colorectal Cancer Statistics Report](#)
- [Colorectal Cancer Screening](#)
- [Colon Cancer Alliance](#)

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