

Closing the Gap: CRC Screening Insights

January 2025





Methodology

The Harris Poll conducted a survey on behalf of Guardant Health to gain insight into the attitudes and perceptions around Colorectal cancer screening and the potential impact of a blood-based screening option. The first iteration of this survey was conducted in February of 2024. The report highlights significant differences between the studies where applicable.

	Sample Size
Total Respondents	1,350
U.S. Adults (age 45–84) <i>Referred to as U.S. adults throughout the report</i>	1,000
Primary Care Physicians	250
Gastroenterologists	100



Online Survey



U.S.



10 Minutes



Dec 10–24, 2024



Data are weighted where necessary by age, gender, race/ethnicity, region, education, marital status, household size, employment, and household income to bring them in line with their actual proportions in the population.

Respondents for this survey were selected from among those who have agreed to participate in our surveys. The sampling precision of Harris online polls is measured by using a Bayesian credible interval. For this study, the sample data is accurate to within ± 4.1 percentage points (U.S. Adults aged 45–84), ± 6.7 percentage points (primary care physicians) and ± 9.7 percentage points (gastroenterologists) using a 95% confidence level. This credible interval will be wider among subsets of the surveyed population of interest.



Key Findings



There is opportunity to improve U.S. Adults' efforts in preventing and detecting colorectal cancer early. Education of all types aids in motivating people to get screened.

- Half of U.S. Adults (49%) are concerned about colorectal cancer—higher among people of color (60%)—and 37% believe they are moderate or high risk for colorectal cancer.
- Nearly 4 in 10 (38%) of those who believe they are high/moderate risk for colorectal cancer don't believe they are up to date on the screening or aren't sure.
- One quarter of all U.S. Adults (26%) don't believe they are up to date on their colorectal cancer screening—higher among people of color (32%) and those aged 45-64 (31%). One in 10 (9%) are unsure if they are up to date.
- Nearly 4 in 10 U.S. Adults (37%) mistakenly believe that regular colorectal screening should begin at age 50. However, among those aged 45-50, the misconception drops to 17%, possibly indicating growing awareness of the updated age recommendation.
- Nine in 10 consider the following to be very or somewhat motivating to getting screened for colorectal cancer: learning about the early detection survival rate (90%), learning about the signs and symptoms (89%) and learning about different screening options (89%).



The new FDA-approved blood test option has the potential to encourage more colorectal cancer screening—but there is a need to build awareness.

- One-third of U.S. Adults (33%) have never heard of blood tests as an emerging technology that can be used to screen for colorectal cancer.
- And while Gastroenterologists are much more familiar (86% somewhat/very familiar), one-third (33%) are not aware that there is a blood test option that is now FDA-approved.
- 86% of U.S. Adults are less likely to avoid/delay a colorectal cancer screening knowing that there is an FDA-approved blood test option.
- 92% of U.S. Adults are more likely to get a colonoscopy if they had a positive result on a blood screening first.
- Half of PCP's (53%) believe the introduction of the new FDA-approved blood test option would significantly increase patient compliance rates. GIs are more skeptical but still, 92% believe the introduction of the blood test would *at least moderately* increase patient compliance rates.



Key Findings



Physicians are likely to recommend the FDA-approved blood test for colorectal cancer, and the patient experience is likely to improve.

- Nearly a quarter of GIs (23%) are currently offering the FDA-approved blood test to patients.
- Among physicians who are not currently offering the test, 90% are somewhat/very likely to recommend the test to their patients. Convenience for patients (87%) and greater compliance rates (84%) would be top reasons for making the recommendation.
- GIs display more hesitation than PCPs in recommending the FDA-approved blood test (47% vs. 92%, respectively). Among GIs who are not likely to recommend the test, the top reasons are accuracy concerns (60%) and that it is not yet considered a best practice (46%).
- Most U.S. Adults who have a primary care provider, have not talked to them about an FDA-approved blood test option for colorectal screening, but 92% agree that they would be more satisfied with their wellness visit if the blood test option were offered as an option.
- Most PCPs (88%) and GIs (56%) also agree that patients would have a better overall visit experience if they were to offer an FDA-approved blood test option.

There is opportunity to improve U.S. Adults' efforts in preventing and detecting colorectal cancer early. Education of all types aids in motivating people to get screened.

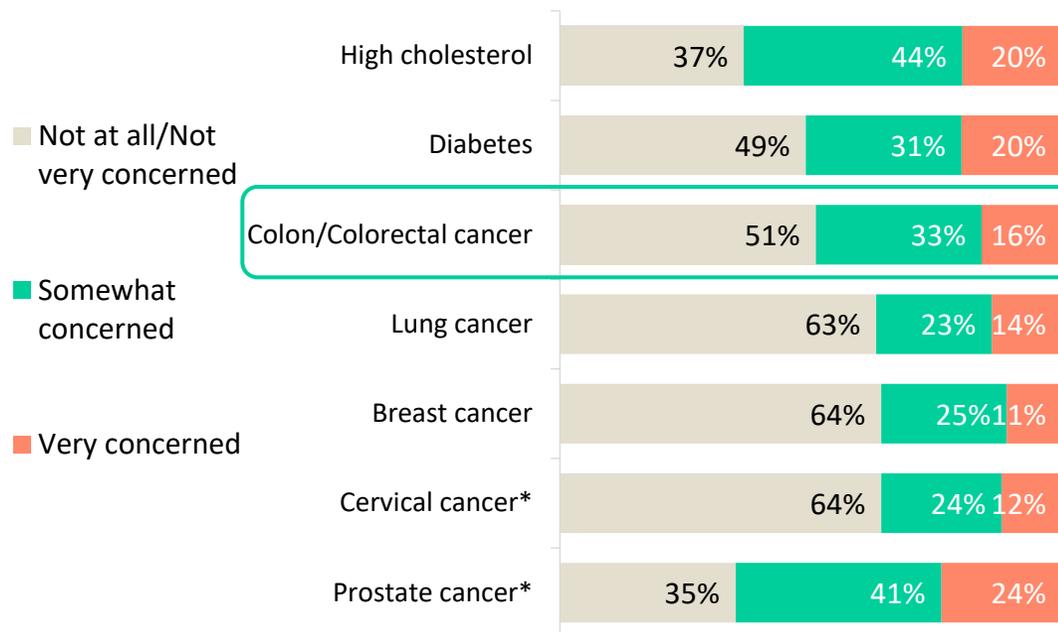


Half of U.S. Adults are concerned about colorectal cancer

Concern for most diseases, including colorectal cancer, is higher among middle-aged adults and people of color

Personal Health Concerns About Various Diseases

U.S. Adults, 45–84



Top 2 Box

(Somewhat/
Very
concerned)

45–64
(n=578)

65+
(n=422)

White
(n=673)

POC
(n=327)

High cholesterol	63%	68%	56%	57%	76%
Diabetes	51%	57%	42%	43%	67%
Colon/Colorectal cancer	49%	56%	38%	43%	60%
Lung cancer	37%	44%	27%	32%	46%
Breast cancer	36%	43%	25%	33%	41%
Cervical cancer*	36%	47%	21%	31%	46%
Prostate cancer*	65%	74%	52%	61%	73%



Significantly more people of color are **very** concerned about colorectal cancer (26%) compared to their white peers (11%).

Among women only, concern about breast cancer increases to 54%.

Indicates a significant difference from comparative subset

*Prostate cancer was asked among men only (n= 366) and cervical cancer was asked women only (n=632)

BASE: All qualified respondents; U.S. Adults (n=1,000)

Q1. When it comes to your health, how concerned are you about each of the following?

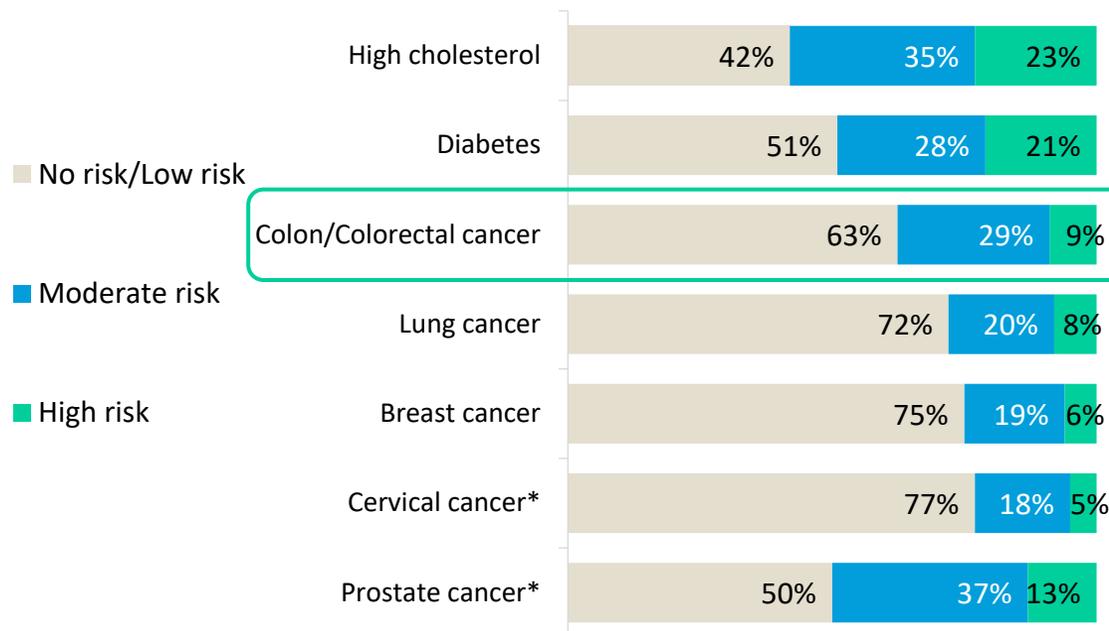


Over one third of U.S. Adults believe they are at moderate/high risk for colorectal cancer

People of color feel more at risk than white peers

Self-reported Risk Level for Various Diseases

U.S. Adults, 45–84



Top 2 Box (Moderate/high risk)	45–64 (n=578)	65+ (n=422)	White (n=673)	POC (n=327)
High cholesterol	58%	60%	56%	63%
Diabetes	49%	53%	44%	58%
Colon/Colorectal cancer	37%	40%	34%	45%
Lung cancer	28%	33%	26%	32%
Breast cancer	25%	28%	24%	26%
Cervical cancer*	23%	30%	21%	28%
Prostate cancer*	50%	57%	45%	60%

Among women only, moderate/high risk increases to 41%.

Indicates a significant difference from comparative subset

*Prostate cancer was asked among men only (n=366) and cervical cancer was asked women only (n=632)

BASE: All qualified respondents; U.S. Adults (n=1,000)

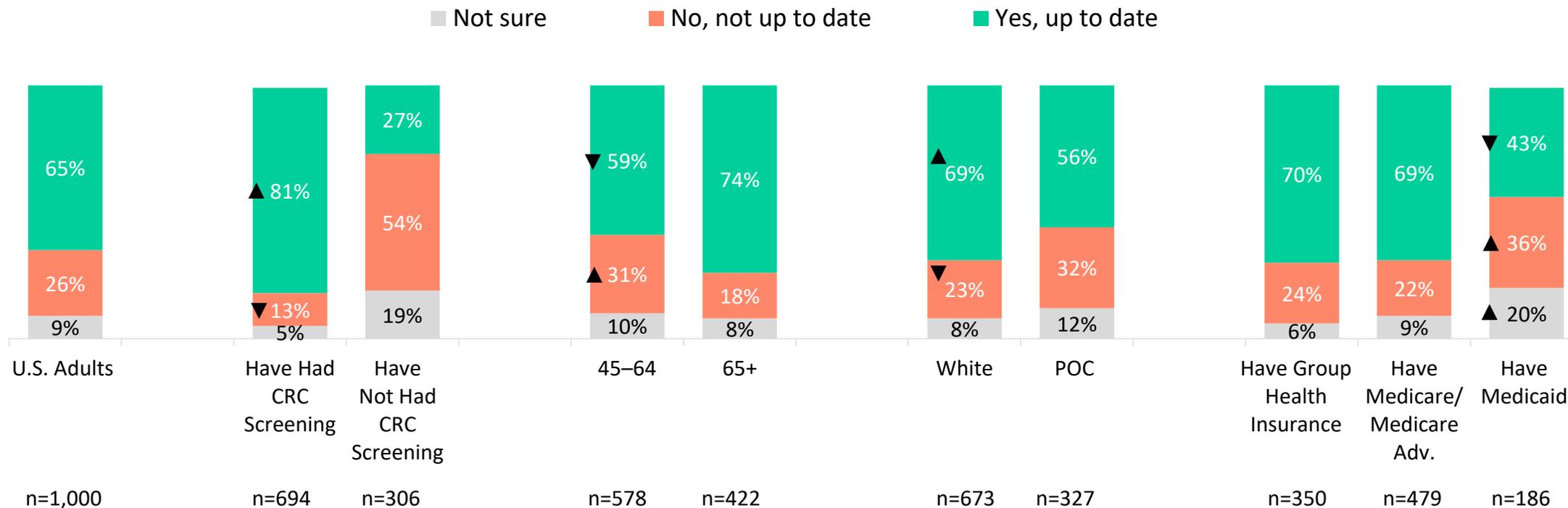
Q2. How at risk do you feel you are for the following?



