

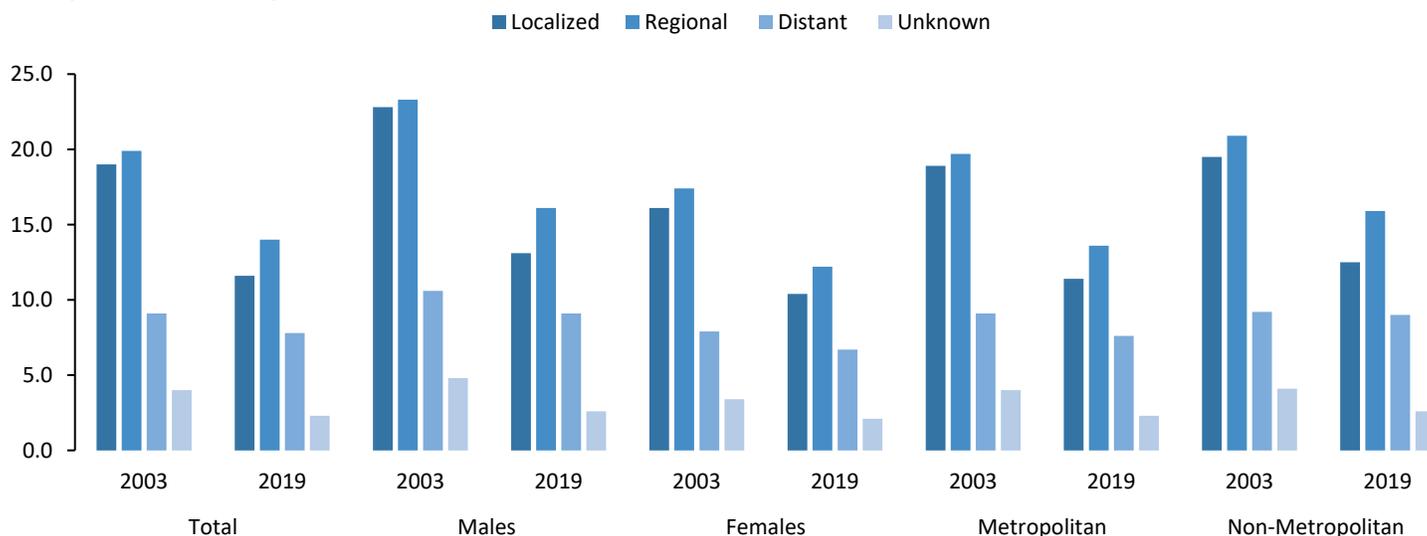
Colorectal Cancer Incidence, United States—2003–2019

In 2019, 142,462 cases of colon and rectum cancer were reported: 75,581 among males and 66,881 among females. The incidence rate was 36 per 100,000 standard population, and was 42 per 100,000 males and 32 per 100,000 females.

Incidence Trends by Stage at Diagnosis

During 2003 to 2019, most cases of colorectal cancer were diagnosed at the regional stage (Figure 1). Colorectal cancer incidence was higher among males compared to females, and declined during 2003 to 2019 by stage at diagnosis and sex.

Figure 1. Colorectal Cancer Incidence^a by Stage at Diagnosis,^b Sex, and Metropolitan and Non-Metropolitan Status,^c United States, 2003 and 2019



^aRates are per 100,000 population and are age-adjusted to the 2000 US standard population.

^bMerged Summary Stage (https://www.cdc.gov/cancer/uscs/technical_notes/stat_methods/stage-at-diagnosis.htm) was used to classify stage at diagnosis. Cases diagnosed only by autopsy or death certificate were excluded from the analysis.

