

Supplemental Table 1. Age-adjusted risk-factor prevalence, screening dissemination, and treatment use for colorectal cancer in the MISCAN-Colon model for years 1965 to 2020

Year	Past Trends									Frozen trends**	Continued trends***					Optimistic trends****				
	1965	1970	1975	1980	1985	1990	1995	2000		2000-2020	2000	2005	2010	2015	2020	2000	2005	2010	2015	2020
<b>Risk factors*</b>																				
Smoking (% adults current smokers)	42	37	36	33	30	26	25	23		23	23	22	20	19	17	23	21	17	14	11
Obesity (% adults obese)	13	13	14	14	17	21	25	31		31	31	34	38	41	45	31	34	34	34	34
Red meat (% adults consuming >2 times per week)	97	97	95	93	89	85	81	78		78	78	76	74	71	69	78	76	62	51	41
Physical activity (% adults adhering to guidelines)	25	25	25	25	25	24	25	26		26	26	28	30	32	34	26	28	34	42	51
Multivitamin (% adult-users)	0	0	5	12	20	27	34	38		38	38	42	46	50	55	38	42	51	62	76
Aspirin (% adult-users)	5	5	5	5	6	8	9	10		10	10	11	13	14	15	10	11	13	14	15
<b>Screening</b>																				
Home-based FOBT (% adults age >50 years in past two years)	0	0	0	5	14	18	21	24		24	24	26	29	32	35	24	28	38	38	38
Endoscopy (% adults age >50 years ever had endoscopy)	0	0	0	8	21	30	35	39		39	39	43	48	52	56	39	46	61	61	61
<b>Treatment (% of patients)</b>																				
Overall rate of adjuvant chemotherapy for Stage III	0	0	1	12	37	69	73	73		73	73	77	77	77	77	73	77	84	84	84
<i>By regimen type:</i>																				
5-FU based regimens without other agents	0	0	1	12	37	69	73	73		73	73	56	27	27	27	73	56	0	0	0
Infusional 5-FU and oxaliplatin	0	0	0	0	0	0	0	0		0	0	21	49	49	49	0	21	84	84	84
Overall rate of chemotherapy for metastatic disease	0	13	25	27	49	59	66	66		66	66	70	70	70	70	66	70	83	83	83
<i>By regimen type:</i>																				
5-FU based regimens	0	13	25	27	49	59	20	20		20	20	6	6	6	6	20	6	0	0	0
5-FU and irinotecan	0	0	0	0	0	0	46	46		46	46	31	1	1	1	46	31	0	0	0
5-FU, irinotecan and oxaliplatin	0	0	0	0	0	0	0	0		0	0	27	18	18	18	0	27	0	0	0
5-FU irinotecan, oxaliplatin, and the biologics	0	0	0	0	0	0	0	0		0	0	8	45	45	45	0	8	83	83	83

\*Risk factor data were obtained primarily from the Cancer Progress Report (*Cancer Progress Report - 2003 Update*, 2004) {, 2004 #28;, 2004 #1}. Additional age-specific data were directly obtained from the National Health Interview Survey (NHIS) ("National Center for Health Statistics. Data File Documentation, National Health Interview Survey, 2003 (machine-readable data file and documentation)," 2003), the National Health and Nutrition Examination Survey (NHANES) (CDC), and the Behavioral Risk Factors Surveillance System (BRFSS) .

\*\* Frozen at 2000—Risk factor prevalence and use of screening and treatment remain at the levels observed for the year 2000

\*\*\*Continued trends—Observed trends in risk factors and screening during 1995–2000 continue at the average rate for that period until 2020. Recently approved treatment strategies are adopted rapidly.

\*\*\*\*Optimistic trends—This scenario considers continued trends (during 1995-2000) from 2000–2004; from 2005 onwards, risk factor prevalence in the US population is assumed to improve by 4% per year (assuming that obesity stabilizes at the 2005 level and aspirin stays at the level of continued trends but is not a possible intervention because of adverse effects of bleeding (Imperiale, 2003). CRC screening rates



