

## March is Colorectal Cancer Awareness Month

Colorectal cancer is a cancer that forms in the colon and rectum; these are parts of the digestive system through which partially digested food and water passes on its way out of the body.<sup>1</sup> Colorectal cancer is a very common disease; it is the third most common cancer among men and women in the United States.<sup>2</sup> The disease causes no symptom in the early stages, although abnormal growths called polyps may develop in the colon or rectum. Most polyps are not cancer, but some may develop into cancer if they are not removed.<sup>1</sup> The exact cause of colorectal cancer is unknown, although there are several risk factors that may increase the likelihood of developing the disease such as age over 50 years, presence of colorectal polyps, family history, high fat diet, smoking, certain genetic alterations and a personal history of cancer.<sup>1</sup>

In 2007, over 5,000 people were newly diagnosed with colorectal cancer in Michigan, and about 1,800 people died of the disease.<sup>3</sup> Between 1997 and 2007, the incidence and mortality due to colorectal cancer has declined steadily in Michigan and in the United States as a whole (Figures 1 & 2). In 2007, the age-adjusted colorectal cancer incidence rate was slightly higher in Michigan compared with the US as a whole; 47 per 100,000 versus 44.6 per 100,000. Age-adjusted colorectal cancer mortality rate was similar in Michigan and the US in 2007; 16.8 in Michigan and 16.7 in the US.<sup>3</sup>

Figure 1: Age-Adjusted Colorectal Cancer Incidence Rate, Michigan vs. US, 1997-2007

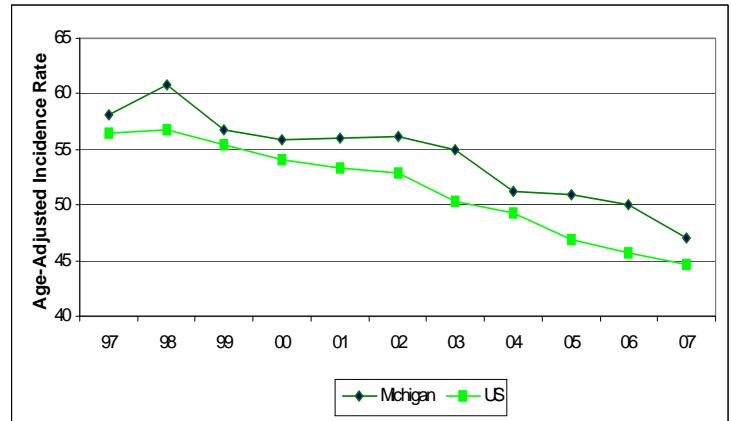
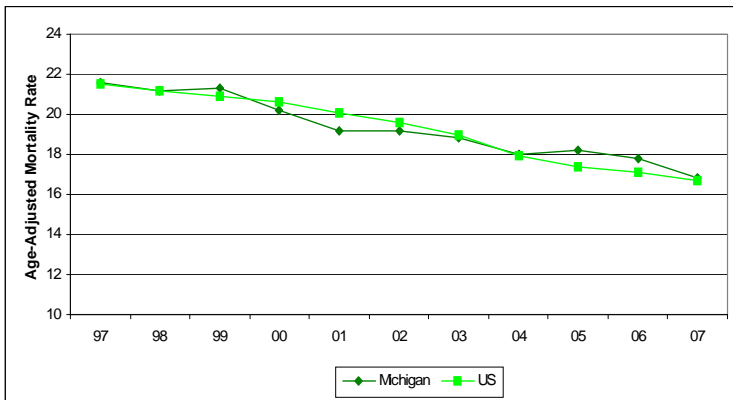


Figure 2: Age-adjusted Colorectal Cancer Mortality Rate, Michigan vs. US, 1997-2007



Colorectal cancer rates are higher among men compared with women (Figure 3). Between 2005 and 2007, the age-specific incidence rate of colorectal cancer was 122.9 per 100,000 in men ages 50-74 compared with 96.9 per 100,000 in women of the same age group.<sup>3</sup> The disease is also more common at older ages compared with younger ages. Furthermore, age-adjusted mortality rates are higher among African-Americans compared with other racial groups (Figure 4).<sup>4</sup>

