

Quick Facts: Colorectal Cancer in North Carolina



Colorectal cancer is the second leading cause of cancer-related death in North Carolina and in the US. Approximately 4,500 new cases and 1,700 deaths occur each year due to colorectal cancer in NC.

Early Detection of Colorectal Cancer

Improving prevention and early detection offer the best opportunities to reduce the burden of colorectal cancer. The goal of early detection is to find polyps and cancers before they cause symptoms. Based on scientific evidence, there is general consensus among expert groups, including the American Cancer Society and the US Preventive Services Task Force, that adults 50 years of age and older should be screened.

| Colorectal Cancer in NC and US | | |
|---|--------------------|----------------------|
| | NC | US |
| Projected New Cases, 2006 ¹ | 4,525 | -- |
| Avg. Annual New Cases, 2000-2002 | 3,788 ² | 145,290 ³ |
| Avg. Annual Rate of New Cases, 2000-2002 ² | 46.5 | 52.0 |
| Projected Deaths, 2006 ¹ | 1,710 | -- |
| Avg. Deaths per Year, 1999-2003 ² | 1,529 | 56,770 |
| Avg. Annual Death Rate, 1998-2003 ² | 19.4 | 20.0 |
| Cost-effectiveness of screening per additional year of life gained ⁴ | | \$30,000 |

¹ NC State Center for Health Statistics
² State Cancer Profiles, <http://statecancerprofiles.cancer.gov/>. Rates are age-adjusted to the 2000 US Census.
³ American Cancer Society, www.cancer.org
⁴ US Preventive Services Task Force, July 2002.

Colorectal Cancer Screening Guidelines

Beginning at age 50, both men and women at average risk for developing colorectal cancer should follow one of these five testing schedules:

- yearly fecal occult blood test (FOBT)* or fecal immunochemical test (FIT)
- flexible sigmoidoscopy every 5 years
- yearly FOBT* or FIT plus flexible sigmoidoscopy every 5 years**
- double-contrast barium enema every 5 years
- colonoscopy every 10 years

* For FOBT, the take-home multiple sample method should be used.

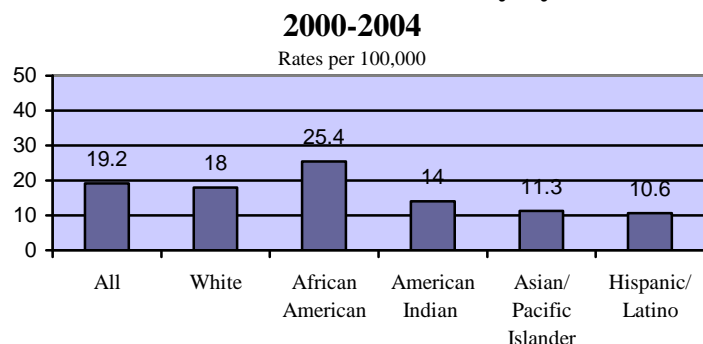
** The combination of yearly FOBT or FIT plus flexible sigmoidoscopy every 5 years is preferred over either of these options alone.

All positive tests should be followed up with colonoscopy.

Source: American Cancer Society, www.cancer.org

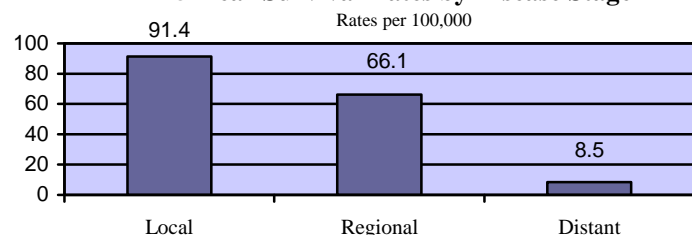
In North Carolina, African Americans have the highest colorectal cancer mortality rate. Early detection can lead to prevention and improved health outcomes.

NC Colorectal Cancer Mortality by Race



Source: State Center for Health Statistics

Benefits of Screening: 5-Year Survival Rates by Disease Stage



Source: American Cancer Society

Despite consensus on the benefits of colorectal cancer screening, participation is low.

- Data from the NC Behavioral Risk Factor Surveillance Survey (BRFSS) reveal that fewer than 60% of adults over age 50 receive time and age-appropriate testing using the Fecal Occult Blood Test (FOBT) or colonoscopy/sigmoidoscopy.
- For people with less than a high school education and those uninsured, the proportion screened is lower (1).

FOBT Screening and Follow-up

FOBT offers an inexpensive, easy and non-invasive screening strategy. Its effectiveness depends, however, on proper follow-up testing and treatment.

- **Between 1% and 5% of FOBTs are positive.** A positive FOBT should be followed with a complete colorectal evaluation. Ideally, this consists of a colonoscopy.
- **As many as 30% of patients with a positive FOBT do not receive a diagnostic colorectal examination (2).** The key to successfully preventing and treating colon cancer is to find and remove cancerous or pre-cancerous polyps in the colon at an early stage. During a colonoscopic examination the polyps can be viewed and removed for testing. Removing superficial cancers or polyps is called polypectomy.
- **Following polypectomy, patients require ongoing surveillance.** The level of surveillance depends on individual patient risk factors and preferences. Factors influencing the frequency of colorectal evaluation include the number, size and type of polyps removed, and family history. While some patients may be advised to resume a regular screening routine (a colonoscopy every 10 years), other patients may be advised to have screening at more frequent intervals: 5 years; 3 years; or, in cases where complete removal of polyps needs to be assured, in 2-6 month intervals (3).

1. Kim JA, Porterfield D, Gizlice Z. Trends in up-to-date status in colorectal cancer screening, North Carolina, 1998-2002. N C Med J 2005;66(6):420-6.

2. Nadel MR, Shapiro JA, Klabunde CN, Seeff LC, Uhler R, Smith RA, et al. A national survey of primary care physicians' methods for screening for fecal occult blood. Ann Intern Med 2005;142(2):86-94.

3. Winawer SJ, Zauber AG, Fletcher RH, Stillman JS, O'Brien M J, Levin B, et al. Guidelines for colonoscopy surveillance after polypectomy: a consensus update by the US Multi-Society Task Force on Colorectal Cancer and the American Cancer Society. CA Cancer J Clin 2006;56(3):143-59.

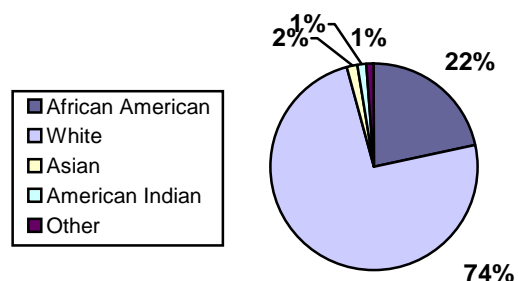
Can We Screen All Those Who Need It? Demographic Characteristics in NC

North Carolina has a population of 8,049,313, with 28% being 50 years of age or older.

In our state, 1.4 million are uninsured. The rate of uninsurance is approximately 15% for ages 50-64.

Hispanics and Latinos comprise approximately 6% of North Carolina's population.

Population by Race in North Carolina



Source: US Census Bureau, <http://factfinder.census.gov>