



Considerations for individuals diagnosed with Early-Onset Colorectal Cancer (EOCRC) – an overview

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Learning Objectives



Understand bowel anatomy and function



Define EOCRC and recognise current trends



Identify symptoms, risk factors, and misconceptions



Outline diagnostic and treatment pathways



Recognise psychosocial and survivorship impacts



Discuss care coordination and available resources

How often have we heard this?

- **"You're too young to get bowel cancer. It's all In your head." – Jess (28yrs - mum of 2)**
- **Woman visited GP 13 times - told that her symptoms were likely caused by piles, irritable bowel syndrome (IBS), or period problems - "You're too young to get bowel cancer."**
- **"I thought only older people got bowel cancer"**
- **"I was really fatigued, abnormally bloated. I'd lost a bit of weight and my bowel movements were super regular. At the time I just assumed that meant I was healthy"**

Hitting the Headlines

Young adults urged to take bowel cancer symptoms seriously amid rising cases

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EDITORIAL · Volume 11, Issue 5, P345, May 2026

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Early-onset colorectal cancer: rising rates require rising awareness

[The Lancet Gastroenterology & Hepatology](#)

[Better prevention needed to reduce the rate of younger people getting cancer, experts say](#)

In short: Oncologists are noticing more instances of bowel cancer in people in their 30s and 40s.

Clinical

Volume 54, Issue 6, June 2025

The alarming rise of early-onset colorectal cancer

Wednesday, April 09, 2025

More younger people getting colorectal cancer



2 March 2026

Bowel cancer rates are rising among young people - but they can reduce their risk

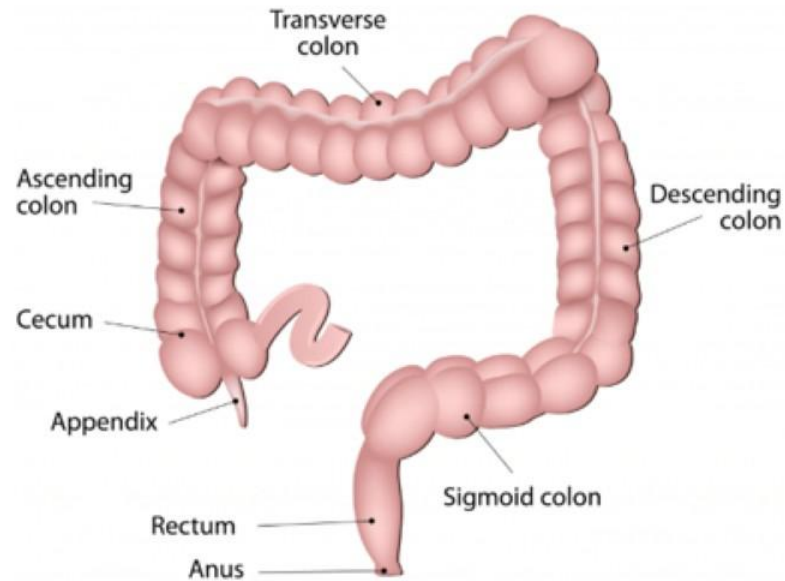
Bowel cancer is rising in young adults, but early screening and simple lifestyle changes can significantly decrease risk.



Early-Onset Colorectal Cancer Is a 'Bigger Problem Every Year'

Mar 28, 2024 1:10 PM CDT

Bowel Anatomy and Function



1.5m
Length

6cm
Diameter

7
segments

1.5 L
Water
absorption/day

Bowel Segments

- Cecum** Pouch-like beginning
- Ascending Colon** Right side, vertical
- Transverse Colon** Horizontal across abdomen
- Descending Colon** Left side, vertical
- Sigmoid Colon** S-shaped curve
- Rectum** Final storage chamber
- Anus** Elimination sphincter

Water Absorption

Absorbs up to 1.5L of water daily, concentrates stool

Microbiome

Hosts trillions of beneficial bacteria

Stool Formation

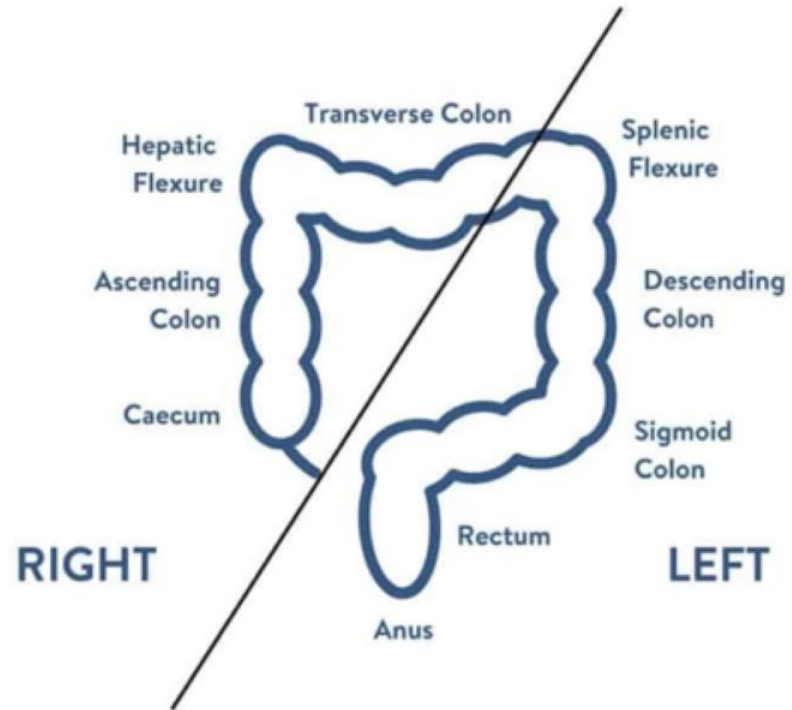
Forms and stores waste for elimination

Immune Defense

Mucosal layer protects against pathogens

What is EOCRC?

EOCRC refers to colorectal cancer diagnosed under the age of 50



Global Statistics

GLOBAL INCIDENCE OF EO CRC.

Age-standardized incidence rate (ASR) of early-onset colorectal cancer (EOCRC; age 20–49 years) in both sexes worldwide for the year 2020. Countries/regions with the greatest percentage increase for the years 2008–2012 are highlighted.



Source: Spaander, M.C.W., Zauber, A.G., Syngal, S. et al. Young-onset colorectal cancer. *Nat Rev Dis Primers* 9, 21 (2023). <https://doi.org/10.1038/s41572-023-00432-7>

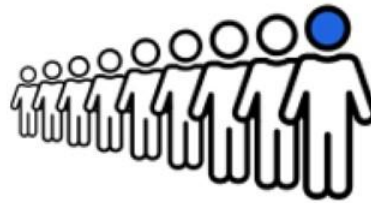
Bowel cancer in Australia



2nd
leading cause of
death from cancer



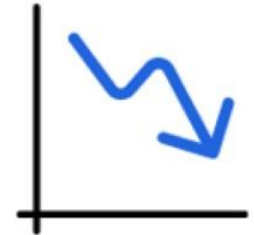
1 in 21
Australians will be
diagnosed one day



1 in 9
people facing bowel
cancer are under 50



More than half
of patients are
diagnosed too late



Early-stage bowel cancer
has a **98%** survival
rate, but only **13%**
at advanced stages



www.curecancer.com.au

EOCRC Statistics

(Bowel Cancer Australia – www.bowelcanceraustralia.org)

- Bowel cancer is the deadliest cancer for Australians aged 25–54
- Approximately 1,884 Australians under 50 are diagnosed annually
- Around 342 Australians under 50 die from bowel cancer annually
- 51.7% are women and 48.3% are men
- 85% of people diagnosed with EO CRC experienced symptoms
- Incidence in Australians under 50 has more than doubled since 2000

National Screening Program

- Australia's National Bowel Cancer Screening Program targets older adults
- Routine screening currently begins at age 45–50 depending on recommendations
- Younger symptomatic patients do not qualify for routine population screening
- Symptom recognition and clinician advocacy are critical
- Family history may warrant earlier surveillance

Aged 45-49?
Join the club

Free Home Test Kit

A easy step you could take save your life.

