Facts about Colorectal Cancer
July 2015

What You Should Know

➢ Colorectal cancer is a significant cause of cancer-related death in Michigan, and is the third most 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: At-home stool test (tests for blood in the stool)
  ✓ Fecal occult blood test (gFOBT) or
  ✓ Fecal immunochemical test (FIT)

  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 (CT) colonography (CT scan of colon and rectum)

  OR

  Every five years and every year:
  ✓ An at-home stool test every year plus a flexible sigmoidoscopy every five years

  OR

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

➢ Men and women are encouraged to talk with their health care provider about screening for colorectal cancer and begin testing at a younger age and more frequently if they have additional risk factors.²

Risk Factors

➢ The chances of having colorectal cancer increases with age. In 2012, 9 out of 10 people with colorectal cancer were 50 years old or older.¹
➢ Other risk factors include: a personal history of colon cancer, colon polyps, chronic inflammatory bowel disease, and a family history of colorectal cancer and/or polyps.¹
➢ The two inherited syndromes linked with colorectal cancer are familial adenomatous polyposis (many colonic polyps) and hereditary non-polyposis colorectal cancer, also known as Lynch Syndrome.¹
➢ Modifiable risk factors include: obesity, smoking, type 2 diabetes, physical inactivity, heavy use of alcohol, a diet high in red or processed meat, and inadequate intake of fruits and vegetables may also increase the risk of developing colorectal cancer.¹

Incidence and Mortality

➢ In Michigan, 4,356 individuals were diagnosed with invasive colorectal cancer in 2012, and 1,734 individuals died from the disease in 2013.³
➢ The American Cancer Society estimates that 132,700 Americans will be diagnosed with colon and rectum cancer and 49,700 Americans will die from colon and rectum cancer in the United States in 2015.¹
➢ 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 55.9 cases per 100,000 individuals in 2000 to 37.4 cases per 100,000 in 2012.³
✓ Nationally, colorectal cancer incidence rates declined from 54.13 per 100,000 in 2000 to 38.51 per 100,000 in 2012.⁴
✓ Mortality rates in Michigan declined from 20.2 per 100,000 individuals in
2000 to 13.91 per 100,000 individuals in 2013.³
✓ Mortality rates also declined nationally from 20.7 per 100,000 individuals in 2000 to 14.7 per 100,000 individuals in 2012.⁴

➢ 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.¹
➢ The incidence of colorectal cancer is higher among African Americans compared to Whites. Furthermore, African-Americans are more likely than Whites to die from colorectal cancer.¹

Stage at Diagnosis
➢ Only 40% 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 Whites. At the localized stage, the five-year survival rate for African-Americans is 92.5%, compared to 89.6% for Whites in Michigan. At the regional stage, the five-year survival rate for African-Americans drops to 58.3% compared to 65.5% for Whites.⁵
➢ In Michigan in 2012, 41% of colorectal cancer cases diagnosed were found at a localized stage or in situ (confined to the colon or rectum), 33.4% at the regional stage, and 19.7% at the distant stage.⁶

Screening Behaviors
➢ In 2012, 55.4% of adults aged 50 years and older had a sigmoidoscopy or colonoscopy in the past five years and 69.4% reported having appropriate screening.⁷
➢ Adults with a household income of $20,000 or less were less likely to have reported appropriate screening tests compared with a household income of $75,000 or greater (55.8% vs. 74.9%).⁷
➢ Insured adults in Michigan are more likely than those who are uninsured to report having received appropriate colorectal cancer screening (72.3% vs. 35.2%).⁷
➢ In Michigan, women are as likely as men to have had a sigmoidoscopy or colonoscopy in past five years (55.5% vs. 55.3%) and report having had appropriate screening (71% vs. 67.5%).⁷

References:
6. Michigan Resident Cancer Incidence File. Includes cases diagnosed in 2012 and processed by the Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics