What You Should Know

- Colorectal cancer is a significant cause of cancer-related death in Michigan, and is a commonly diagnosed cancer in both men and women.¹
- Men and women aged 50 years and older who are at average risk for colorectal cancer are encouraged to have one of the following tests in the recommended time frame ²:

  **Every year:**
  - Guia-based fecal occult blood test (gFOBT) (testing for blood in the stool) or
  - Fecal immunochemical test (FIT) (testing for blood in the stool)

  **OR**

  **Every five years:**
  - Flexible sigmoidoscopy (procedure to examine the lower portion of the colon) or
  - Double-contrast barium enema (X-ray of the colon) or
  - Computed tomographic colonography (CT scan of colon and rectum)

  **OR**

  **Every five years and every year:**
  - Fecal occult blood test every year plus a flexible sigmoidoscopy every five years

  **OR**

  **Every ten years**
  - Colonoscopy (procedure to examine the entire colon)

- Men and women considered to have additional risk factors are encouraged to talk with their health care provider about the need for testing at a younger age and more frequently.²

Risk Factors

- The chances of having colorectal cancer increases after age 50. More than 9 out of 10 people with colorectal cancer are older than 50 years.¹
- Other risk factors include: a personal history of colon cancer, colon polyps, inflammatory bowel disease, and a family history of colorectal cancer.¹
- The two most commonly inherited syndromes linked with colorectal cancer are familial adenomatous polyposis (many colonic polyps) and hereditary non-polyposis colorectal cancer, also known as Lynch Syndrome. Inherited mutations in any of the genes contributing to these conditions could put an individual at a high risk of developing colorectal cancer.¹
- A diet high in red or processed meat, inadequate intake of fruits and vegetables, physical inactivity, obesity, smoking, type 2 diabetes and heavy use of alcohol may also increase the risk of developing colorectal cancer.¹

Incidence and Mortality

- In Michigan, 4,802 individuals were diagnosed with invasive colorectal cancer in 2009, and 1,791 individuals died from the disease in 2010.³,⁴
- The American Cancer Society estimates that 102,480 Americans will be diagnosed with colon and rectum cancer and 40,340 Americans will die from colon and rectum cancer in the United States in 2013.¹
- Since the 1990s there has been a decline in colorectal cancer incidence and mortality in Michigan, as well as nationally.
  - In Michigan, colorectal cancer
incidence rates declined from 55.7 cases per 100,000 individuals in 2000 to 42.9 cases per 100,000 in 2009.3
✓ Nationally, colorectal cancer incidence rates declined from 54.2 per 100,000 in 2000 to 43.2 per 100,000 in 2009.5
✓ Mortality rates in Michigan declined from 19.2 per 100,000 individuals in 2001 to 15.9 per 100,000 individuals in 2010.4
✓ Mortality rates also declined nationally from 20.7 per 100,000 individuals in 2000 to 15.7 per 100,000 individuals in 2009.5
➢ Between 2005 and 2009, Michigan ranked 23rd in the nation in colorectal cancer mortality, with a rate 2.1% greater than the national rate.5
➢ In Michigan, as well as nationally, colorectal cancer is one of the most common cancers that affect both men and women. The incidence of colorectal cancer is slightly higher among men compared to women. Men also die from colorectal cancer at a slightly higher rate than women.3,4,5
➢ The incidence of colorectal cancer is higher among African Americans compared to Caucasians. Furthermore, African-Americans are more likely than Caucasians to die from colorectal cancer.3,4,5

Stage at Diagnosis
➢ Only 39% of colorectal cancers are diagnosed at an early, localized stage, in part due to the underuse of screening.1
➢ Of individuals diagnosed with colorectal cancer at a localized stage, 90% will survive at least five years. The five-year survival rate declines to 70% when diagnosed at a regional stage (cancer has spread to surrounding tissues).1
➢ Five-year survival rates are fairly similar between African-Americans and Caucasians. At the localized stage, the five-year survival rate for African-Americans is 92.5%, compared to 89.6% for Caucasians in Michigan. At the regional stage, the five-year survival rate for African-Americans drops to 58.3% compared to 65.5% for Caucasians.4

Screening Behaviors
➢ In 2010, 19.0% of Michigan adults aged 50 years and older had used a home fecal occult blood test within the previous two years to determine the presence of blood in their stools. Women were as likely as men to have used the test within the previous two years (18.2% vs. 19.9%).6
➢ In 2010, 66.4% of adults aged 50 years and older had a sigmoidoscopy in the past five years or colonoscopy in the past ten years. Adults with a high school education or less were less likely to have had this screening test compared to individuals with a college education or greater (59.6% vs. 70.6%) and adults with a household income of less than $35,000 were less likely to have this screening compared to those with a household income of $35,000 or greater (60.3% vs. 70.3%).6

References:
5. SEER Cancer Statistics Review, 1975-2009 National Cancer Institute, Bethesda, MD.