One third of U.S. Adults are not up to date (or not sure) with their colorectal screening

Middle-aged adults, those on Medicaid and people of color are more likely to not be up to date on their screening

Status of Colorectal Cancer Screening



▲ ▼ significantly higher/lower than comparative subset

BASE: All qualified respondents

Q8. Do you believe you are up to date with your colorectal cancer screenings?

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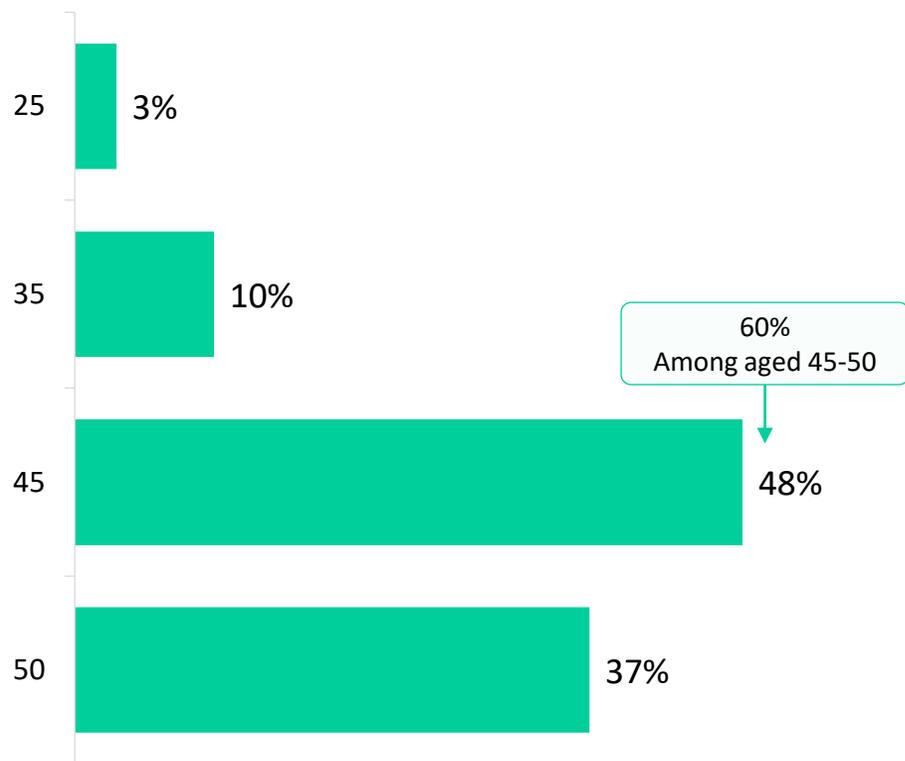


Only 62% of those who believe they are high/moderate risk for colorectal cancer believe they are up to date.



Nearly 4 in 10 U.S. Adults mistakenly believe that regular colorectal screening should begin at age 50. Awareness that it should begin at age 45 is higher among the 45-50 age group.

U.S. Adults, 45–84



Have Had a CRC Screening (n=694)	Have Not Had a CRC Screening (n=306)	Have Group Health Insurance (n=350)	Have Medicare/Medicare Advantage (n=479)	Have Medicaid (n=186)
2%	5%	2%	4%	10%
9%	11%	8%	11%	10%
49%	48%	48%	49%	48%
39%	34%	42%	35%	29%

BASE: All qualified respondents; U.S. Adults (n=1,000)

Q10. According to medical guidelines, at what age should average-risk individuals begin colorectal cancer screening?

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Indicates a significant difference from comparative subset

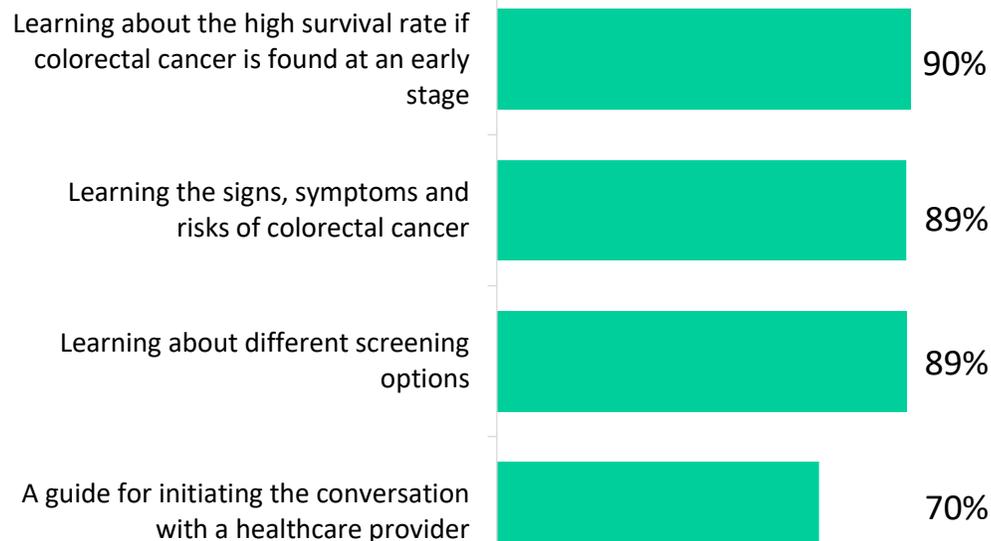


In general, education of all types aids in motivating people to get screened—survival rate, signs/symptoms and different screening options have most impact

People of color are more likely to express a need for more information

Types of Information Motivate to Getting Screened for Colorectal Cancer *% Very/Somewhat of a motivator*

U.S Adults, 45–84



	Have Had a CRC Screening (n=694)	Have Not Had a CRC Screening (n=306)	45–64 (n=578)	65+ (n=422)	White (n=673)	POC (n=327)
Learning about the high survival rate if colorectal cancer is found at an early stage	93%	83%	91%	89%	89%	93%
Learning the signs, symptoms and risks of colorectal cancer	91%	86%	91%	86%	87%	93%
Learning about different screening options	90%	86%	89%	89%	86%	94%
A guide for initiating the conversation with a healthcare provider	70%	68%	73%	64%	61%	85%

BASE: All qualified respondents; U.S. Adults (n=1,000)

Q35. To what degree would each of the following types of information motivate you to get screened for colorectal cancer

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Indicates a significant difference from comparative subset

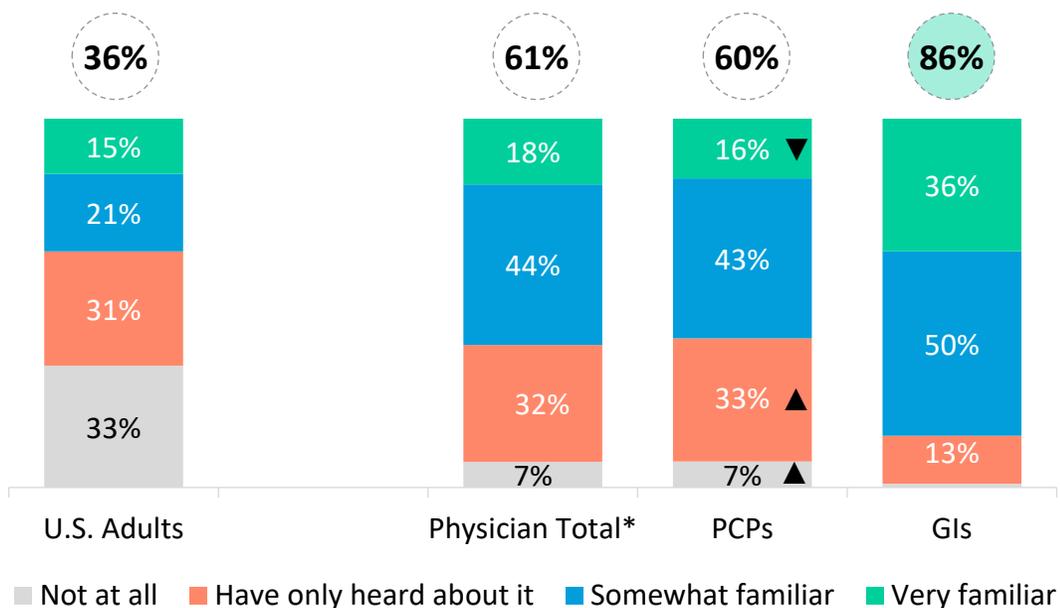
The new FDA-approved blood test option has the potential to encourage more colorectal cancer screening—but there is a need to build awareness.



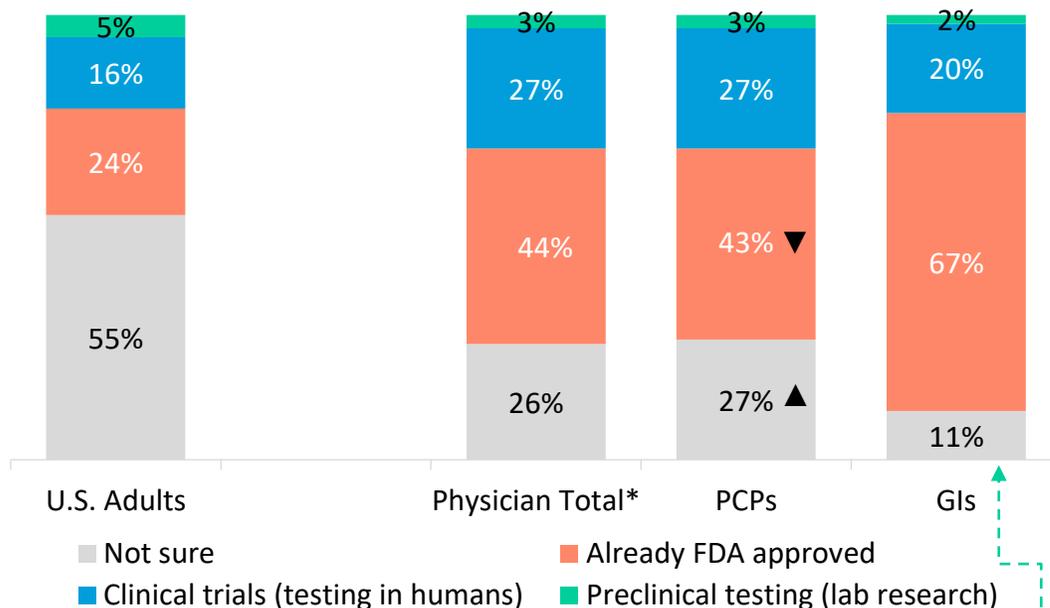
Familiarity with blood test technology used to screen for colorectal cancer is still low among U.S. Adults—higher among GIs and PCPs

However, one-third of Gastroenterologists are not yet aware that the FDA has approved such a blood test

Familiar with Blood Tests as Emerging Technology to Screen for Colorectal Cancer



Stage of FDA-Approval Process for Blood Tests



▲ ▼ significantly higher/lower than comparative subset

* Combined weighted total

BASE: All qualified respondents; U.S. Adults (n=1,000), PCPs and GIs (n=350)

Q15. How familiar are you with blood tests as an emerging technology that can be used to screen for colorectal cancer?

BASE: Familiar with blood tests as an emerging technology to screen for colorectal cancer; U.S. Adults (n=661), PCPs and GIs (n=332)

Q40. To the best of your knowledge, at what stage in the FDA-approval process are blood tests that can be used to screen for colorectal cancer?

33% are not aware that there is an FDA approved blood test option

Indicates a significant difference from comparative subset



The majority of U.S. Adults are more likely to get a colonoscopy if they had a positive result on a blood screening test first

Most would be less likely to avoid/delay screening if an FDA-approved blood test was an option—physicians also agree patients will be less likely to delay

92%

U.S. Adults
n=1,000

Strongly/Somewhat agree

I would be more likely to get a colonoscopy if I had a positive result on a blood screening test for colorectal cancer first.

86%

U.S. Adults
n=1,000

Strongly/Somewhat agree

I am less likely to avoid or delay a colorectal cancer screening knowing that there is an FDA-approved blood test option.

