Strang Cancer Prevention Institute
Dedicated to Promoting Cure by Early Detection and Research to Prevent Cancer since 1933

Prevention

National Colon Cancer Prevention Month March 2026

COLON CANCER AWARENESS MONTH

COLORECTAL CANCER: INNOVATION IN PREVENTION AND EARLY DETECTION

Note to readers: Innovation is essential for cancer prevention. New analytic, diagnostic, and treatment methods, including precision medicine and artificial intelligence, continue to transform early detection and risk reduction. The Strang Cancer Prevention Institute, whose mission since 1933 has been to promote the cure of cancer through early detection and research, will continue to highlight important advances that improve patient outcomes and expand access to life-saving care.

SUMMARY Colorectal cancer is one of the most preventable cancers, yet it is becoming the leading cause of cancer death, particularly among adults younger than 50. Strong evidence shows that screening detects colorectal cancer at earlier, more treatable stages and can prevent cancer through the removal of precancerous lesions. Despite this, many eligible adults remain unscreened, limiting the population-level impact of these tools.

Why Screening Has Never Been More Urgent New research published in JAMA[1] shows that colorectal cancer has become the leading cause of cancer death among people under 50 in the United States. Over the past three decades, death rates from most major cancers in this age group have fallen sharply. Lung, breast, brain, and blood cancers progressively cause fewer deaths in young adults each year. Colorectal cancer is the only one that has steadily increased, rising about 1.1 percent annually since 2005 and overtaking other cancers that affected more young people. These trends are based on population data through 2023 and reflect real shifts in cancer mortality rates in early to mid-adulthood. This troubling trend makes timely screening and prevention efforts even more crucial. Addressing this challenge requires ongoing public health initiatives and innovative strategies to reach at-risk populations.

New Evidence – Colorectal Cancer Screening Changes Survival A large randomized clinical trial published in *Nature Medicine*[2] compared common screening strategies with usual care in adults aged 60 and older. The study assigned more than 278,000 participants to receive either a one-time colonoscopy, two rounds of fecal immunochemical testing (FIT) spaced approximately two years apart, or no organized screening as part of usual care.The key finding was straightforward: both screening strategies detected more early-stage colorectal cancers than no screening. In particular, colonoscopy detected significantly more early-stage (stage I–II) colorectal cancers than usual care. Early detection increases the likelihood of successful treatment or cure. The FIT approach also shifted diagnoses earlier than no screening, and stool-based tests allowed for earlier detection of cancer.

Millions Are Missing Screening Opportunities A recent analysis by the University of Michigan[3] highlights a persistent and concerning gap in colorectal cancer screening. Researchers examining U.S. screening patterns found that a substantial proportion of people who qualify for free colorectal cancer screening under current healthcare policies never undergo testing. The study also found that follow-up colonoscopies after an abnormal home stool test increased when cost-sharing was removed, confirming that financial barriers play a meaningful role in whether people complete screening. However, overall participation rates remain below the level needed to meaningfully reduce cancer burden. These findings show that even relatively small obstacles, such as out-of-pocket costs for follow-up procedures, can prevent individuals from completing the full screening pathway. They also underscore that simply recommending screening is insufficient. Effective prevention requires healthcare systems and policies that actively support patients at every step, from initial testing to diagnostic follow-up.

How Technology Is Improving Early Detection Beyond policy changes and established screening methods, technological advances are improving how colorectal cancer is detected during routine procedures. Recent research published in *Frontiers in Oncology*[4] demonstrated that artificial intelligence systems can enhance adenoma and polyp detection during colonoscopy by helping physicians identify subtle abnormalities that might otherwise be overlooked. These machine-learning tools operate in real time, providing an additional layer of visual support during the examination. Improved detection has a direct preventive impact. Identifying more precancerous polyps allows their removal before they progress to cancer, reducing future cancer risk rather than simply diagnosing disease at a later stage.

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3.As millions lag in colon cancer screening, new studies point to strategies to boost uptake and follow-up. University of Michigan News, Nov 4 2025. https://ihpi.umich.edu/news-events/news/millions-lag-colon-cancer-screening-new-studies-point-strategies-boost-uptake-and
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IMPORTANT LINKS FROM THE STRANG WEB SITE

https://www.strang.org/

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https://www.strang.org/colorectal-cancer

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The Strang Cancer Prevention Cookbook

Walnut-Raisin Bread

Reduce your Risk for Cancer by Eating a Healthy Diet!

2 Loaves

3 cups warm water
1 1/4-ounce envelope active dry yeast
4 cups whole wheat flour
1 tablespoon plus 1 teaspoon salt
1/4 cup honey
1/4 cup walnut oil
2 tablespoons olive oil
1 cup crushed walnuts
3/4 cup raisins
2 1/2 cups all-purpose flour

In a small bowl combine ½ cup of the water with the yeast. Stir lightly to combine and let sit for 5 minutes.

In a mixer or mixing bowl combine the whole wheat flour and salt. Make a small well in the center by pushing the flour to the sides. Pour the yeast, remaining water, honey and walnuts and olive oils into the center; mix. Add the walnuts, raisins and 1 cup of the all-purpose flour and mix. Add the remaining all-purpose flour 1/3 cup at a time, working the dough together; it should be moist and lightly sticky.

Place the dough on a work surface dusted lightly with flour and knead for 8 minutes until the dough is soft and elastic (add more flour only if the dough is very sticky).

Place the dough in a large, lightly greased bowl, cover tightly with plastic wrap, and let rise in a warm (but not hot) place until doubled in size, about 1 ½ hours.

Punch down the dough and shape into 2 oval loaves. Line a baking sheet with parchment paper sprayed lightly with cooking spray. Place the loaves on the baking sheet and let it rise until almost doubled in size, about 40 minutes.

Preheat the oven to 375 F. Bake the loaves on the middle oven rack for 40 to 45 minutes, rotating the pan midway through baking; the bread should be browned lightly. Lift off the baking sheet; the loaves should sound hollow when tapped on the bottom.

Calories 161, Protein 5g, Carbohydrates 25g, Fat 5g, Cholesterol 0 mg, Dietary fiber 3g, Saturated fat 1g

Phytochemicals: phytic acids, plant polyphenols (phelonic acids), plant sterols, protease inhibitors

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March is National Colon Cancer Awareness Month

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