Request a FREE bowel screening kit now!

NATIONAL BOWELCANCER SCREENING PROGRAM

It's free, easy and could save your life

The advertisement features a blue background. At the top, the text 'Aged 45-49? Join the club' is written in yellow and dark blue. Below this, there is an image of a 'Free Home Test Kit' box and a roll of white paper with the text 'Request a FREE bowel screening kit now!'. At the bottom left, the 'NATIONAL BOWELCANCER SCREENING PROGRAM' logo is visible. At the bottom right, the text 'It's free, easy and could save your life' is written in white.

Risk Factors



Modifiable (things we can change)

- Diet: ↑ processed/red meat, ↓ fibre
- Obesity & metabolic health
- Physical inactivity
- Alcohol consumption
- Smoking

Non-Modifiable (things we cannot change)

- Family history (strongest risk factor)
- Genetic syndromes: Lynch, FAP
- Personal history: polyps, IBD (Crohn's, UC)
- Age (risk increases from late 30s–40s)
- Sex, ethnicity, geography

Common Symptoms (Red Flags)

- **Blood in your stool**
- **Obvious change in bowel habits**
- **Weight loss – that can't be explained**
- **Extreme tiredness – for no reason**
- **Lump or swelling in the abdomen/anus**



Common Misconceptions

MYTHS ...

VS

FACTS ...

"Its an older persons disease"

Rectal bleeding is just hemorrhoids

No family history means low risk

"I'm fit so I'm safe"

- 1 in 8 Australian cases are under 50
- **Blood in stool is a red flag**
- **80% of EOCRC cases are sporadic** (no family history)
- **Fitness doesn't guarantee protection** - Many young patients are healthy
- Symptoms are often **mild, intermittent, and easily normalised**

When Misconceptions Lead to Delay

How Delay Happens in Practice

- “Too young” bias influences clinical judgement
- Red-flag symptoms reframed as benign or low risk
- Intermittent symptoms reduce urgency
- Reassurance given instead of investigation
- Repeated presentations without escalation
- Age-based screening pathways limit access to testing



- Rising bowel cancer rates in younger people
- Younger patients face:
 - Delayed diagnosis
 - Not being taken seriously
 - Limited age-appropriate support
- Gap in care → led to *Never2Young* (2014)
- Raises awareness: bowel cancer ≠ just older adults
- Amplifies young patient voices
- Drives change in:
 - Clinical practice
 - Health policy
- Improves access to tailored support





Diagnostic Pathway

(Optimal Care Pathway)

- Detailed symptom and family history
- Physical assessment and blood tests
- FIT testing may support assessment
- Referral for colonoscopy is the gold standard
- Biopsy confirms diagnosis
- CT, MRI, and PET imaging used for staging

Treatment Overview – Medical Pathway

- Treatment depends on stage, tumour location, and patient factors
- Surgery remains the primary curative treatment
- Chemotherapy may be neoadjuvant, adjuvant, or palliative
- Radiotherapy commonly used for rectal cancer
- Targeted therapies and immunotherapy used in selected cases
- Multidisciplinary team involvement is essential



Cancer Surgery

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Chemotherapy

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Radiation Therapy

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Immunotherapy

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Targeted Drug Therapy

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Care Coordination Across the Treatment Pathway

- Nurse-led care coordination improves patient experience and outcomes
- Nurses play a central role in education, symptom management, and navigation
- Multidisciplinary collaboration is essential
- Holistic assessment should include psychosocial and practical needs
- Structured assessment tools support holistic care

NCCN
National Comprehensive Cancer Network

NCCN Guidelines Version 1.2025
Distress Management

NCCN Guidelines Panel
Team of Content Experts

NOTE: A DISTRESS SCREENING TOOL
Distress is an unpleasant experience of a mental, physical, social, or spiritual nature. It can affect the way you think, feel, or act. Distress may make it harder to cope with having cancer, its symptoms, or its treatment.