93% n=250
PCPs

86% n=100
GIs

Patients will be less likely to avoid or delay a colorectal cancer screening knowing that there is an FDA-approved blood test option.

BASE: All qualified respondents

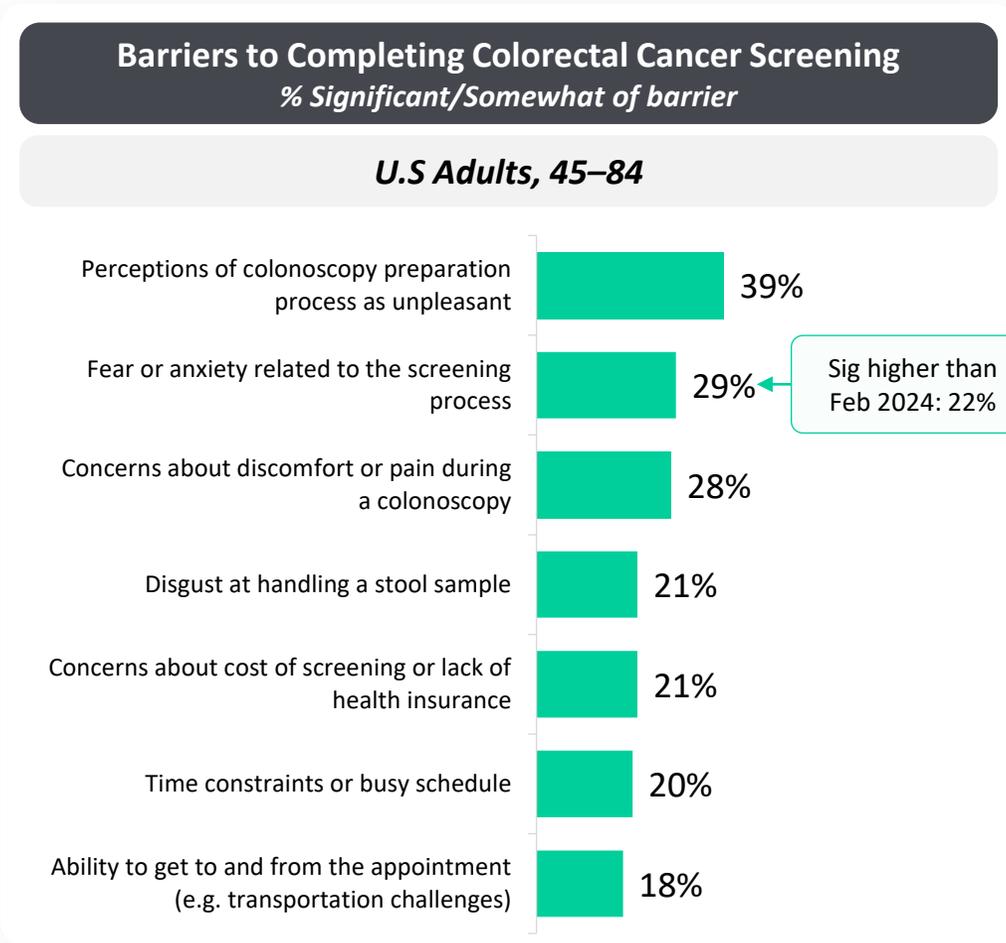
Q16. To what extent do you agree with the following statements?

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The top barriers to completing screening include unpleasant prep, fear/anxiety and concerns about pain during a colonoscopy

A higher incidence of those who have not been screened consider all factors measured to be a barrier



	Have Had a CRC Screening (n=694)	Have Not Had a CRC Screening (n=306)	45–64 (n=578)	65+ (n=422)	White (n=673)	POC (n=327)
Perceptions of colonoscopy preparation process as unpleasant	33%	52%	42%	35%	37%	42%
Fear or anxiety related to the screening process	21%	49%	37%	18%	24%	39%
Concerns about discomfort or pain during a colonoscopy	19%	50%	35%	18%	25%	35%
Disgust at handling a stool sample	15%	35%	27%	13%	16%	31%
Concerns about cost of screening or lack of health insurance	14%	38%	30%	9%	18%	28%
Time constraints or busy schedule	15%	32%	29%	8%	18%	24%
Ability to get to and from the appointment (e.g. transportation challenges)	13%	29%	23%	10%	16%	22%

BASE: All qualified respondents; U.S. Adults (n=1,000)

Q12. To what extent is each of the following factors a barrier to you completing a colorectal cancer screening test?

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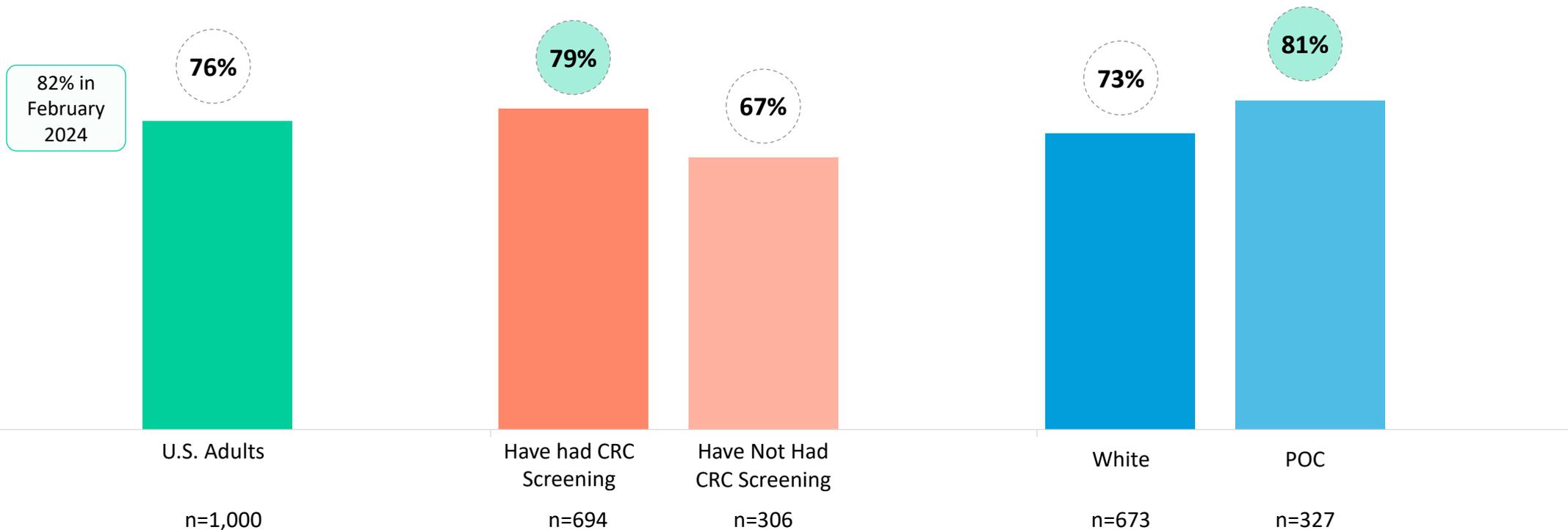
Indicates a significant difference from comparative subset



Fewer U.S. Adults than a year ago believe that traditional screening methods make it easy to screen for colorectal cancer

There is less agreement among those who have not had a screening

% Agree 'Traditional screening methods (i.e., colonoscopy, stool tests) make it easy to screen for colorectal cancer.'



BASE: All qualified respondents

Q16. To what extent do you agree with the following statements?

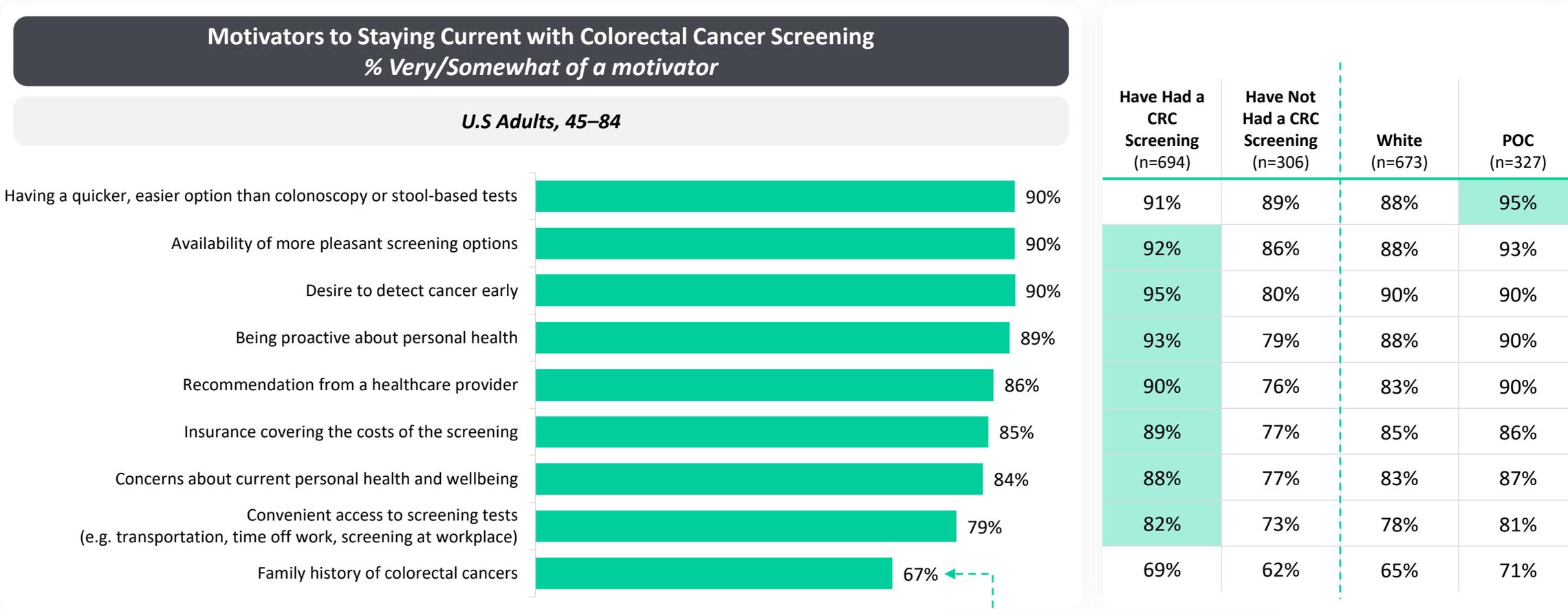
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Indicates a significant difference from comparative subset



Having a quicker, easier option than a colonoscopy or stool-based test is a top motivating factor to staying up to date on colorectal cancer screenings

People of color are more likely than white peers to indicate that having a quicker, easier option than colonoscopy or stool-based tests would motivate them to stay up to date. For those who have a family history of colorectal cancer, it is a top motivator factor.



BASE: All qualified respondents; U.S. Adults (n=1,000)

Q13. To what degree would each of the following factors motivate you to stay up to date on colorectal cancer screenings? / In your opinion, to what degree do each of the following factors motivate patients to complete a screening test for colorectal cancer?

