Analysis of Demographic and Staging Characteristics in Patients with Colorectal Cancer Using the SEER Registry

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Screening for colorectal cancer (CRC) was previously started at age 50, with recent guidelines suggesting age 45 for earlier detection. CRC incidence data from NCI's SEER registry was utilized for this study. Data from 2014-2018 was analyzed for ages 50-64, 64-74, and 75+. Localized, regional and distant metastasis were coded in the database. The incidence of CRC increased with age where ages 75+ had the highest incidence at 211.8 per 100,000, compared to 70.7 for ages 50-64. In the age group of 75+, the incidence of localized CRC was 70.1 (95% CI: 69.2-71.0) and regional CRC was 69.2 (68.4-70.1) which was not statistically significant. Female patients have a lower chance of presenting with CRC at 59.5, 107.6, 192.1 for the age groups 50-64, 65-74, and 75+ respectively, whereas male counterparts have rates of 82.7, 152.9, and 240.2. White males had statistically significant higher odds of localized compared to regional cancer in all age groups. Asian females showed no difference in incidence of local and regional disease for ages 50-74. For ages 75+, the incidence of regional disease at 54.6 (51.3-58.1) was much higher than local disease at 45.3 (42.3- 48.5). Of note, Asian females aged 50-64, Hispanic females ages 65 and older, and Black and White females ages 75+ were equally likely to present with local or regional disease. Ensuring equitable access to screening may be beneficial in improving cancer-related mortality in certain demographics. This analysis was limited to incidence, and future studies with presentation at diagnosis could be insightful.

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