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Employee Health Plans and Colorectal Cancer's Rising Threat

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Executive Summary

In recent years, colorectal cancer (CRC) has been increasingly prevalent among younger adults around the world, becoming one of the leading causes of death from cancer among people under 50[1]. In fact, recent research found that as of 2023, CRC was the number one cause of cancer deaths for that age group[2]. While the causes of this shift are not yet understood, researchers have seen a correlation with changing lifestyles among younger people[3].

Cancer is already one of the top cost drivers for employer-sponsored health plans, due to its profound human and financial consequences. Diagnoses often lead to extended medical leave, job disruption, and emotional and financial strain for families. For employers, these absences also drive productivity loss and burnout due to the increased workload for remaining staff. For later-stage cancer diagnoses, patients often require more complex care than when the disease is diagnosed in its early stages. The costs to employers accumulates not only in direct care but in disability claims, absenteeism, presenteeism, and turnover.

As cancer rates increase among younger populations, employers are faced with new challenges in safeguarding their workforce health, and in controlling long-term healthcare costs[4]. In the past seven years, the recommended starting age for CRC screenings has dropped from 50 to 45 for patients with no previous history of the disease. Is there a benefit to lowering the age further, or otherwise expanding CRC screening benefits? For health benefits brokers, understanding the latest trends, screening innovations, and cost-benefit analyses is essential to advising employer clients effectively.

This makes early detection a business imperative. Routine screening is one of the most effective tools to reduce both mortality and cost compared to late-stage care. For employers and brokers, investing in awareness and reducing barriers to screening isn't just good practice—it's a direct path to protecting workforce stability and long-term plan affordability.

This white paper explores how brokers can help clients address CRC in their benefits offerings, with actionable insights on screening tools, financial implications, and communication strategies.

[1] https://www.cancer.gov/news-events/cancer-currents-blog/2020/colorectal-cancer-rising-younger-adults

[2] https://jamanetwork.com/journals/jama/fullarticle/2844189

[3] https://www.yalemedicine.org/news/colorectal-cancer-in-young-people

[4] https://www.myaccesshope.org/blog/insights-from-the-2025-business-group-on-health-survey

What Brokers Need to Know About Colorectal Cancer

Colorectal cancer is the number one cause of cancer deaths in the U.S., as of 2023, according to the American Cancer Society, with an expected death toll in 2026 of more than 55,000 people[5]. Its increasing incidence among younger populations makes early detection more critical than ever. Brokers must help employers understand the risk factors, screening technologies, and the financial implications.

Risk Factors

According to the U.S. Centers for Disease Control and Prevention, the key risk factors for CRC[8] include:

- Age
- Inflammatory bowel disease such as Crohn's disease or ulcerative colitis
- A personal or family history of colorectal cancer or colorectal polyps
- A genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (Lynch syndrome)

In addition, CDC researchers have seen an increase in certain lifestyle factors that may contribute to an increased risk of colorectal cancer:

- Lack of regular physical activity
- A diet low in fruit and vegetables
- A low-fiber and high-fat diet, or a diet high in processed meats
- Overweight and obesity
- Alcohol consumption
- Tobacco usage

The rising risk:

Millennials face double the risk of CRC compared to individuals born in 1950. CRC is now the number one cause of cancer death among men under 50 and the second among women in the same age group. (UC Davis)[6]

The consequences of late detection:

Survival rates for early-stage CRC exceed 90%, but drop to 14% for distant-stage diagnoses. (Annals of Medicine & Surgery)[7]

Understanding the risk factors for individuals is vital for seeing the larger threat posed by CRC to employee populations. Some factors are beyond our control, such as age and genetics, and should be factored into long-term financial planning.

[5] https://www.cancer.org/cancer/types/colon-rectal-cancer/about/key-statistics.html

[6] https://health.ucdavis.edu/news/features/colon-and-rectal-cancer-on-the-rise-in-young-adults-/2024/03

[7] https://pmc.ncbi.nlm.nih.gov/articles/PMC9577444/

[8] https://www.cdc.gov/colorectal-cancer/risk-factors/index.html

Screening Technology

According to the National Cancer Institute, there are multiple options for CRC screening, ranging from noninvasive stool-based tests to colonoscopies and other imaging procedures[9]. Early detection is one of the strongest predictors of survivability, and many of today's screening tools are specifically designed to identify cancer before symptoms appear.

Some screening methods also play a preventive role. Procedures such as colonoscopies allow clinicians to detect and remove abnormal growths, including adenomas and polyp, before they develop into cancer. This dual ability to prevent disease and detect it earlier makes CRC screening a critical component of an effective benefits strategy.

Current Screening Guidelines

When to screen:

The U.S. Preventive Services Task Force[10] recommends CRC screenings beginning at age 45, with regular follow-ups based on individual risk factors.

What's at stake:

Early screenings can detect precancerous polyps, preventing CRC before it starts, and significantly improve treatment outcomes for existing cancers[11].