90% among those have family history of colorectal cancer

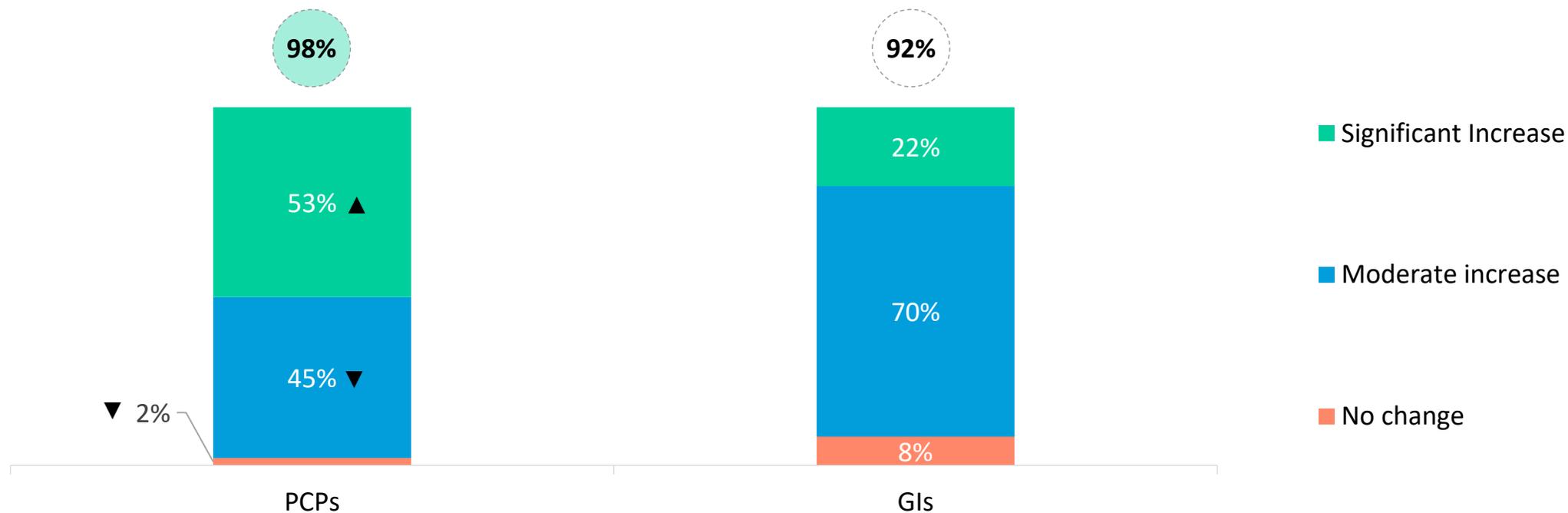
■ Indicates a significant difference from comparative subset



Half of PCPs believe the introduction of the new FDA-approved blood test option would significantly increase patient compliance rates

GIs are more skeptical but still, 92% believe the introduction of the blood test would *at least moderately* increase patient compliance rates

Impact of FDA-approved Blood Test on Compliance Rates



▲ ▼ significantly higher/lower than comparative subset

BASE: Qualified PCPs and GIs (n=350)

Q17. How do you believe the introduction of a new FDA-approved blood test option for colorectal cancer screening will affect patient compliance rates?



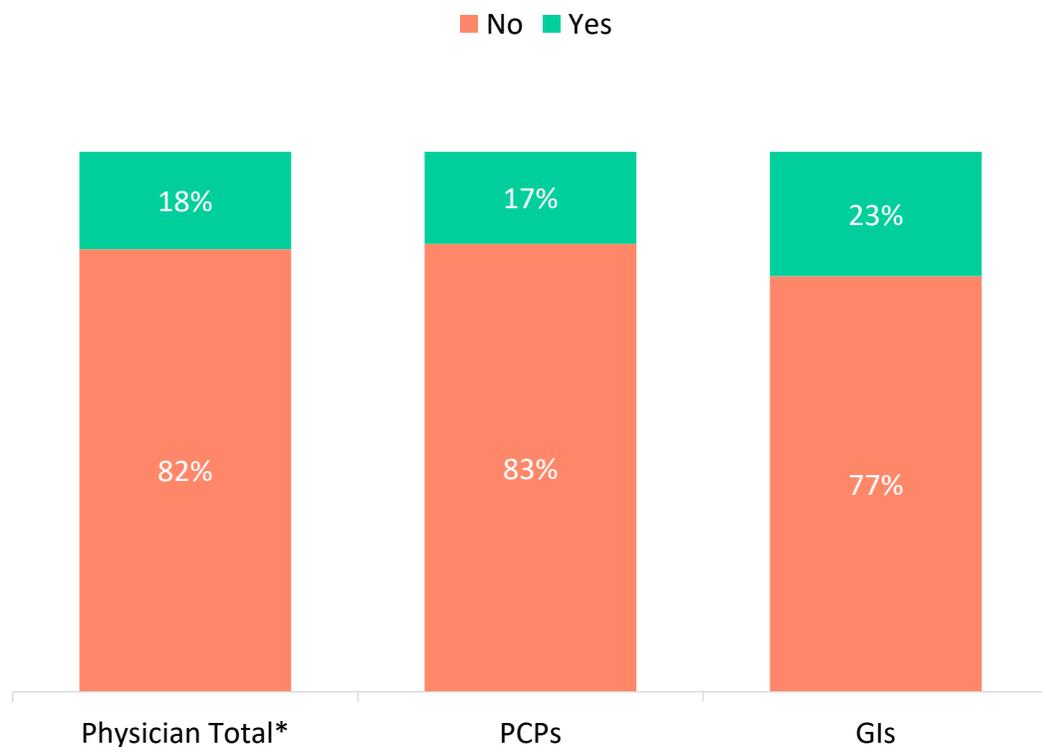
Physicians are likely to recommend the test, and the patient experience is likely to improve.



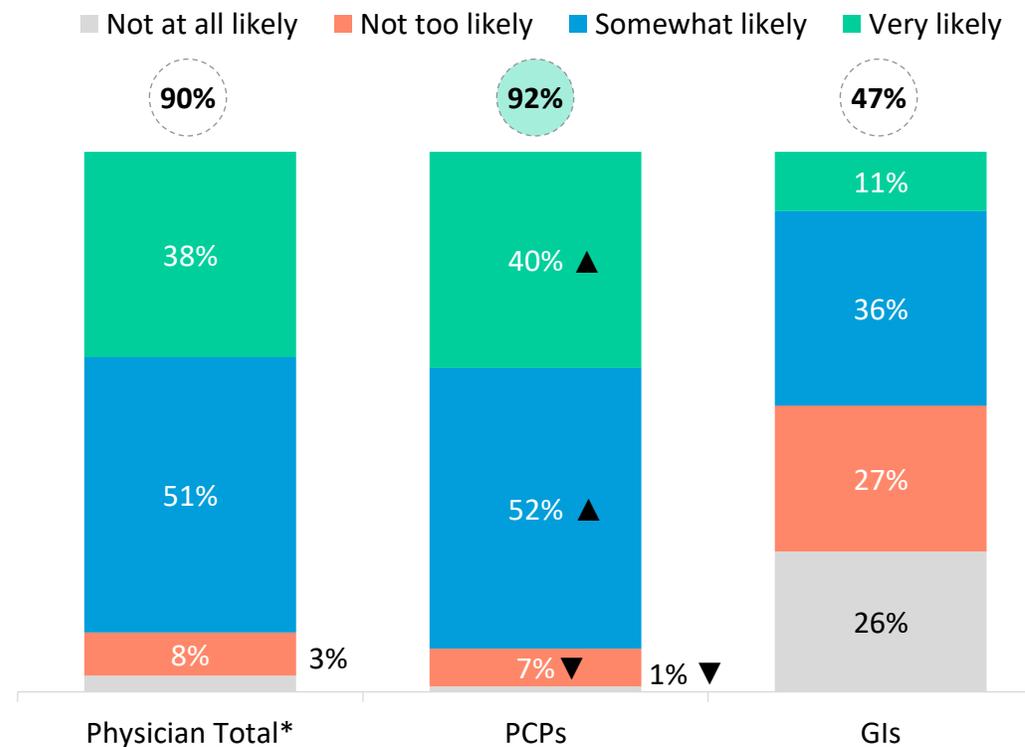
Nearly one quarter of GIs currently offer the FDA-approved blood test to patients

Among physicians not currently offering FDA-approved blood tests, 90% are very or somewhat likely to recommend the test to patients. Outside of the early GI adopters there is more hesitation to recommend.

Currently Offering FDA-Approved Blood Test



Likelihood to Recommend an FDA-approved Blood Test (among those not currently offering it)



▲ ▼ significantly higher/lower than comparative subset | * Combined weighted total

BASE: Qualified PCPs and GIs (n=350)

Q20. Are you currently offering an FDA-approved blood test for colorectal cancer screening to your patients?

BASE: Qualified PCPs and GIs not currently offering FDA-approved blood tests (n=286)

Q18 How likely would you be to recommend an FDA-approved blood test for colorectal cancer screening to patients?

■ Indicates a significant difference from comparative subset

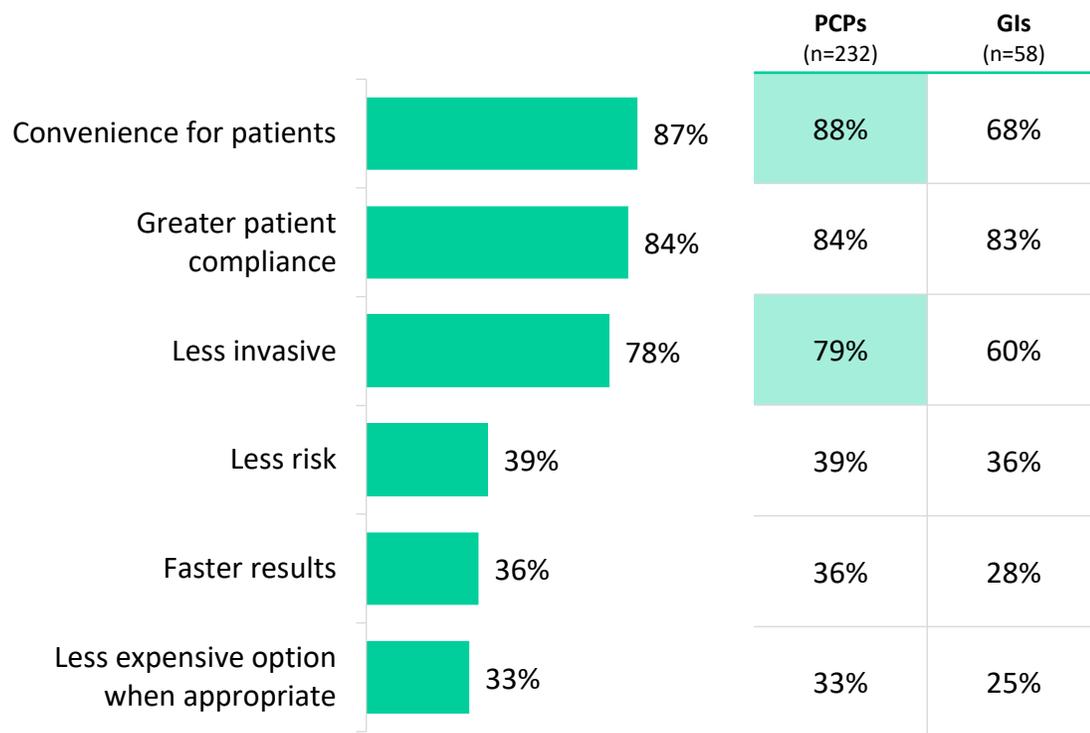


Convenience and increased compliance are top reasons for offering blood tests

GIs' main reasons for not recommending the test are concerns about accuracy and that it is not yet recognized as best practice

Reasons Likely To Recommend

All physicians



* Combined weighted total

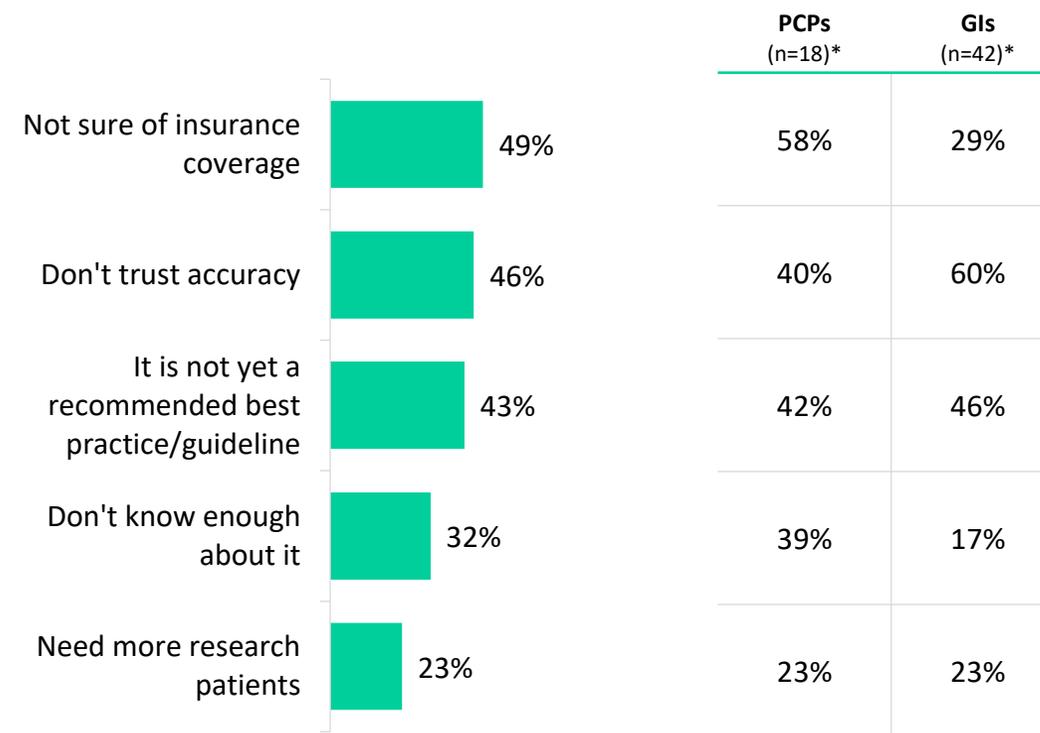
BASE: Qualified PCPs and GIs recommending or currently offering FDA-approved blood test (n=290)

Q18A Why are you likely to recommend this test?

