The Rising Crisis of Late Colorectal Cancer Diagnosis in Young Adults

On a sunny morning in Ottawa, a small but determined group gathered on Parliament Hill. Some held signs. Others held each other. All carried stories.

Fifty-four year old Chrissy Moutsatsos from Whitby Ontario stood among them, as a person living with a diagnosis that has permanently changed her life.



Jennifer Eppel and Chrissy Moutsatsos, colorectal cancer victims/advocates, stand on Parliament Hill during a March 10, 2026 rally calling for earlier screening and stronger prevention efforts as diagnoses rise among people under 45. [Photo by Addison Fallis.]

Moutsatsos, administrative assistant at Royal Lepage Terrequity Realty, shared her diagnosis experience, and the reality of her situation.

“April 1st, 2025, I was diagnosed with colon cancer, stage four, incurable,” she said. “I’ve done 22 rounds of chemo […] that’s what's keeping me alive.”

Nearby were 54 year-old Jennifer Eppel, also from Whitby, and 56 year-old Jocelyn Laidlaw from Ottawa, two more voices in a growing movement calling for earlier screening age, and awareness. All three had come to the March advocacy event organized by Colorectal Cancer Canada, part of a broader push to confront a concerning trend: more young people getting diagnosed with colorectal cancer, often too late.

For decades, colorectal cancer was widely understood as a disease affecting older adults. But that understanding is rapidly becoming outdated.

A shift in who gets sick

Across Canada, and globally, researchers are documenting a steady rise in colorectal cancer diagnoses among people under 50. While rates in older adults have declined due to screening and prevention, younger populations are experiencing the opposite trend. According to Colorectal Cancer Canada, For those aged 35–39, 40–44, and 45–49, the number of new CRC cases per 100,000 people increased by 3.7 per cent, 2.6 per cent, and 1.0 per cent annually between 2001 and 2021.

“Colorectal cancer is no longer just an older person’s disease,” said Iris Karry, program manager at Colorectal Cancer Canada. “We are seeing increasing rates of the disease in younger people in Canada.”

Karry works closely with patients through initiatives like the *Never Too Young* program, which was created specifically in response to early-age diagnoses. She deals with policy, advocacy, and patient experience.

“A lot of people with colorectal cancer might not even get symptoms ‘til stage four,” she said.

That delay can be devastating. According to research and clinical data, colorectal cancer detected early is highly treatable. In fact, Karry emphasized, “colorectal cancer caught in the early stages is 90 per cent curable.”

But for many younger patients, diagnosis comes far too late.

When symptoms are dismissed

One of the most consistent patterns in early-onset colorectal cancer is delayed diagnosis, not necessarily because symptoms don’t exist, but because they are often overlooked.

“Often what we hear is ‘it’s just hemorrhoids,’ or ‘it’s indigestion,’” Karry explained. “With women, we’ve been hearing ‘oh it's just menstrual-related’, it gets brushed off.”

For Chrissy Moutsatsos, that experience feels familiar.

“They call it the Silent Killer, I had no symptoms [...],” she said. “Until I just had a little pinchy pain […] doctors thought it was an oblique strain.”

By the time her cancer was discovered, it had already progressed to stage four.

Her surgeon later told her the tumour had likely been growing for years, long before she would have been eligible for routine screening under current guidelines.

“Had I been screened at 45[…] it could have been stage one,” she said. “Or even precancerous.”

Jennifer Eppel, television director and production manager at CP24 Toronto breaking news, shared her experience as well. Her story offers a contrast. Although her tumour had been growing for years, the cancer itself was caught early, but only because she happened to be screened.

“My first time screening, I got back an abnormal test,” she said. “And then that led to a colonoscopy where they found a tumour that they said had been growing for 10 years.”

Unlike Moutsatsos, Eppel’s cancer was still contained. Surgery was enough to remove it. These two stories, one of late detection, one of early intervention, show the same underlying issue; timing can mean everything.

The Screening Gap

In countries like the United States and Australia, the recommended screening age for colorectal cancer has already been lowered from 50 to 45.

“The challenge is that screening guidelines are not federally mandated,” Karry said. “Theyre set by each province and territory separately.”

That means the progress is uneven, and often slow. Advocates are now pushing for provinces to model what lowering the screening age could mean in real terms.

“We’re really trying to push for […] statistical analysis which will project what cases would look like in the next 10, 20, 30 years,” Karry said. “And see what lowering the screening age to 45 could do in terms of lives saved.”

Jocelyn Laidlaw, a Colorectal Cancer Canada board member put it even simpler:

“We need to catch more cases of colorectal cancer before they become incurable,” she said. “We could save more than 5,000 lives by doing this.”

The argument is not just medical, it’s economic. Early detection reduces treatment costs, improves survival rates, and prevents suffering that might otherwise be avoidable.