Figure 3: Colorectal Cancer Incidence Rate by Age-Group and Gender, Michigan 2005-2007

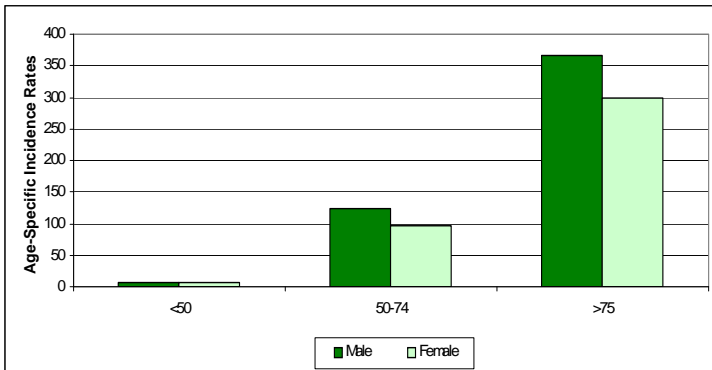
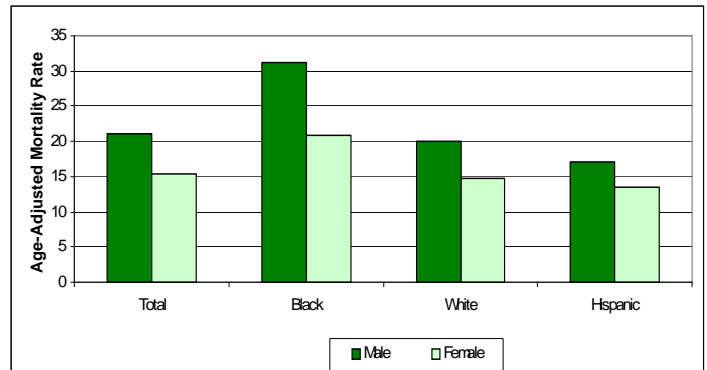
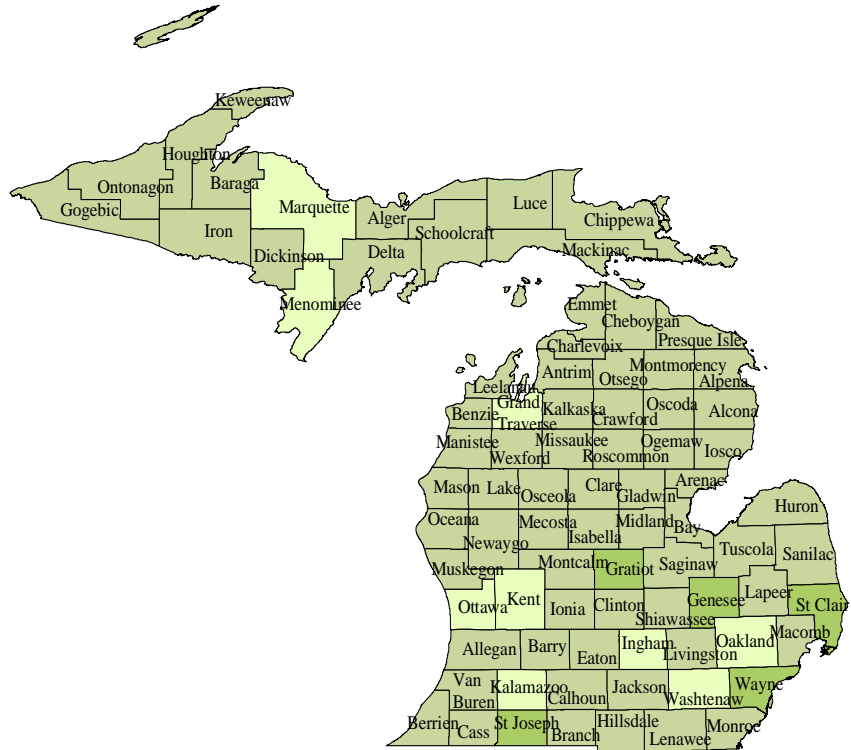


Figure 4: Age-Adjusted Colorectal Mortality Rate by Race and Gender, 2003-2007



Within Michigan, colorectal cancer mortality rates appear to be homogenous (Figure 5).<sup>5</sup> Most counties have rates that are similar to the state average, although a few counties in Mid- and South-East Michigan have rates that are significantly higher than the state average. Also, several counties in the Upper Peninsular and around the state have rates that are significantly lower than the state average.