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Reasons Not Likely To Recommend

All physicians



BASE: Qualified PCPs and GIs not recommending FDA-approved blood test (n=60)

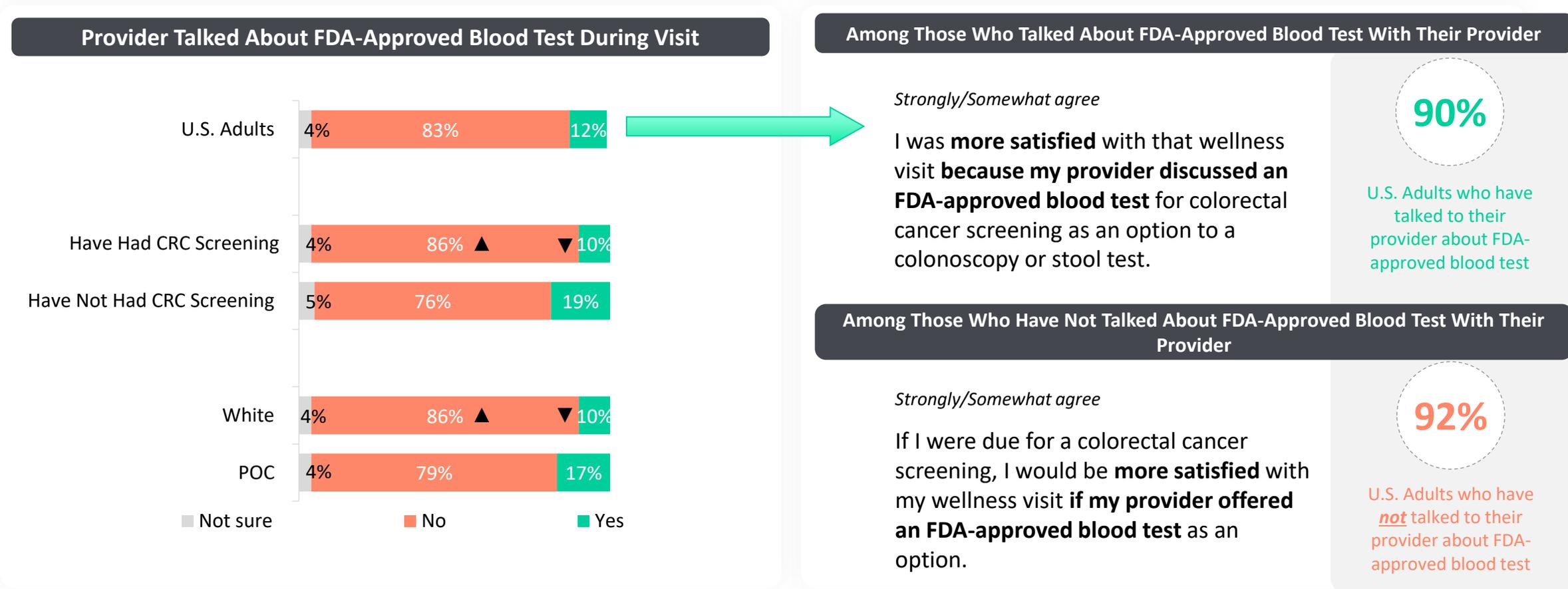
Q18B Why are you not likely to recommend this test?

*Caution: small base size <50; results are qualitative in nature and should be interpreted as directional only

 Indicates a significant difference from comparative subset



Over eight in ten U.S. Adults have not talked about FDA-approved blood tests with their primary provider—higher satisfaction if that conversation takes place



▲ ▼ Significantly higher/lower than comparative subset

BASE: Those who have a primary care provider; U.S. Adults (n=952)

Q51. During a wellness visit, has your provider ever talked to you about an FDA-approved blood test for colorectal cancer screening as an alternative to a colonoscopy or stool test?

BASE: Those who have a primary care provide and talked about blood test; U.S. Adults (n=112)

Q54. To what extent do you agree with the following statement?

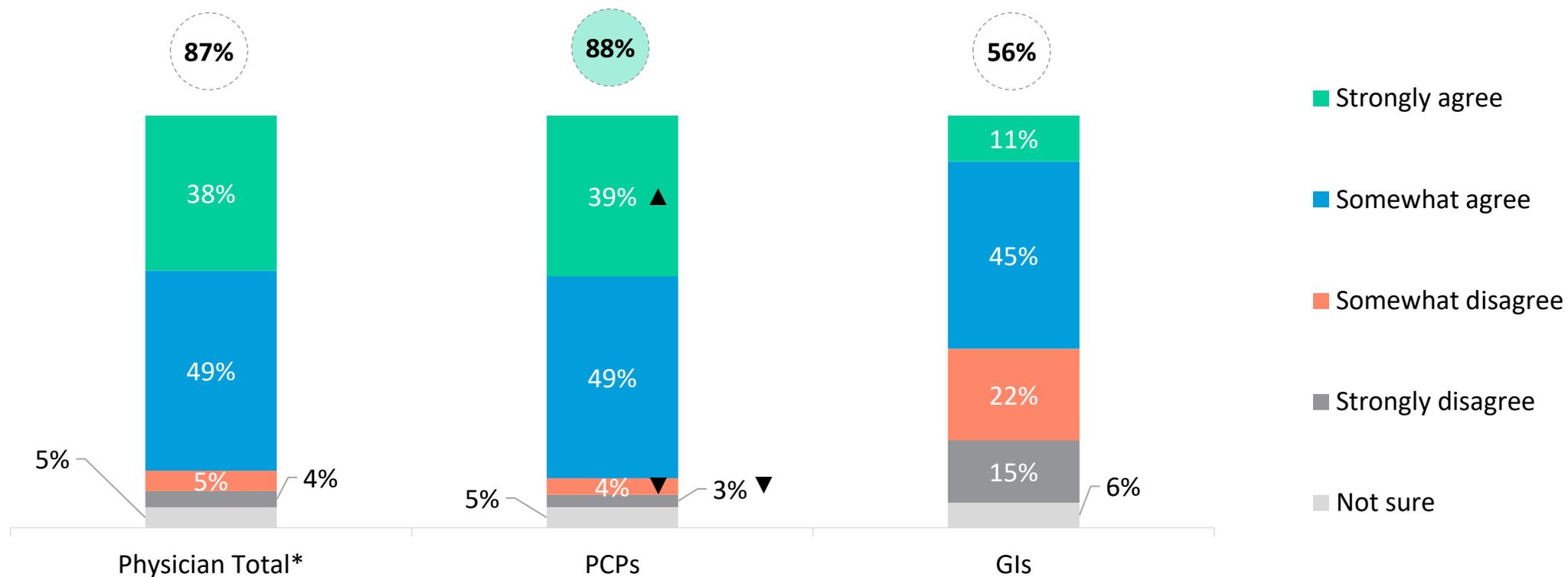
BASE: Those who have a primary care provide and have not talked about blood test; U.S. Adults (n=840)

Q55. To what extent do you agree with the following statement?



Most PCPs agree patients would have a better experience if offered an FDA-approved blood test option for colorectal screening

% Agree: Patients who are due for a colon screening would have a better overall visit experience if I offered an FDA-approved blood test option for colorectal cancer screening



▲ ▼ significantly higher/lower than comparative subset | * Combined weighted total

BASE: Qualified PCPs and GIs (n=350)

Q65. To what extent do you agree with the following statement?

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Indicates a significant difference from comparative subset



Demographics



U.S. Adults, 45–84

	U.S. Adults
Gender	
Woman	52%
Man	48%
Average Age	61
Employment Status	
Employed (NET)	52%
Full-time	38%
Part-time	7%
Retired	33%
Not employed	15%
Marital Status	
Married/living with partner	63%
Divorced/separated/widowed	26%
Never married	11%
Ethnicity	
White	66%
Hispanic	14%
Black or African American	11%
Asian	6%
Another race	3%

	U.S. Adults
Region	
South	39%
West	23%
Midwest	21%
Northeast	18%
Household Income	
Less than \$35,000	18%
\$35,000–\$49,999	9%
\$50,000–\$99,999	30%
\$100,000–\$149,999	18%
\$150,000 or more	25%
Type of Health Insurance	
Have Group health insurance	45%
Have Medicare	28%
Have Medicare Advantage	19%
Have Medicaid	15%
Have Other public insurance	5%
Not sure/Have no health insurance	5%



Demographics

Primary Care Physicians and Gastroenterologists

	PCPs	GIs
Gender		
Man	58%	76%
Woman	40%	20%
Average Age	54	54
Years in Practice		
0 to 2 years	6%	1%
3 to 10 years	20%	18%
11 to 20 years	15%	30%
21 to 30 years	27%	20%
31+ years	32%	33%



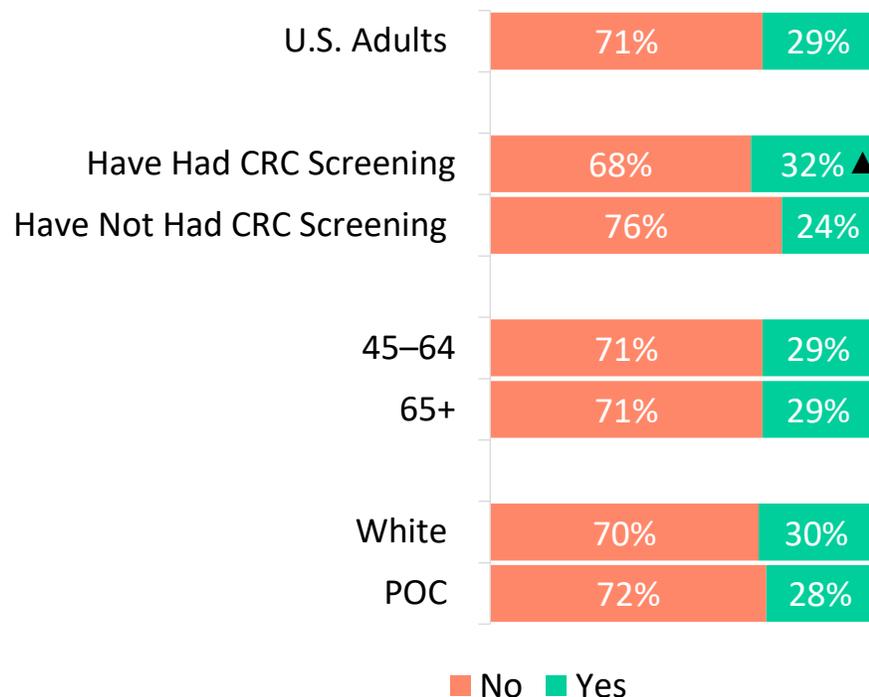
Appendix



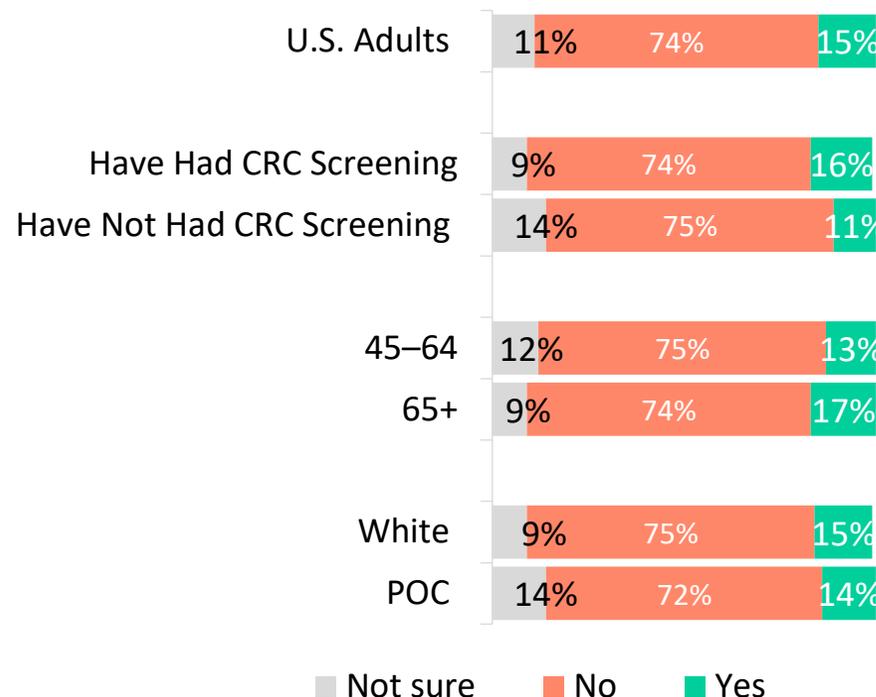
Three in ten U.S. Adults know someone close to them who was diagnosed with colorectal cancer

Higher awareness of someone close to them diagnosed with colorectal cancer is among those that have had CRC screening

Know Of Someone Diagnosed With Colorectal Cancer



Family History Of Colorectal Cancer



▲ ▼ significantly higher/lower than comparative subset

BASE: All qualified respondents; U.S. Adults (n=1,000)

Q30. That you know of, has someone close to you ever been diagnosed with colorectal cancer? | Q31. Do you have a family history of colorectal cancer?