Stool Tests

Blood in the stool can be caused by both polyps and colorectal cancers, and stool-based tests are designed to detect microscopic amounts of blood that are not visible to the eye. Using an at-home collection kit, patients obtain one or more stool samples and send them to a laboratory for analysis. Patients with a positive result are then encouraged to have a colonoscopy. In general, stool tests are considered the most cost-effective screening programs for average risk individuals without a family history of CRC[12].

Blood-Based Tests

Currently, there are two FDA-approved blood-based tests for CRC for individuals who are at average risk[13]. These tests examine blood samples for any indication of colorectal cancer or pre-cancerous polyps in a patient's blood. Blood-based tests are conducted in clinics, where a sample of the patient's blood is collected and sent to a laboratory for testing. The test looks for certain DNA changes that could suggest the presence of cancer or pre-cancer cells.

[9] https://cancer.gov/types/colorectal/screening-fact-sheet

[10] https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening

[11] https://www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/detection.html

[12] https://pmc.ncbi.nlm.nih.gov/articles/PMC8042553/

[13] https://www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/screening-tests-used.html

Direct Visualization Tests

The three direct visualization tests currently used for CRC screening involve pumping air into the colon to expand it, providing a clearer view of the lining. Of these three direct visualization tests, colonoscopy is the most common direct visualization test in the United States.

Colonoscopy: Examination of the rectum and entire colon using a colonoscope, a flexible lighted tube with a lens for viewing and a tool for removing tissue, which is inserted through the anus into the rectum. Abnormal growths found in the colon and the rectum can be biopsied during this procedure. Colonoscopies are usually outpatient procedures. They require thorough cleansing of the colon before the test, and usually involve sedation.

Virtual colonoscopy: This screening method, also called computed tomographic (CT) colonography, uses a CT scanner to produce a series of pictures of the colon and the rectum from outside the body. The images are assembled by a computer program into a detailed image that can show polyps and other abnormalities. Thorough cleansing of the colon is required before this test. A virtual colonoscopy is less invasive than the traditional method, but in order to remove any polyps or other abnormal growths, a standard colonoscopy must usually be performed. Also, due to the nature of the virtual colonoscopy, medical issues outside of the colon and rectum may not be detected.

Sigmoidoscopy: This test examines the rectum and sigmoid colon only, covering about one-third of the lower intestine[14]. The procedure is done with a sigmoidoscope, a flexible lighted tube with a lens for viewing and a tool for removing tissue, which is inserted through the anus into the rectum and sigmoid colon. Abnormal growths in the rectum and sigmoid colon can be removed for analysis. The lower colon must be cleared of stool before sigmoidoscopy, but the preparation is not very extensive. People are not usually sedated for this test.

3 Ways for Employers to Encourage Early Detection of CRC

Educate Employees:
Share educational materials to break the stigma around CRC.

Offer and Incentivize screenings:
Provide at-home screening tests or on-site screenings.

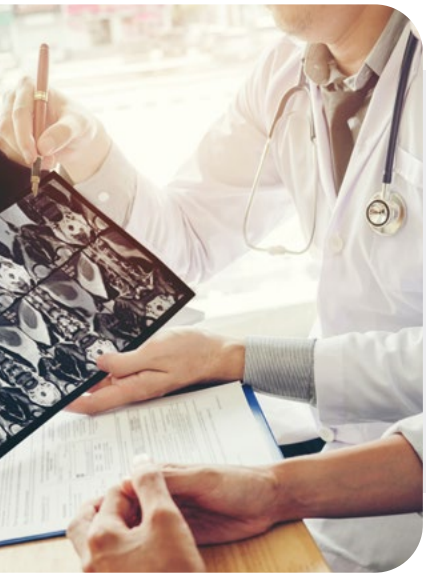
Promote Healthy Habits:
Encourage employees to adopt healthier habits through wellness programs.

[14] https://my.clevelandclinic.org/health/diagnostics/4953-flexible-sigmoidoscopy

Financial Implications of Early CRC Screening

Due to the rising rates of CRC among Millennials, oncologists are rethinking how and when to screen for CRC. In 2018, the American Cancer Society reduced its recommendation for initial screening age from 50 to 45, based on evidence that the risk of developing colorectal cancer at younger ages was increasing and analysis showed that the benefits of earlier screening outweighed the harms.

Since that 2018 update, other organizations followed suit, including the United States Preventive Services Task Force and the US Multi-Society Task Force on Colorectal Cancer. According to the American Cancer Society, studies since 2018 have shown earlier screenings are cost effective and that there has been only a modest increase in the number of people getting colonoscopies[15].



Financial Impacts of Early Screening

Short-term costs: Adding screening benefits may marginally increase healthcare spending, especially if lowering the screening age to 40 or offering enhanced tools.

Long-term savings: Early detection minimizes expensive treatments for advanced-stage cancer, reducing overall claims[16].

Workforce productivity: Preventing or mitigating CRC ensures fewer long-term absences and healthier employees, improving workplace efficiency[17].