Figure 5: Colorectal Cancer Mortality Rates by County, Michigan 1999-2008



- Counties with significantly lower mortality rates\*
- Counties without significantly different mortality rates\*
- Counties with significantly higher mortality rates\*

\*Differences in age-adjusted mortality rates were statistically tested at 95% confidence levels to compare each county with the all-county rate.

When diagnosed at a localized stage, colorectal cancer treatment is very effective and mortality rate declines. In 2006, about 40% of colorectal cancer cases were diagnosed at the localized stage, 32% were diagnosed at the regional stage and about 17% were diagnosed at the distant stage in Michigan (Figure 6).<sup>5</sup> African-American cases were more likely to be diagnosed at the distant stage compared with whites.

When diagnosed at a localized stage, 5-year survival with colorectal cancer is much higher. In 2006, 90% of patients diagnosed with colorectal cancer at a localized stage were alive after 5 years, compared with 12% of those diagnosed at a distant stage in Michigan (Figure 7).<sup>5</sup>

Figure 6: Colorectal Cancer Stage at Diagnosis by Racial Group, Michigan 2006

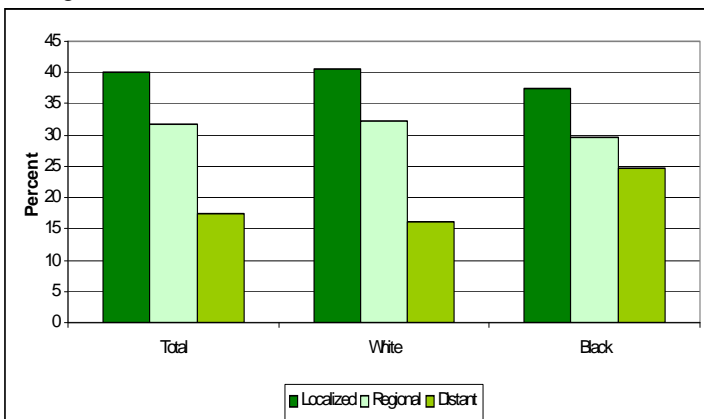
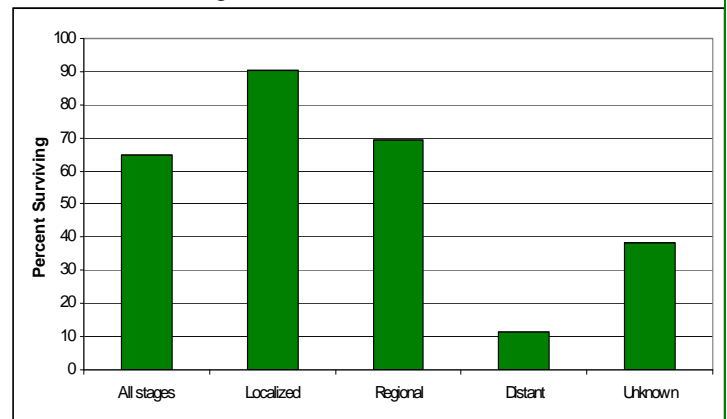


Figure 7: Colorectal Cancer 5-Year Survival by Stage at Presentation, Michigan 2006



Routine screening ensures timely detection and diagnosis of colorectal cancer at early stages when treatment is very effective. The Michigan Cancer Consortium's (MCC) recommendation for colorectal cancer screening is for average risk individuals age 50 years or older to have either a yearly fecal occult blood test (FOBT) or a sigmoidoscopy every five years or a yearly FOBT combined with a sigmoidoscopy every five years or to have a colonoscopy every ten years or a double contrast barium enema (DCBE) every five years.<sup>6</sup>