There is a lack of awareness of the high 5-year relative survival rate with early detection

Knowledge of 5-year Relative Survival Rate with Early Detection

	U.S. Adults (n=1,000)	Have Had a CRC Screening (n=694)	Have Not Had a CRC Screening (n=306)	45–64 (n=578)	65+ (n=422)	White (n=673)	POC (n=327)	Have Group Health Insurance (n=350)	Have Medicare/ Medicare Advantage (n=479)	Have Medicaid (n=186)
AWARE Over 90% Survival	27%	31%	19%	23%	34%	33%	17%	29%	32%	17%
UNAWARE (NET)	73%	69%	81%	77%	66%	67%	83%	71%	68%	83%
Over 75% but less than 90%	37%	39%	32%	34%	40%	38%	33%	37%	37%	37%
Over 50% but less than 75%	27%	23%	34%	32%	19%	22%	35%	29%	23%	25%
Less than 50%	10%	7%	15%	12%	7%	8%	14%	6%	8%	21%

BASE: All qualified respondents; U.S. Adults (n=1,000)

Q14 To the best of your knowledge, what is the 5-year relative survival rate when colorectal cancer is found at an early stage (before it has spread)?

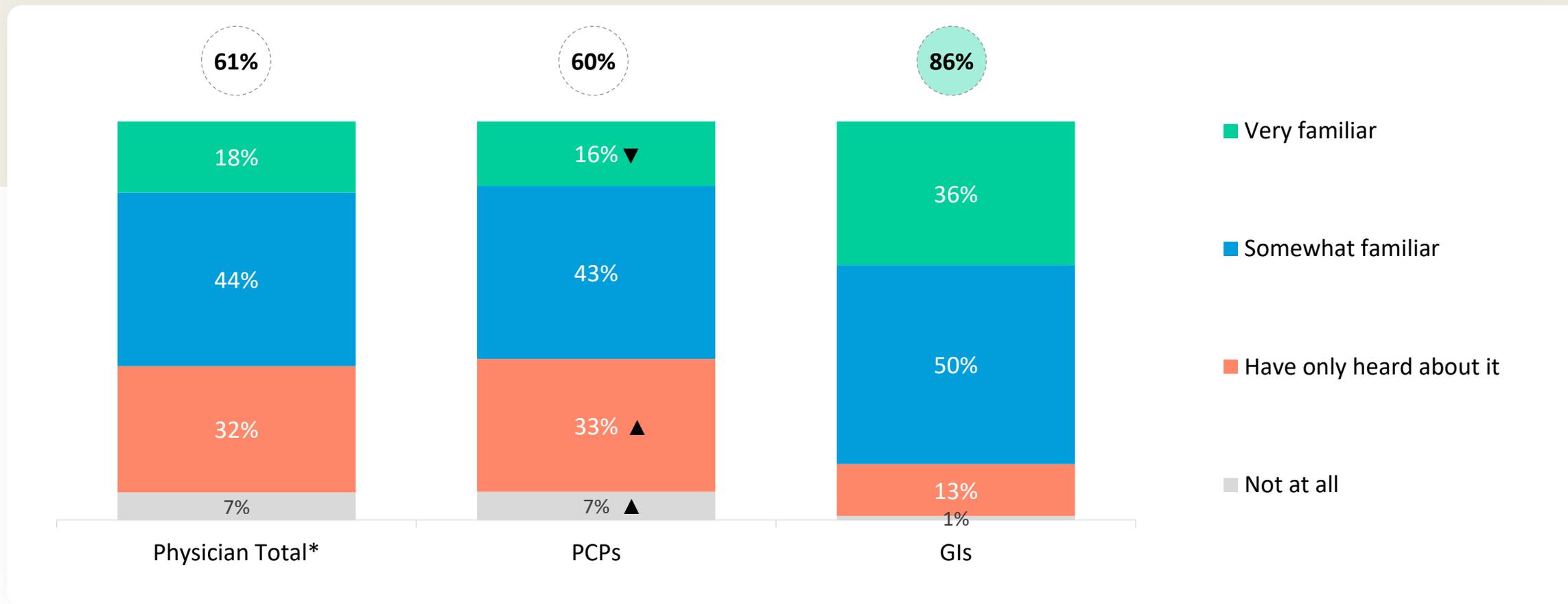
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 Indicates a significant difference from comparative subset



Six in ten physicians are familiar with blood tests as emerging technology used to screen for colorectal cancer

GIs are more familiar than PCPs with blood tests used for screening



▲ ▼ significantly higher/lower than comparative subset | * Combined weighted total

BASE: Qualified PCPs and GIs (n=350)

Q15. How familiar are you with blood tests as an emerging technology that can be used to screen for colorectal cancer?

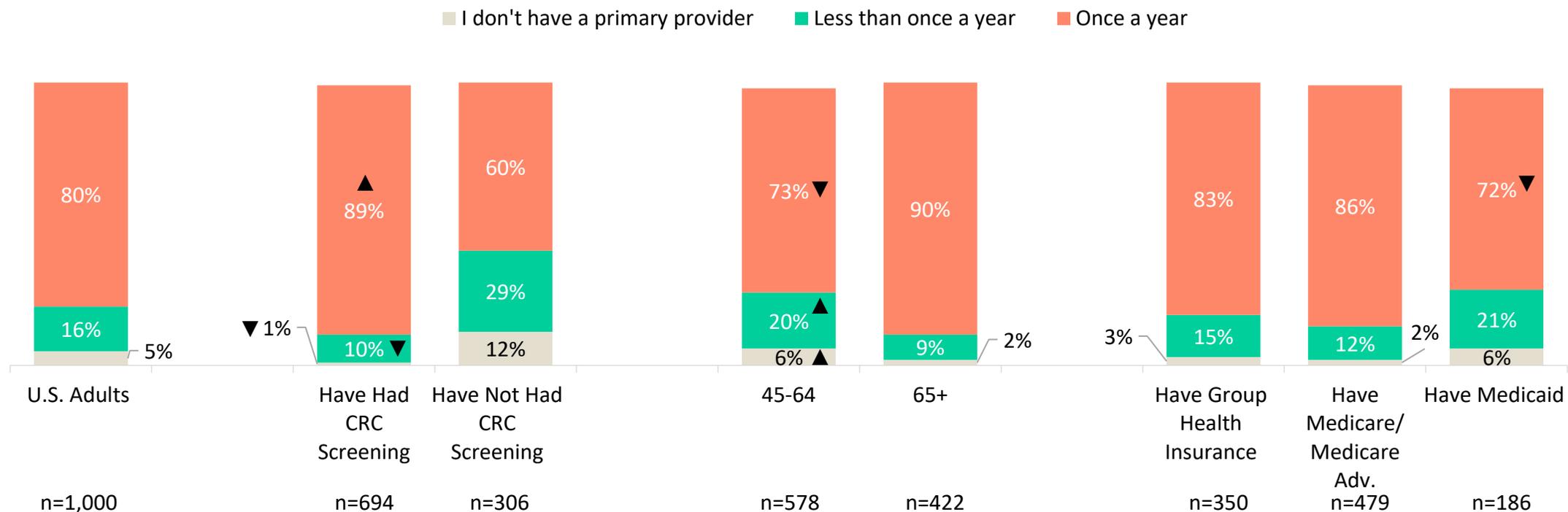
Indicates a significant difference from comparative subset



Eight in ten U.S. Adults see their primary care provider once a year

Those not screened, middle-aged adults and those on Medicaid are less likely to see a PCP

Frequency of Seeing Primary Care Provider



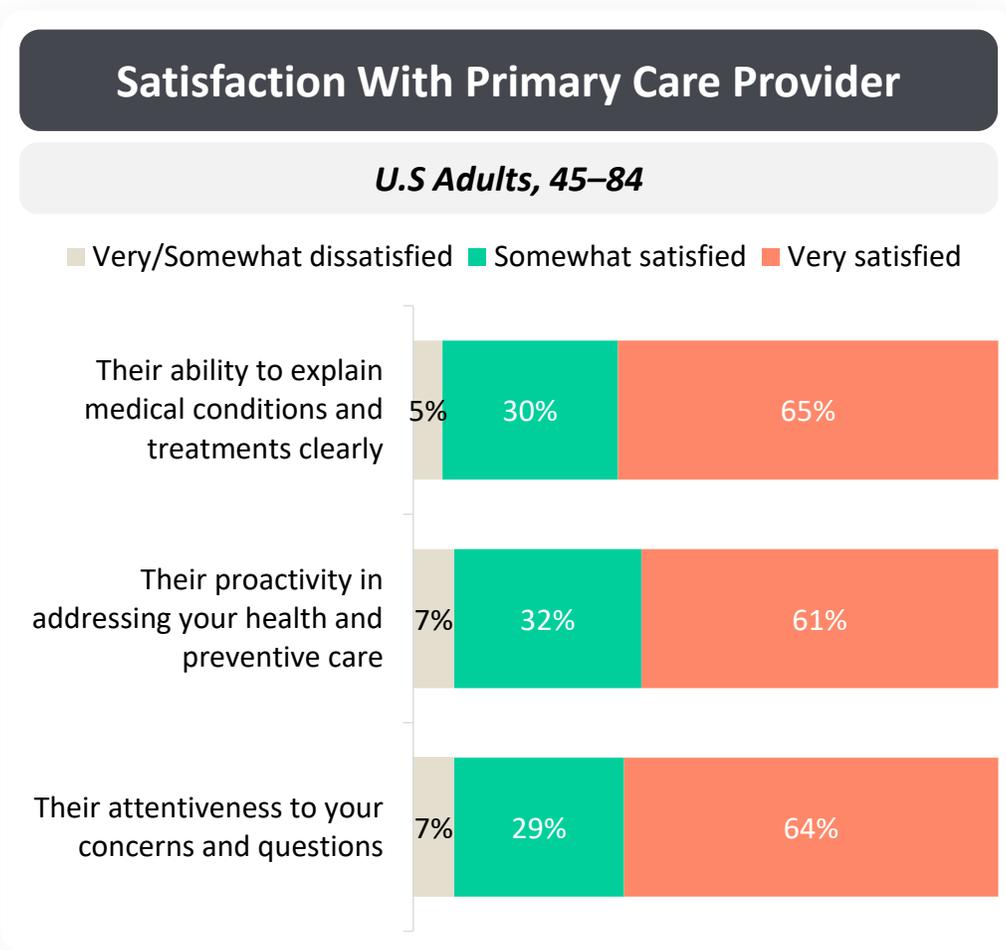
▲▼ significantly higher/lower than comparative subset

BASE: All qualified respondents

Q45. How often do you see your primary care provider for a routine wellness visit?



Among those who have a primary care provider, most U.S. Adults are satisfied with their PCP



Top 2 Box (Somewhat/Very satisfied)	Have Had a CRC Screening (n=688)	Have Not Had a CRC Screening (n=264)	Have Group Health Insurance (n=342)	Have Medicare/Medicare Adv. (n=466)	Have Medicaid (n=177)
95%	97%	90%	97%	95%	91%
93%	95%	89%	94%	94%	88%
93%	95%	89%	95%	94%	90%

BASE: Those who have a primary care provider; U.S. Adults (n=952)

Q50. How satisfied are you with each of the following aspects of your primary care provider?