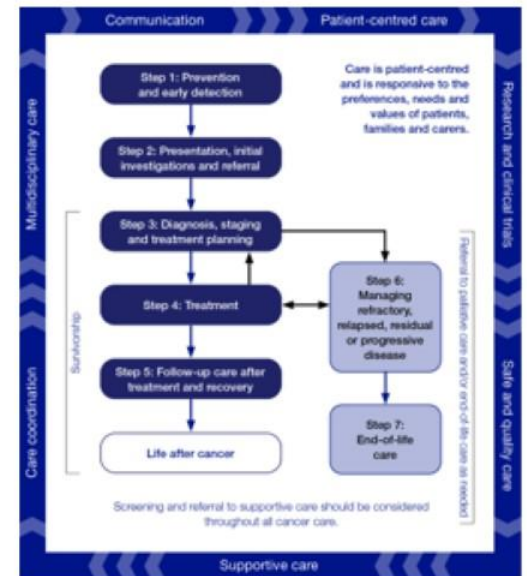
Instructions: Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week, including today.

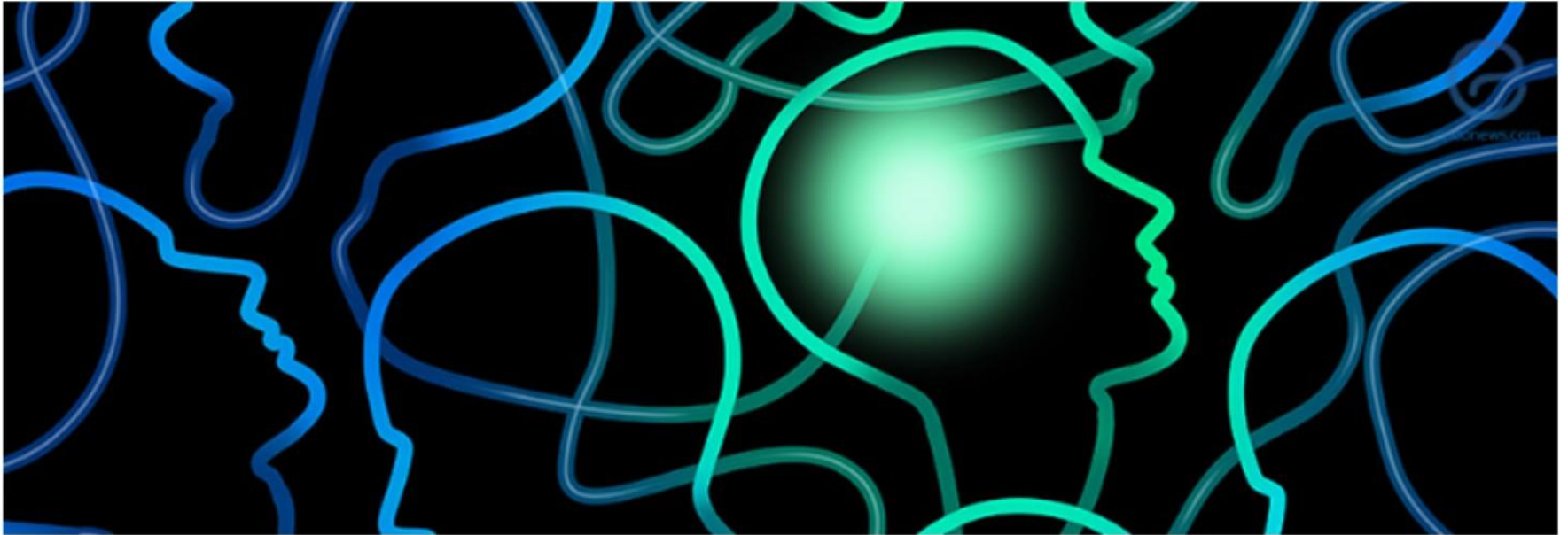
Extreme distress 10
9
8
7
6
5
4
3
2
1
0
No distress

PROBLEMS LIST
How many of the concerns below are any of the items below in the past week, including today? (Mark all that apply)