Figure 8: Colorectal Cancer Screening Trend, Michigan 2001-2008

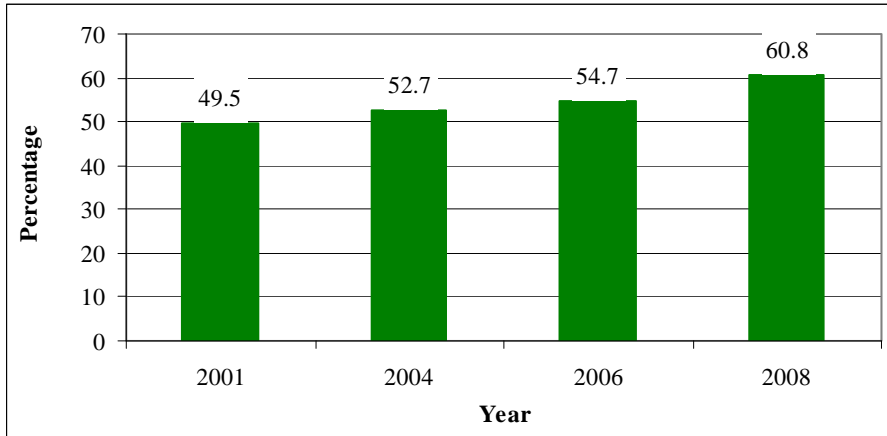
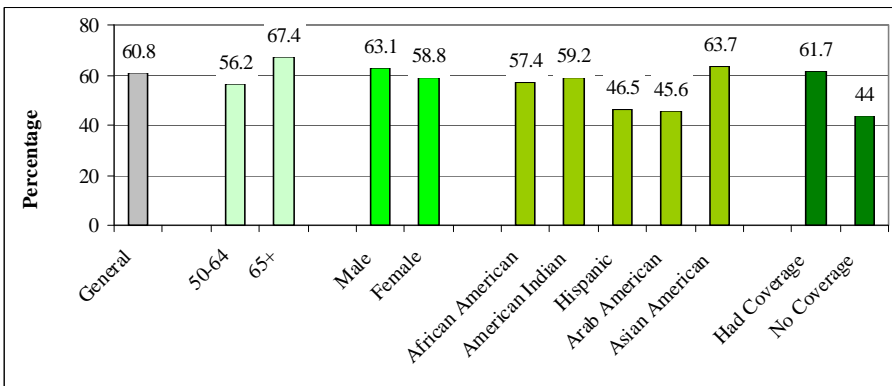


Figure 9: Appropriately Timed Colorectal Cancer Screening by Adults Ages 50+, Michigan 2008<sup>6</sup>



The proportion of Michigan adults receiving appropriate colorectal cancer screening has increased steadily since 2001 (Figure 8).<sup>7</sup> About 61% of Michigan adults ages 50 years and older were screened for colorectal cancer according to recommended guidelines in 2008 (Figure 9).<sup>7</sup> However, there are marked differences in screening rates between population groups; Arab-Americans had the lowest screening rate at 46% compared with about 64% in Asian-Americans. Hispanic adults also had low screening rates at 47%. Adults without health insurance coverage had lower screening rates at 44% compared with 62% of adults with health insurance.

The Michigan Colorectal Cancer Early Detection Program (MCRCEDP) provides screening services to adults in Michigan who are poor, lack health insurance, between ages 50 and 64 and are at average or increased risk for colorectal cancer. More information about this program can be obtained by calling 877-588 6224 or online at: <http://www.michigancancer.org/colorectal/index.cfm>

## References:

1. National Cancer Institute Cancer Topics. Access online at: <http://www.cancer.gov/cancertopics/types/colon-and-rectal>
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3. Michigan Cancer Surveillance Program. Michigan Department of Community Health (MDCH), Vital Records and Health Data Development Section. Access online at: <http://www.michigan.gov/mdch>.
4. Center for Disease Control United States Cancer Statistics. Access online at: <http://apps.nccd.cdc.gov/uscs/cancersbystateandregion.aspx>
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7. Michigan Public Health Institute and Michigan Department of Community Health. Special Cancer Behavioral Risk Factor Survey, 2008. April 2010. Access online at: <http://www.michigancancer.org/Resources/SpecialMCCReports.cfm>.

More information is available from:

Michigan Cancer Consortium [www.michigancancer.org](http://www.michigancancer.org)  
 Michigan Department of Community Health  
[www.michigan.gov/cancer](http://www.michigan.gov/cancer)  
 National Cancer Institute  
<http://www.cancer.gov>