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■ Indicates a significant difference from comparative subset

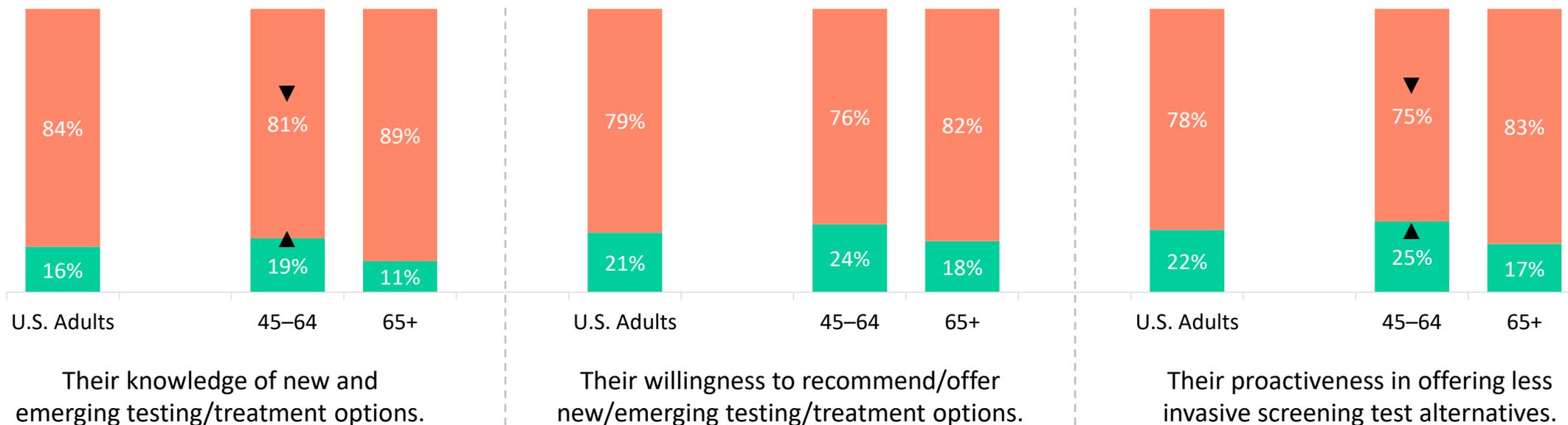


A provider's knowledge of emerging testing options and their proactiveness and willingness to recommend increases trust among patients

Older adults are more likely to have more trust in their PCP

Level Of Trust

■ Does Not Have An Impact On Trust ■ Increases Trust



▲ ▼ significantly higher/lower than comparative subset

BASE: Those who have a primary care provider; U.S. Adults (n=952)

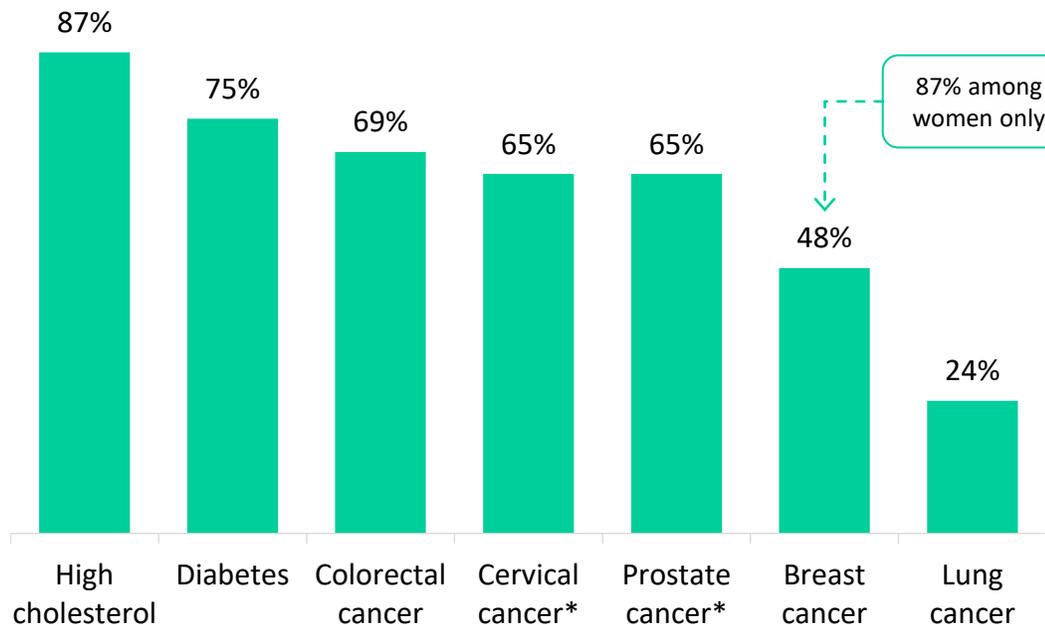
Q56. Does each of the following factors impact the level of trust you have in your primary care provider?



Seven in ten U.S. Adults have had a routine screening for colorectal cancer

% Have Had a Routine Screening for Various Diseases

U.S. Adults, 45–84



*Prostate cancer was asked among men only (n=366) and cervical cancer was asked women only (n=632)

BASE: All qualified respondents; U.S. Adults (n=1,000)

Q3. Have you ever had a routine screening test for the following?

BASE: Have undergone screening for colorectal cancer (n=694)

Q6. How long ago did you have your colorectal cancer screening? | Q5 Which of the following colorectal cancer screening methods did you use for your most recent screening? | Q7 Did you have a positive test result from your most recent screening test?

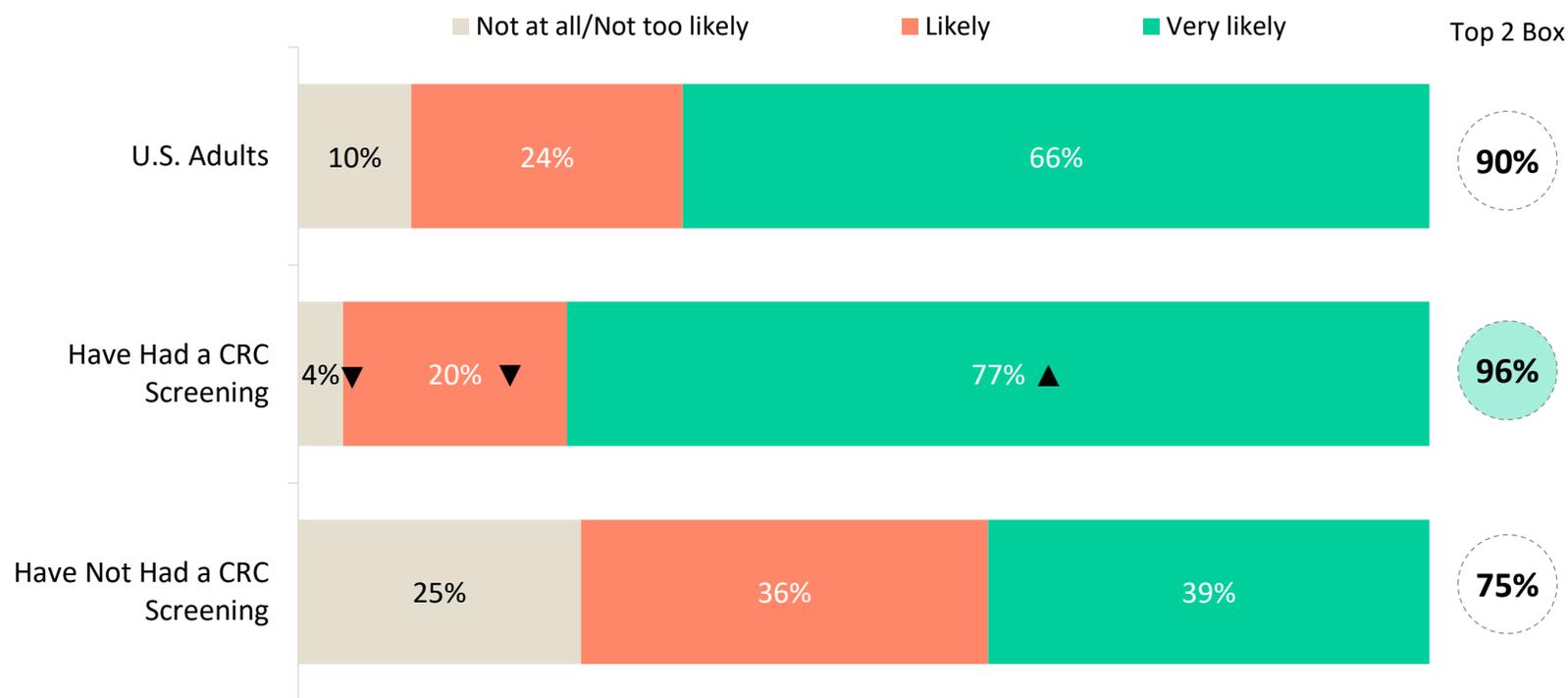
% Have Been Screened for Colorectal Cancer

Timing of Most Recent Screening	U.S. Adults/Have had a CRC Screening (n=694)
Past year	43%
Past 3 years	38%
Past 5 years	9%
Past 10 years	8%
More than 10 years ago	2%
Type of Method Used	
Colonoscopy	69%
Stool test	22%
Blood test	7%
Flexible sigmoidoscopy	1%
Received positive result	5%



Two thirds of U.S. Adults are very likely to complete the next colorectal screening recommended by their doctor

U.S. Adults, 45–84



Among the 25% of U.S. Adults that have **not** had a CRC screening and not likely to complete screening recommended by their doctor...

- **Top barriers** are discomfort/pain (60%); unpleasant process (59%); fear/anxiety (51%).
- **Top motivators** are quick/easy option (74%); more pleasant options (70%); concerns about current health (60%).
- Less likely to avoid or delay a colorectal cancer screening knowing that there is an FDA-approved blood test option (79%).
- If they were due for a colorectal cancer screening, they would be more satisfied with their wellness visit if their provider offered an FDA-approved blood test as an option (75%).

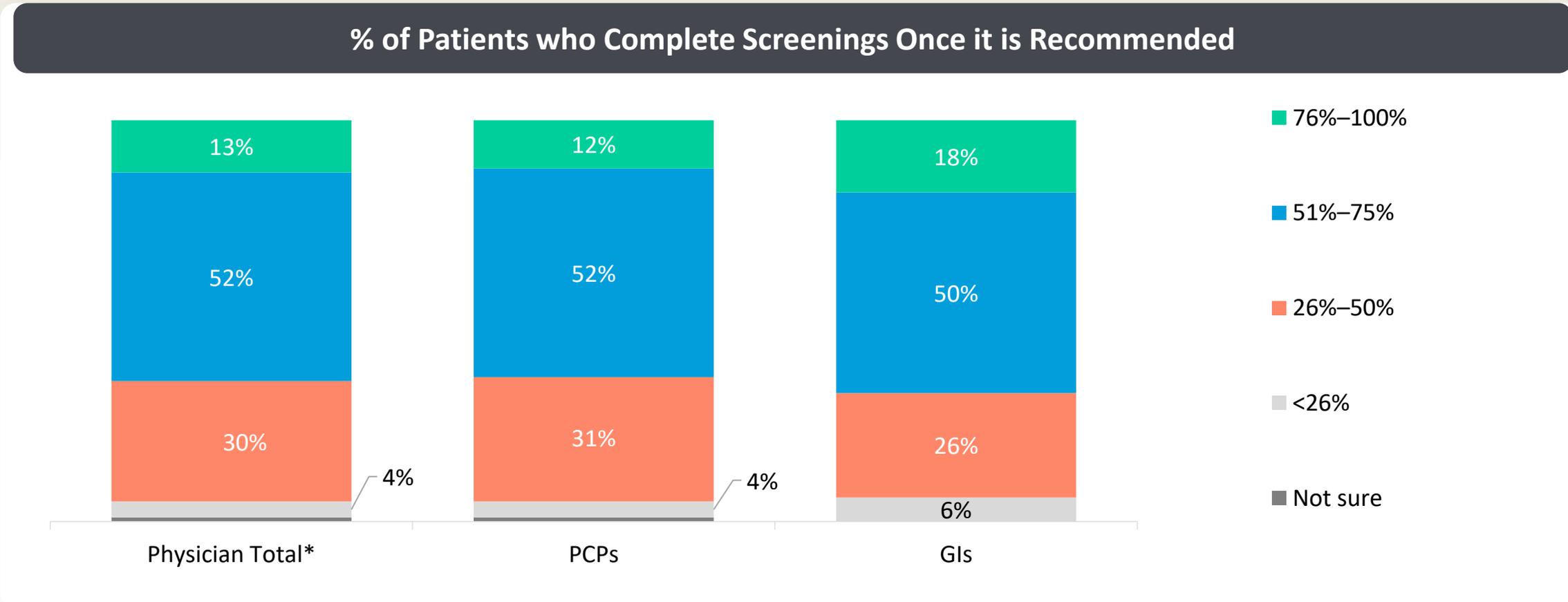
▲ ▼ significantly higher/lower than comparative subset

BASE: All qualified respondents U.S. Adults (n=955 – excludes those answering 'not sure')

Q9. How likely are you to complete the next colorectal cancer screening recommended to you by your doctor?



