

Facts About Colorectal Cancer

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What You Should Know

- Colorectal cancer is a significant cause of cancer-related death in Michigan, and is a commonly diagnosed cancer in both Michigan men and women.^{1,5}
- Michigan ranks 31st in the nation in colorectal cancer mortality, with 16 states having a lower mortality rate.²
- Men and women 50 years of age and older who are not at an increased risk for colorectal cancer are encouraged to follow a screening schedule that consists of:
 - - ✓ Guiac-based fecal occult blood test (testing for blood in the stool) or Fecal Immunochemical Test every year
 - or*
 - ✓ Flexible sigmoidoscopy (procedure to examine the lower portion of the colon) every five years
 - or*
 - ✓ Fecal occult blood testing yearly plus a flexible sigmoidoscopy every five years
 - or*
 - ✓ Colonoscopy (procedure to examine the entire colon) every ten years
 - or*
 - ✓ Double-contrast barium enema (X-ray of the colon) or Computed Tomographic Colonography (CT scan of colon and rectum) every five years³

- Men and women considered to have additional risk factors are encouraged to

undergo screening at a younger age and undergo screening more frequently.

Risk Factors

- There are several factors that increase one's risk of developing colorectal cancer. Although younger people can get colorectal cancer, the risk increases with age. In Michigan, more than 95% of people diagnosed with colorectal cancer are older than 50.⁵
- Other risk factors include: a personal history of colon cancer, colon polyps, or inflammatory bowel disease; a family history of colorectal cancer; a diet high in red or processed meat, inadequate intake of fruits and vegetables, not being physically active, obesity, smoking, and heavy use of alcohol.⁴
- The two most common forms of hereditary colorectal cancer are familial adenomatous polyposis (many colonic polyps) and hereditary nonpolyposis colorectal cancer (few, if any polyps). Inherited mutations in any of the genes contributing to these conditions could put an individual at a high risk of developing colorectal cancer.⁴

Incidence and Mortality

- During 2005, 2,618 men and 2,682 women were diagnosed with invasive colorectal cancer.⁵
- The American Cancer Society estimated that 148,810 Americans were diagnosed with colorectal cancer and 49,960 Americans died from colorectal cancer in 2008.
- During 2006, 910 men and 984 women died from colorectal cancer.¹
- Men are more likely than women to develop colorectal cancer and die. African-

Americans have higher colorectal cancer incidence and mortality rates than people of other racial groups.^{1,2,5}

Stage at Diagnosis

- In Michigan, 39.8% of colorectal cancer cases diagnosed during 2005 were found at a local stage (confined to the colon or rectum). This includes and 41.3% of newly diagnosed cases in men and 38.4% of newly diagnosed cases in women.⁵
- Since the early 1990s, there has been a slight increase in the proportion of colorectal cancer cases diagnosed at a local stage.⁵
- Of individuals diagnosed with colorectal cancer at a local stage, 89.7% will survive at least five years. This is compared with a five-year survival rate of 68.4% when diagnosed at a regional stage (cancer has spread to surrounding tissues) and 10.8% when diagnosed at a distant stage (cancer has metastasized).²
- Five-year survival rates vary by race and ethnicity. African-Americans diagnosed with colorectal cancer at any stage are less likely than other races to survive five years. The five-year survival rate for African-Americans at the local stage is 5.9% lower than that for Caucasians.²

Screening Behaviors

- Approximately 49.1% of Michigan adults age 50 years and older have ever used a home fecal occult blood test to determine the presence of blood in their stools. Women are more likely than men to have used the test (51.4% vs. 46.4%).⁶
- Of Michigan adults age 50 years and older, 66.3% have ever had a sigmoidoscopy or colonoscopy exam (procedure to examine the rectum) at least once during their lifetime. Those with lower education levels and lower income levels were less likely to ever had a sigmoidoscopy or colonoscopy.⁶

References:

1. MDCH Vital Records & Health Data Development Section, 1985-2006 Michigan Resident Death Files
2. SEER Cancer Statistics Review, 1975-2005 National Cancer Institute, Bethesda, MD
3. Michigan Cancer Consortium Guidelines for the Early Detection of Colorectal Cancer, February 2009
4. American Cancer Society. Cancer Facts & Figures 2008
5. MDCH Vital Records & Health Data Development Section, 1985-2005 Michigan Cancer Incidence File
6. Michigan Behavioral Risk Factor Surveillance System, 2006 Data