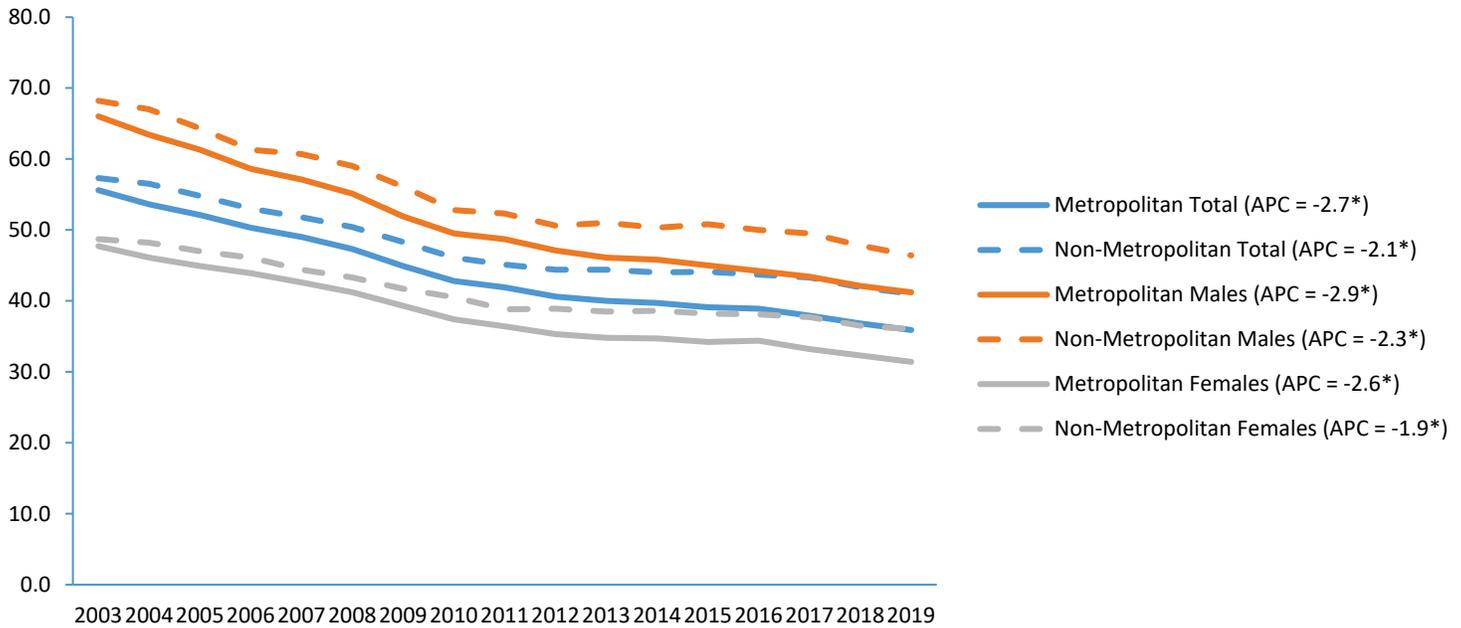
^cRural Urban Continuum 2013 (www.ers.usda.gov/data-products/rural-urban-continuum-codes.aspx) was used to classify metropolitan and non-metropolitan areas.



Incidence Trends by County-Level Metropolitan and Non-Metropolitan Status

During 2003 to 2019, colorectal cancer incidence was higher among individuals living in non-metropolitan areas than those living in metropolitan areas. The highest rates were found among males living in non-metropolitan areas. Colorectal cancer incidence declined more among individuals living in metropolitan than non-metropolitan areas, widening the difference in incidence over time.

Figure 2. Colorectal Cancer Incidence^a by Metropolitan and Non-Metropolitan Status^b and Sex, United States, 2003–2019



^aRates are per 100,000 population and are age-adjusted to the 2000 US standard population.

^bRural Urban Continuum 2013 (www.ers.usda.gov/data-products/rural-urban-continuum-codes.aspx) was used to classify metropolitan and non-metropolitan areas.

*Annual percentage change (APC) is significantly different from zero ($p < 0.05$).

Screening Recommendation

The U.S. Preventive Services Task Force recommends that adults age 45 to 75 be screened for colorectal cancer. Screening strategies include stool tests, flexible sigmoidoscopy, colonoscopy, and CT colonography (virtual colonoscopy). www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening

Data Sources

Data in this brief come from [U.S. Cancer Statistics](http://www.cdc.gov/cancer/uscs/), the official federal cancer statistics. www.cdc.gov/uscs/

U.S. Cancer Statistics incidence data are from population-based registries that participate in CDC's National Program of Cancer Registries (NPCR) and/or the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program and met high-quality data for the 2021 data submission period, covering 99% of the U.S. population (excluding data from Nevada).

More Information

[U.S. Cancer Statistics](http://www.cdc.gov/cancer/uscs/) (www.cdc.gov/cancer/uscs/)
[Colorectal Cancer](http://www.cdc.gov/cancer/colorectal/) (www.cdc.gov/cancer/colorectal/)

Suggested Citation

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