

BACKGROUND: CRC (CRC) rates are low but increasing in Africa. Data on detection, treatment, and outcome are scarce. **OBJECTIVE:** The aim of this study was to evaluate the presentation, treatment, and outcome pattern of CRC and to compare the care processes for two time periods. **SETTING:** The setting was Kenyatta National Hospital (KNH), a teaching and referral center. **PATIENTS AND METHODS:** A total of 259 patients seen over two time periods (1993-1998 and 1999-2005) were analyzed for admission date, sex, subsite involvement, diagnostic process, treatment, follow-up, and outcome. The distribution of variables between the time periods were analyzed using Student's t-test and chi2 as appropriate. Survival trends were generated using Kaplan Meier method; $p < 0.05$ was statistically significant. **RESULTS:** The average number of CRC diagnoses showed a 2.7-fold increase during the study periods. The mean age at presentation was 49.7 years. The mean duration of symptoms was 29.6 weeks; and the commonest subsite was the rectum (55.3%). The overall resection rate was 67.7%. For rectal tumors the abdominoperineal rate was 51.4%. Mortality was higher for poorly differentiated cancer, advanced disease, age > 50 years, and emergency surgery. There was no change in the age, duration of symptoms, proportion of patients < 40 years, or the colon/rectal ratios of the cancer site. The second time period saw more adjuncts for diagnosis, less in-hospital mortality, and better staging data. **CONCLUSION:** CRC peaks during the fifth decade of life in Kenyans. The disease is characterized by late presentation, rectal preponderance, and inadequate pathology data. Improved patient follow-up will unravel the true pattern of disease outcome.