

**FAST FACTS**

# Colorectal Cancer

*Up-to-date insights on disease, treatment, and care based on real-world data from Komodo's full-stack healthcare analytics platform.*

## Colorectal cancer (CRC) is the second-leading cause of cancer deaths in the U.S.

Thanks largely to increased screening rates, CRC diagnoses and deaths have steadily declined in recent decades. However, rates of both have increased in younger patient populations, and stark location- and race-based disparities continue to put many Americans at higher risk. Insights from Komodo's Healthcare Map™ underscore the urgency of action among advocates, governments, and healthcare providers to improve early detection and access to care, especially because CRC presents in many different ways and can even be asymptomatic.

**PREVALENCE**

BETWEEN 2021–2022

**954,000**  
people were seen for  
colorectal cancer care.

24% of patients diagnosed with CRC identified as Black/Hispanic. This number rose to 35% in the 40–45 age group.

**DISPARITIES**

**20.9% of newly diagnosed Black patients** were diagnosed after their cancer had already metastasized. This compares with 18.6% of newly diagnosed White patients.

**45% of Black patients diagnosed between ages 40–45 had an anemia diagnosis** in the three years prior to CRC diagnosis, compared with 29% of White patients.

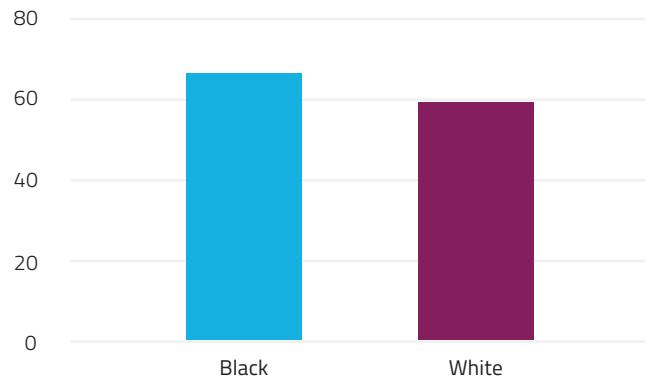
**Black patients waited an average of eight days longer** than White patients for chemotherapy or surgical treatment following a diagnosis.

**PANDEMIC-DRIVEN GAPS**

↓ **90%**  
decline in colonoscopies  
in April 2020

While colonoscopy screenings have rebounded to the pre-pandemic rate, there's been **no influx to compensate for the drop in care.**

↓ **50%**  
decline in new diagnoses  
in April 2020

**Average Number of Days Between Diagnosis and Treatment**

## PRESENTATION AND PATIENT CHARACTERISTICS



### Most common symptoms

- Bleeding/blood in stool
- Atypical stools
- Gastrointestinal discomfort and abdominal pain
- Anemia



### Most common comorbidities

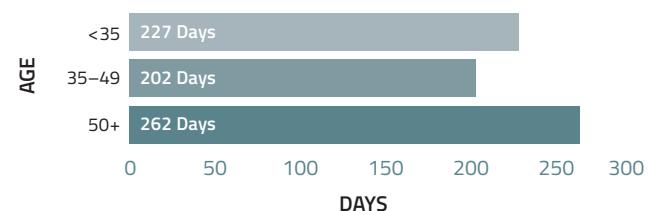
- Hypertension
- High cholesterol
- Type 2 diabetes
- Obesity
- Generalized anxiety disorder
- Sleep apnea

*Despite the variation in anemia, GI bleeding (characterized by bloody stool) was seen at equal rates in White and Black patients diagnosed between the ages 40–45.*

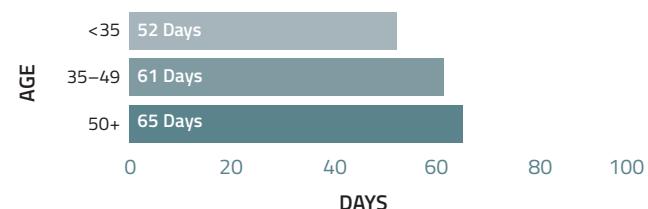
## TRENDS IN EARLY ONSET

- Emergency department visits for anemia and abdominal pain are the most common red flags for CRC diagnoses in patients under age 35.
- Patients under age 35 were most likely to first present with symptoms of anemia and abdominal pain.
- Older patients, age 35+, were more likely to be diagnosed through routine screening or treatment for related disease through a gastroenterology specialist.
- Patients ages 35 to 49 were most likely to present with symptoms of metastatic disease within 30 days of diagnosis.

### Time from first red-flag symptom to CRC diagnosis



### Time from diagnosis to surgery



## DIAGNOSIS AND MANAGEMENT

### Primary Screening Procedures

- Colonoscopy
- Stool analysis (fecal occult blood testing, Cologuard)

### Most Frequently Utilized Therapies

- |                |                            |
|----------------|----------------------------|
| • Oxaliplatin  | • Capecitabine             |
| • Fluorouracil | • Irinotecan hydrochloride |

## TOP DIAGNOSING SPECIALTIES\*

- 1 Emergency Medicine
- 2 Gastroenterology
- 3 Internal Medicine
- 4 Family Practice
- 5 Diagnostic Radiology

Komodo Health *Fast Facts* are derived from the Komodo Healthcare Map, the largest and most complete database of de-identified, real-world patient data. The Healthcare Map uses artificial intelligence and advanced analytics to track the individual encounters with the healthcare system for over 325 million patients. Drawing data from both providers and payers, the Healthcare Map is the only database of its kind to provide a longitudinal view of the entire patient journey, whether care was delivered in network, out of network, or through a specialist, an urgent care center or a retail clinic. The data in this *Fast Facts* report represent the latest real-world patient data snapshot as of June 2021.

\*Excluding pathology

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