Physical Concerns	Psychical Concerns
<input type="checkbox"/> Pain	<input type="checkbox"/> Taking care of yourself
<input type="checkbox"/> Sleep	<input type="checkbox"/> Taking care of others
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Safety
<input type="checkbox"/> Financial issues	<input type="checkbox"/> Work
<input type="checkbox"/> Substance use	<input type="checkbox"/> Family
<input type="checkbox"/> Memory or concentration	<input type="checkbox"/> Housing/Homes
<input type="checkbox"/> Sexual health	<input type="checkbox"/> Finances
<input type="checkbox"/> Changes in eating	<input type="checkbox"/> Insurance
<input type="checkbox"/> Loss or change of physical abilities	<input type="checkbox"/> Transportation
Emotional Concerns	<input type="checkbox"/> Uncertainty
<input type="checkbox"/> Anxious or nervous	<input type="checkbox"/> Having enough food
<input type="checkbox"/> Sadness or depressed	<input type="checkbox"/> Access to medicine
<input type="checkbox"/> Loss of interest or enjoyment	<input type="checkbox"/> Treatment decisions
<input type="checkbox"/> Short or long	Religious or Spiritual Concerns
<input type="checkbox"/> Fear	<input type="checkbox"/> Sense of meaning or purpose
<input type="checkbox"/> Loneliness	<input type="checkbox"/> Changes in faith or beliefs
<input type="checkbox"/> Anger	<input type="checkbox"/> Death, dying, or afterlife
<input type="checkbox"/> Changes in appearance	<input type="checkbox"/> Conflict between beliefs and cancer treatments
<input type="checkbox"/> Feelings of embarrassment or being a burden	<input type="checkbox"/> Relationship with the doctor
Social Concerns	<input type="checkbox"/> Physical or dietary needs
<input type="checkbox"/> Relationship with spouse or partner	Other Concerns
<input type="checkbox"/> Relationship with children	_____
<input type="checkbox"/> Relationship with family members	_____
<input type="checkbox"/> Communication with health-care team	_____
<input type="checkbox"/> Ability to leave children	_____
<input type="checkbox"/> Prejudice or discrimination	_____

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Psychosocial Impact

- Shock and disbelief are common reactions
- Young adults may feel isolated from peers
- Impacts on parenting, relationships, and employment
- Higher levels of anxiety, distress, and fear of recurrence
- Need for age-appropriate support and communication

Nutrition

- Treatment impacts nutrition & bowel function
- Prehabilitation + treatment support
- Stoma-specific dietary needs
- Avoid misinformation



Stoma Care and Body Image



- Pre-op stoma education + site marking
- Post-op adaptation & complication prevention
- Body image + independence

Fertility and Sexual Health Considerations

- Treatment may affect fertility in men and women
- Fertility preservation discussions must occur early
- Sexual health and body image concerns are common
- Premature menopause, infertility, and intimacy changes may occur
- Proactive referral to specialist support is essential