Early CRC screening programs can significantly enhance workforce well-being. Addressing CRC early minimizes the physical and emotional toll on employees, leading to higher morale and lower turnover. In addition, showing a commitment to employee health fosters a culture of care and wellness.

[15] https://www.cancer.org/research/acs-research-highlights/colon-and-rectal-cancer-research-highlights/screening---early-detection-colorectal-cancer-studies/people-45-49-not-getting-screened-for-colorectal-cancer.html

[16] https://www.letsgetchecked.com/articles/costs-and-productivity-losses-associated-with-colorectal-cancer-in-the-workforce/

[17] https://pmc.ncbi.nlm.nih.gov/articles/PMC6992498/

Case Studies and Real-World Examples

In a study published in 2021, researchers found it was cost-effective to lower the minimum screening age to 40, with a net monetary benefit of anywhere from $823 to $3,284 per person, depending on the type of test used[18]. The monetary savings resulted primarily by the reduced need for costly and complicated late-stage interventions.

Key Considerations for Employers

Weighing the threat of CRC against the cost of expanded screenings is complicated, and something employers should work closely with their benefits broker partners and plan administrators to understand.

- What are the incremental costs of lowering the screening age or expanding benefits for the member population?
- How do these costs compare to the potential savings from early detection and reduced late-stage treatment claims?
- Can wellness incentives or educational programs increase employee participation in screening programs?

Demonstrating the Value of Testing to Employers and Employees

Regardless of the age, CRC screenings can save lives and money. Benefits brokers can play a key role in communicating the need for testing, and its overall value, to employers and their members. A successful awareness campaign for CRC testing requires three prongs:

1. **Education for Employers**
   - Host workshops or webinars explaining the clinical and financial benefits of early detection.
   - Provide clear data on the costs and outcomes of enhanced screening programs.
2. **Awareness for Employees**
   - Collaborate with employers to roll out awareness campaigns during open enrollment periods.
   - Highlight the convenience of new tools like blood and stool tests.
   - Use storytelling to personalize the importance of screening, such as employee testimonials or survivor stories.
3. **Tools for Encouraging Participation**
   - Incentives for completing screenings, such as wellness program points or gift cards.
   - Partnering with providers to offer on-site or at-home test distribution.

Brokers should also turn to the employee benefits plan administrators for assistance in explaining these factors. Third-party benefits administration partners (TPAs) can provide data and analytics, member engagement tools, and other support in these vital campaigns.

[18] https://pmc.ncbi.nlm.nih.gov/articles/PMC8710143/

Conclusion

Colorectal cancer represents a growing threat to younger populations and a significant challenge for employers aiming to protect their workforce while managing healthcare costs. By prioritizing early detection through expanded CRC screening programs and promoting employee education and engagement, employers can save lives, reduce healthcare claims, and improve workplace productivity.

Benefits brokers play a vital role in this effort, helping employers weigh the costs and benefits of screening options and guiding them to implement strategies that deliver positive outcomes for employees and create a culture of health. By partnering with the right plan administrators and leveraging innovative tools, brokers can ensure their clients are well-prepared to combat this rising health risk.

To learn more about how we can support you in addressing colorectal cancer in employee health plans, scan the QR code. Start a conversation with us today and take the next step in safeguarding your clients and their workforce.

Glossary

Blood-Based Test: A screening tool that examines blood samples for DNA changes or markers indicating colorectal cancer or precancerous polyps.

Colonoscopy: A direct visualization screening method that uses a flexible, lighted tube to examine the entire colon and rectum for abnormalities and allows for the removal of polyps during the procedure.

Colorectal Cancer (CRC): A type of cancer that starts in the colon or rectum. It is the second-leading cause of cancer deaths in the U.S. and increasingly prevalent among younger populations.

Direct Visualization Tests: Screening methods, including colonoscopy, virtual colonoscopy, and sigmoidoscopy, that provide images or views of the colon and rectum to detect abnormalities.

Familial Adenomatous Polyposis (FAP): A hereditary condition characterized by the development of numerous polyps in the colon and rectum, increasing the risk of colorectal cancer.

Hereditary Non-Polyposis Colorectal Cancer (Lynch Syndrome): An inherited genetic condition that increases the risk of developing colorectal cancer and other types of cancer at a younger age.

Precancerous Polyps: Growths in the colon or rectum that can develop into cancer over time if not detected and removed.

Polyps: Abnormal growths in the lining of the colon or rectum that may become cancerous if not removed.

Sigmoidoscopy: A screening method that examines only the rectum and sigmoid colon (lower third of the colon) for polyps or cancer.

Stool Test: A non-invasive colorectal cancer screening method that checks for blood or abnormal DNA in stool samples.

U.S. Preventive Services Task Force (USPSTF): An independent panel of experts that makes evidence-based recommendations about clinical preventive services such as screenings, counseling, and medications.

Virtual Colonoscopy (CT Colonography): A non-invasive imaging procedure that uses a CT scan to create detailed images of the colon and rectum to detect abnormalities.

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