One third of physicians think 50% or fewer of their patients do not complete the colorectal screening once it is recommended to them



*Combined weighted total

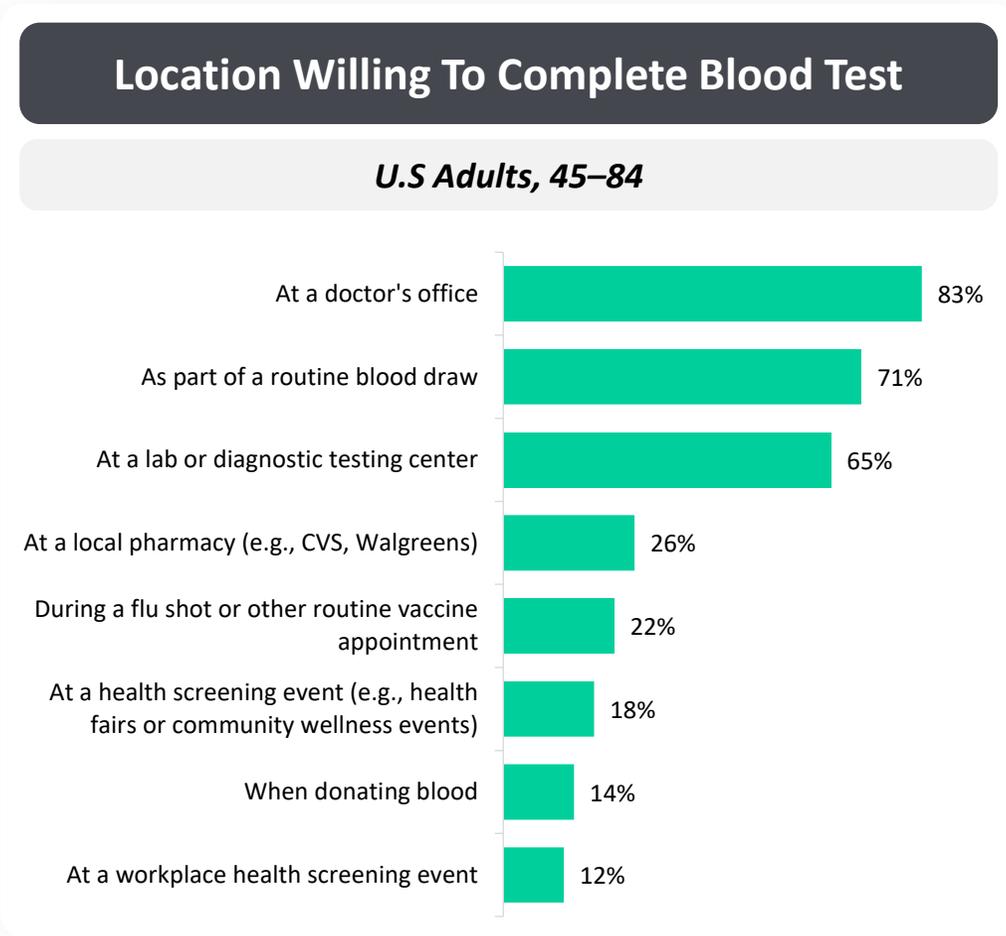
BASE: Qualified PCPs and GIs (n=350)

Q11. What percentage of your patients do you think complete colorectal cancer screenings when it is recommended to them?



U.S. Adults are most willing to complete a blood test for colorectal screening at a doctors office, as part of a routine blood draw, and at a lab/diagnostic testing center

A higher incidence of those who have been screened are more likely to be willing to take test in these three areas



	Have Had a CRC Screening (n=694)	Have Not Had a CRC Screening (n=306)	45–64 (n=578)	65+ (n=422)	White (n=673)	POC (n=327)	Have Group Health Insurance (n=350)	Have Medicare/ Medicare Adv. (n=479)	Have Medicaid (n=186)
At a doctor's office	86%	75%	81%	86%	84%	81%	85%	85%	78%
As part of a routine blood draw	76%	59%	65%	80%	74%	65%	78%	75%	50%
At a lab or diagnostic testing center	69%	56%	62%	70%	67%	61%	65%	71%	61%
At a local pharmacy (e.g., CVS, Walgreens)	27%	23%	25%	27%	26%	26%	25%	28%	25%
During a flu shot or other routine vaccine appointment	22%	21%	21%	22%	24%	17%	23%	26%	11%
At a health screening event (e.g., health fairs or community wellness events)	19%	14%	18%	17%	17%	20%	19%	18%	12%
When donating blood	14%	14%	14%	15%	15%	13%	14%	15%	10%
At a workplace health screening event	11%	14%	15%	8%	12%	12%	17%	9%	6%

BASE: All qualified respondents; U.S. Adults (n=1,000)

Q60. Where would you be willing to complete a blood test for colorectal cancer screening?

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Indicates a significant difference from comparative subset



U.S. Adults are most likely to seek out health information about colorectal cancer from Primary Care Providers

	U.S. Adults (n=1,000)	Have Had a CRC Screening (n=694)	Have Not Had a CRC Screening (n=306)	45–64 (n=578)	65+ (n=422)	White (n=673)	POC (n=327)
Primary Care Providers	74%	81%	58%	68%	83%	77%	68%
Specialists	54%	59%	45%	52%	59%	57%	49%
Health Websites	43%	45%	39%	39%	48%	42%	44%
Health insurance provider	28%	30%	26%	26%	32%	27%	31%
Traditional Search Engines	28%	27%	31%	30%	26%	27%	31%
Family Members/Friends	27%	27%	29%	29%	24%	29%	24%
Medical literature	21%	20%	21%	21%	20%	19%	23%
Pamphlets, brochures, etc.	18%	17%	18%	18%	17%	16%	21%
Pharmacists	8%	8%	8%	7%	8%	8%	8%
TV News or Programs	8%	7%	9%	8%	8%	6%	11%
Workplace Wellness Programs	6%	6%	7%	10%	1%	5%	9%
Patient advocacy or support groups	6%	7%	5%	7%	5%	6%	7%
YouTube Channels	6%	4%	10%	7%	4%	3%	12%
Social media channels from healthcare companies	5%	3%	8%	7%	2%	4%	6%
Alternative Medicine Practitioners	4%	4%	5%	5%	3%	3%	6%
Artificial Intelligence (AI) Chatbot	3%	3%	5%	5%	1%	3%	3%
Community health worker or social worker	3%	2%	5%	4%	2%	3%	3%
Social media Influencers	3%	2%	5%	4%	1%	2%	6%
Fitness Trainers or Coaches	1%	1%	1%	1%	<.5%	<.5%	1%

BASE: General Population

Q36 Which of the following sources would you be most likely to use to seek out health information about colorectal cancer?

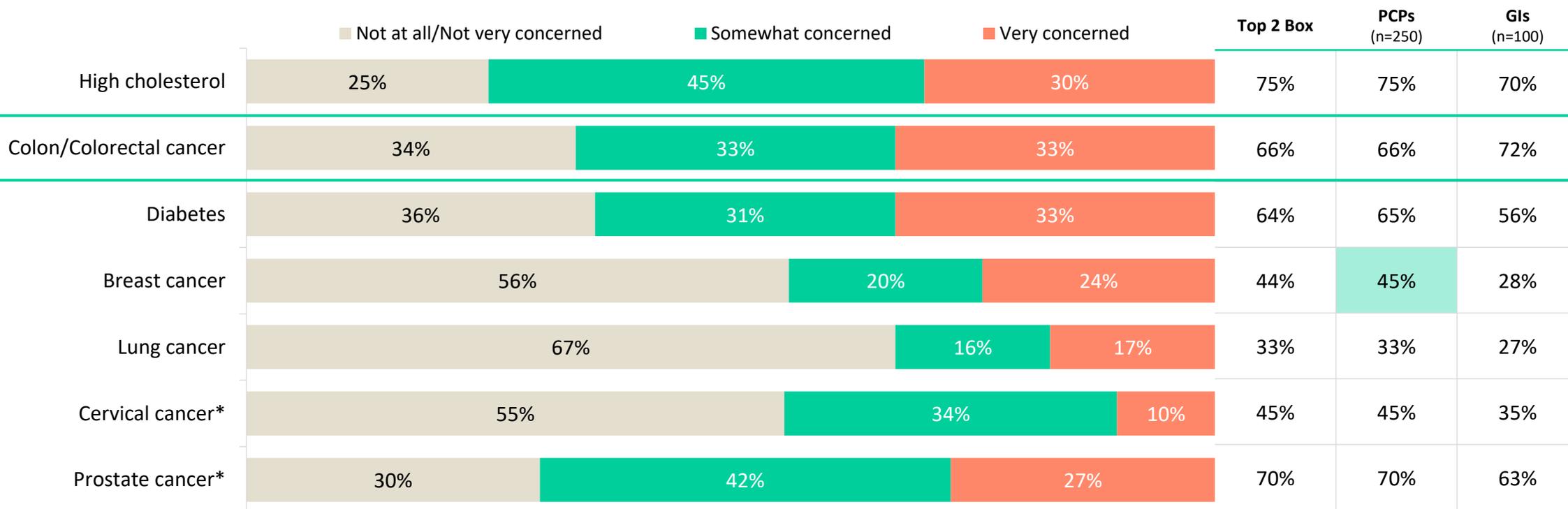
Indicates a significant difference from comparative subset



Two thirds of physicians are personally concerned about colorectal cancer

Personal Health Concerns About Various Diseases

All physicians



* Combined weighted total

* Prostate cancer was asked among men only (n= 253) and cervical cancer was asked women only (n=88)

BASE: Qualified PCPs and GIs (n=350)

Q1. When it comes to your health, how concerned are you about each of the following?

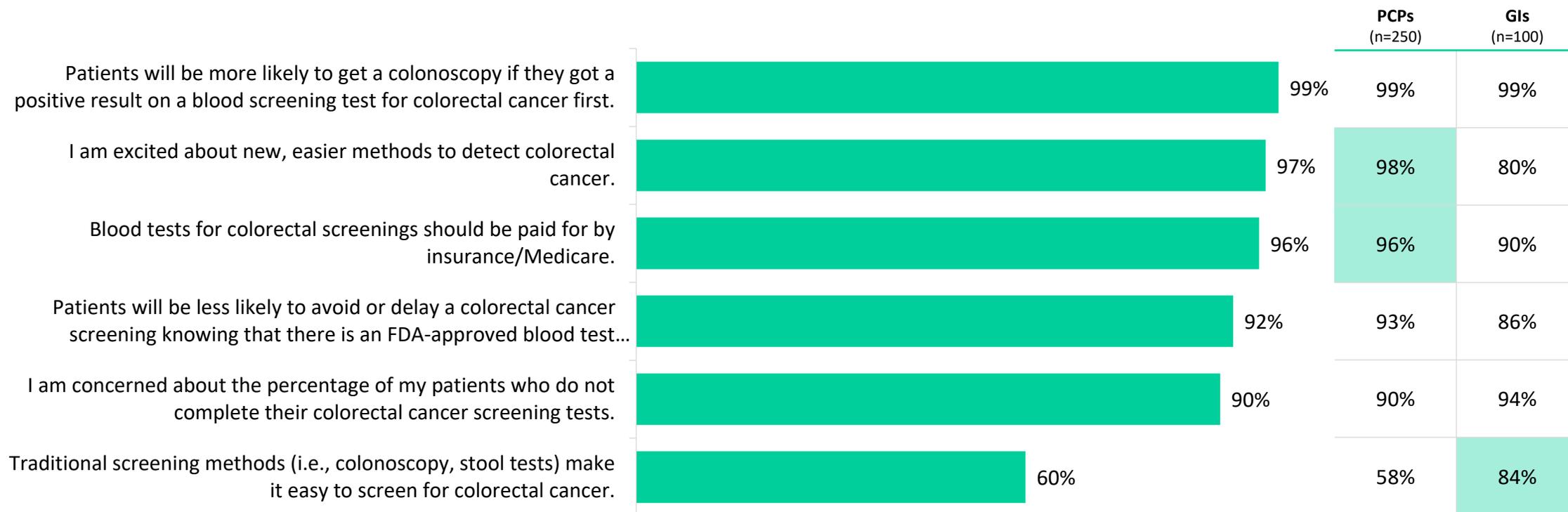
Indicates a significant difference from comparative subset



Almost all physicians agree patients will be more likely to get a colonoscopy if they got a positive blood result first

Agreement Statements | % Strongly/Somewhat Agree

All physicians



* Combined weighted total

BASE: Qualified PCPs and GIs (n=350)

Q16 To what extent do you agree with each of the following statements?

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Closing the Gap: CRC Screening Insights

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