Feeling disconnected from your body

Decreased libido

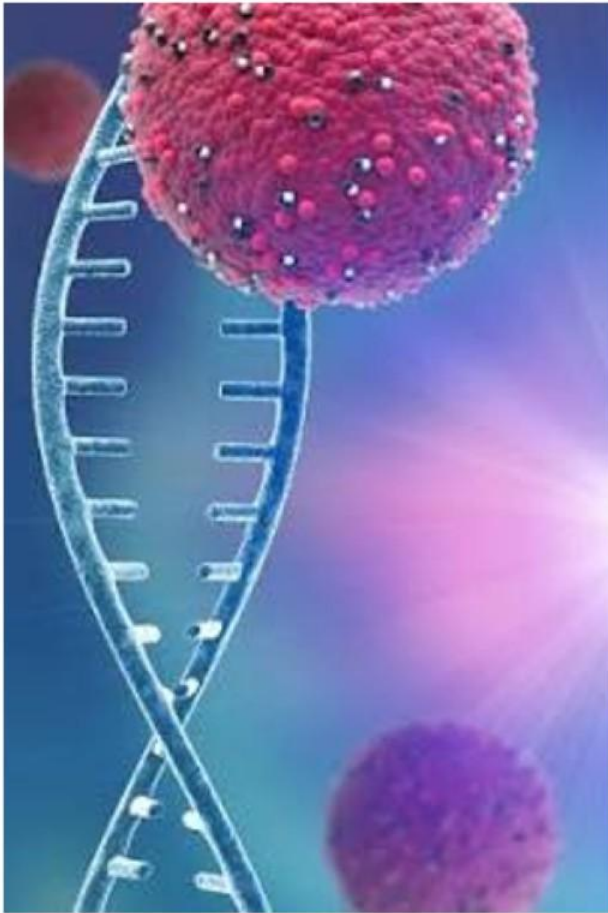
Fatigue and low energy

Body aches or discomfort

Self-esteem impacted by physical changes

Difficulty communicating needs

Fear of rejection



Genetics

- hereditary syndromes (e.g. Lynch syndrome)
- Impacts treatment decisions
- Guides surveillance and follow-up
- Identifies risk for family members

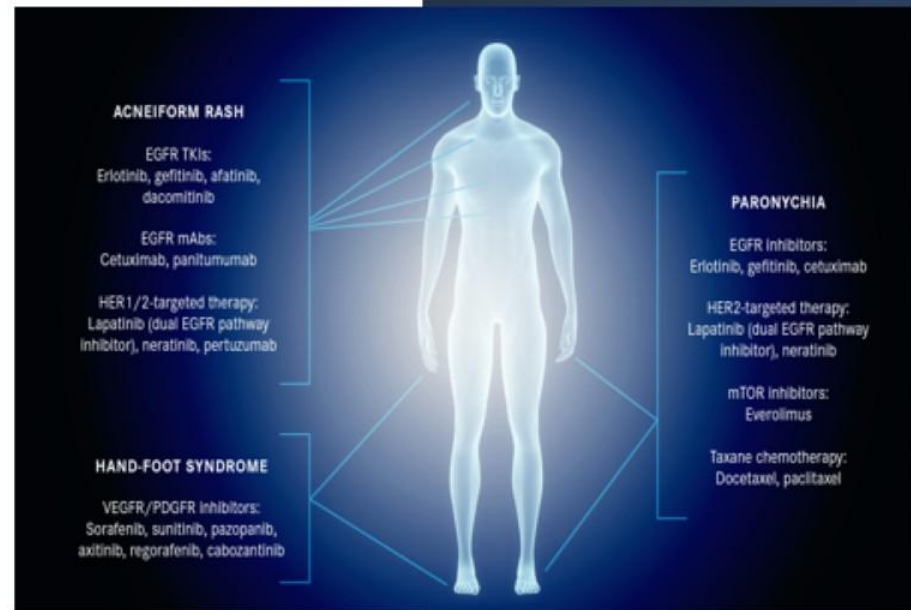
Physical Activity and Rehabilitation

- Fatigue, deconditioning, neuropathy
- Return to:
 - Work
 - Parenting
 - Activity
- Prehab + rehab essential



