WHEREAS, Colorectal cancer is the third leading cause of cancer death for both men and
women, with an estimated 52,980 persons in the US projected to die of colorectal cancer in
2021; and
WHEREAS, There is sufficient evidence to suggest early detection and screening of colorectal
cancer can reduce mortality; and
WHEREAS, The incidence of colorectal cancer in adults aged 40 to 49 years has increased by
almost 15% from 2000-2002 to 2014-2016; and
WHEREAS, In 2016, 25.6% of eligible adults in the US had never been screened
for colorectal cancer; and
WHEREAS, The primary barriers to patients not receiving the recommended screenings at age
45-49: lack of physician follow-up, mistrust of medical institutions, and lack of insurance
coverage; are risk factors modifiable by way of advocacy from Our AMA; and
WHEREAS, Our AMA supports physician engagement with patients to share decision-making on
screening efforts (H-55.981, last modified 2018) and improving prevention via insurance
coverage for screening tests (H-330.877, last modified 2018) and encourages appropriate
screening (D-55.998, last modified 2013); and

3 Lin JS, Perdue LA, Henriksen NB, Bean SI, Blasi PR. Screening for Colorectal Cancer: An Evidence Update for the US Preventive
05271-EF-1.
4 Lin JS, Perdue LA, Henriksen NB, Bean SI, Blasi PR. Screening for colorectal cancer: updated evidence report and systematic
5 Chiu HM, Chen SL, Yen AM, et al. Effectiveness of fecal immunochemical testing in reducing colorectal cancer mortality from the
One Million Taiwanese Screening Program. Cancer. 2015;121 (18):3221-3229. doi:10.1002/cncr.29462
7 Azulay R, Valinsky L, Hershkovitz F, Elran E, Lederman N, Kariv R, Braunstein B, Heymann A. Barriers to completing
2. PMID: 35573698; PMCID: PMC7879608.
8 Cole H, Thompson HS, White M, Browne R, Trinh-Shevrin C, Braithwaite S, Fiscella K, Boutin-Foster C, Ravenell J. Community-
Based, Preclinical Patient Navigation for Colorectal Cancer Screening Among Older Black Men Recruited From Barbershops: The
28727540; PMCID: PMC5551599.
Current Gastroenterology Reports, 22(8). https://doi.org/10.1007/s11894-020-00776-0
Whereas, Members of historically excluded and marginalized populations experience worse overall survival for colorectal cancer when controlling for factors such as income and education\textsuperscript{11}, and our AMA Has resolved to support (H-180.994, last modified 2021) efforts to engender health equity; and

Whereas, No recent policy explicitly supports our AMA engaging with payors, health systems, and other clinician organizations to advocate for the adoption of routine screening for Colorectal Cancer among patients 45-49; therefore, be it

RESOLVED, That our American Medical Association advocate that payors, health systems, and clinicians adopt the updated U.S. Preventive Services Task Force Recommendation to initiate routine preventive screening for colorectal cancer at age 45; and to coordinate with like-minded professional organizations to enhance physician education and awareness of this essential recommendation. (Directive to Take Action)

Fiscal Note: Not yet determined

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