Yet despite growing evidence, policy change has yet to come.

What’s Causing the Rise?

While the data is clear that colorectal cancer is increasing among younger people, the reasons behind the trend are more complex.

Dr. Martin Holcik, an expert on protein synthesis in health and disease as well as cell death at Carleton University, cautions against thinking of cancer as a single, uniform disease.

“Cancer is a very interesting disease […] although we speak of it as one disease, it’s really not,” he said. “It’s a collection of different types of diseases.”

Still, several contributing factors are emerging.

Diet and Lifestyle

“Since the industrial revolution, we are producing more and more different chemicals,” Holcik explained. “These can act on the genetic makeup of individuals.”

Over time, these exposures may increase cancer risk, particularly when combined with genetic susceptibility.

Diet appears to play a particularly important role in colorectal cancer.

“There is very good evidence linking diet to colorectal cancer,” Holcik said. “Because it’s where digestion occurs, and where the cancer occurs.”

One major concern is the rise of ultra-processed foods.

“One problem […] is that there is not enough fiber,” he said. “And all of those preservatives are, in a way, potentially carcinogens.”

In a study conducted in March of 2026, the concern around diet was emphasized, linking high consumption of ultra-processed foods to increased risk of early-onset colorectal cancer. These foods are often low in nutrients and high in additives that may disrupt normal biological processes.

At the same time, other lifestyle factors, such as physical inactivity, obesity, and alcohol use, are also being examined as possible contributors.

“What is super troubling about colorectal cancer is that it’s really a very preventable disease,” Holcik said.

That prevention can take many forms: healthier diets, reduced exposure to harmful substances, and, most importantly, early screening.

The Silence Around the Disease

Despite its growing impact across Canada, colorectal cancer remains difficult to talk about.

“It’s a cancer that people don’t want to talk about,” Karry said. “There’s even cultural stigma depending on what culture someone is from.”

But with silence comes consequences. If people are reluctant to discuss symptoms, especially those involving digestion or bowel habits, they may delay seeking medical attention. Also, if doctors assume younger patients are low-risk, they may not investigate symptoms thoroughly.

In the case where policymakers may underestimate the scale of the issue, systemic change may come slowly.

For Moutsatsos, breaking that silence has become part of her mission.

“This event is about saving lives,” she said. “And making people aware to get screened.”

Living With the Diagnosis

Beyond statistics and policy debates are the lived realities of those affected. Moutsatsos speaks openly about what her diagnosis has taken from her, and what she is still fighting for.

“I’ll be married 30 years in August, and have three kids… I want to live for them,” she said. “I’m fighting as hard as I can.”

Her voice carries both urgency and frustration.

“People in their 20s and 30s are getting it,” she said. “My children are in their 20s […] and I’m scared for them.”

Her experience challenges the assumption that colorectal cancer is something to worry about later in life.

A Turning Point?

The growing research, combined with patient advocacy, is beginning to shift the conversation.

Studies show that while older populations benefit from screening programs, younger adults are increasingly falling through the cracks. Many are diagnosed at later stages, when treatment is more complicated and survival rates are lower.

At the same time, awareness is slowly increasing.

Media coverage has expanded. Advocacy groups are gaining visibility. Events like the Ottawa march are bringing personal stories into public view.

But whether that momentum will translate into policy change remains uncertain.

Where the Story Goes Next

The question now is not whether colorectal cancer is rising among younger Canadians, it is. According to a survey done by Colorectal Cancer Canada (CCC), of 128 participants, 32 per cent had a diagnosis between the ages of 45 and 50, and 73 per cent had a stage three or four diagnosis.

The real question is what will be done about it. Lowering the screening age is one step. Improving awareness is another. But underlying all of these efforts is a common goal: catching the disease earlier, when it is most treatable.

As Karry put it, “pushing for early screening is so important because it makes treatment more successful.”

For patients like Moutsatsos, that push comes with a sense of urgency that cannot be ignored.Her story is not just a warning, it is a call to action. Because behind every statistic is a life that might have been different.

And for many, still could be.

Works cited

Edwards, E. (2026, March 2). *Rectal cancer rates are rising in U.S., driving an increase in illness in younger adults*. NBC News. https://www.nbcnews.com/health/health-news/rectal-cancer-rates-are-rising-us-driving-increase-illness-younger-adu-rcna261297

Colorectal Cancer Canada. (2025). *Never Too Young: Under 45 program brief* (Version 4) https://www.colorectalcancercanada.com/wp-content/uploads/2025/06/Under-45-Program-Brief.v4.pdf

Siegel, R. L., Wagle, N. S., Star, J., Kratzer, T. B., Smith, R. A., & Jemal, A. (2026). *Colorectal cancer statistics, 2026*. CA: A Cancer Journal for Clinicians. Advance online publication. https://doi.org/10.3322/caac.70067