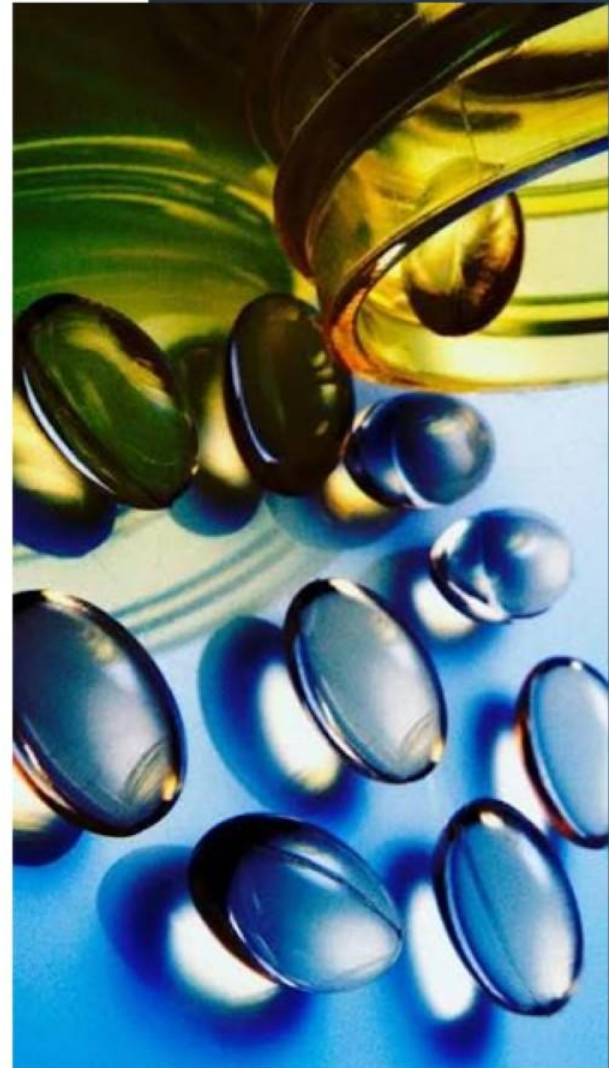
Dermatology

- EGFR-related skin toxicities
- Visible side effects impact confidence
- Early management prevents treatment interruption



Complementary Therapies

- Many patients seek complementary therapies
- Guidance must be safe and evidence-informed
- Supports symptom management (fatigue, anxiety, pain)
- Helps avoid harmful or unproven alternatives



Financial Toxicity



- Loss of income during treatment
- Travel and accommodation costs
- Private health and medication expenses
- Impact on childcare and family responsibilities
- Financial counselling and social work support are important

Smoking Cessation

•Impacts:

- Treatment response
- Complications
- Recurrence risk

•Assess readiness to quit

•Early referral to cessation services

Smoking cessation in oncology



Cancer patients who continue to smoke tobacco after their diagnosis have poorer treatment outcomes regardless of whether the cancer is tobacco-related.¹

Benefits of smoking cessation and risks of continued tobacco use in cancer patients

Smoking cessation leads to:¹

- improved treatment outcomes
- reduced treatment side effects
- decreased risk of infection
- improved breathing and increased energy
- improved quality of life
- improved survival

Continued smoking after diagnosis leads to:¹

- higher complication rates from surgery and slower recovery
- higher treatment-related toxicity from chemotherapy and radiation therapy
- an increased risk of cancer recurrence

- an increased risk of other serious illnesses such as cardiovascular and respiratory disease
- reduced treatment effectiveness
- safety risks for patients with reduced consciousness or on oxygen
- an increased risk of developing a second primary cancer

Additionally, there are drug interactions associated with smoking tobacco. Smoking induces CYP 1A2 and CYP 2B6 liver enzymes. As a result, smokers have a higher clearance of drugs metabolised by these enzymes.

Erlotinib is an example of a drug cleared by CYP 1A2. Dose increases of affected drugs may be needed in patients who smoke, along with careful monitoring. Subsequent dose reduction will then be required if smoking is ceased.

It is never too late for a cancer patient to stop smoking. There is strong evidence that managing nicotine dependence and providing smoking cessation advice and support to patients who smoke is an effective smoking cessation strategy.¹

Survivorship/Living Well



- Survivorship begins at diagnosis
- Long-term bowel, fatigue, and cognitive effects are common
- Fear of recurrence and surveillance anxiety persist
- Return-to-work and identity challenges
- Survivorship care plans are essential

Case Study – Sarah



- 35-year-old mother of two children aged 4 and 2
- Presented with intermittent rectal bleeding and fatigue
- Initially attributed symptoms to haemorrhoids and stress
- Diagnosed with metastatic stage IV colon cancer after colonoscopy
- Required surgery, and adjuvant chemotherapy
- Didn't respond to treatment - > no disease control
- Palliative care referral

Resources and Support



Key Takeaways

- EOCRC incidence is increasing
- Symptoms should never be dismissed due to age
- Early recognition improves outcomes
- Young adults experience unique psychosocial and survivorship challenges
- Nurses play a vital role in advocacy, education, and care coordination



Questions and Discussion



THANK YOU



QUESTIONS AND
REFLECTIONS

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<https://www.bowelcanceraustralia.org/bowel-cancer/what-is-bowel-cancer/>

[Cancer information and support | Cancer Council Australia](#)

<https://www.cnsa.org.au/>

<https://www.eviq.org.au/>