



FACTS ABOUT

Colorectal Cancer in Idaho

Colorectal cancer (CRC) is the second leading cancer killer in the U.S. and Idaho, but it doesn't have to be. If everybody aged 50 or older had regular screening tests, as many as 60% of deaths from CRC could be prevented. Screening can find precancerous polyps and abnormal growths in the colon or rectum which can be removed before they turn into cancer. In 2012, Idaho ranked 38th out of all U.S. states at 60.6% of persons aged 50-75 who were current for CRC screening.

Idaho by the Numbers

Incidence

- CRC is the third most common cancer in both men and women in the U.S. and in Idaho.
- In 2011, there were 639 new invasive cases of CRC in Idaho.
- For 2006-2010, Idaho ranked 5th lowest among states in terms of CRC incidence.

Survival

- The overall 5-year relative survival rate for 2006-2010 CRC cases followed until the end of 2011 was 65.1% for Idaho and 65.6% for the 18 SEER* regions. The 5-year survival rate was about 90% for localized cases, 71% for regional cases, and 14% for distant cases.

Mortality

- In 2011, there were 222 CRC deaths in Idaho.
- CRC is the third leading cause of cancer-related mortality in both men and women in the U.S. and in Idaho.
- For 2006-2010, Idaho ranked 4th lowest in the nation for CRC mortality.



*SEER: Surveillance, Epidemiology, and End Results, a program of the National Cancer Institute

Colorectal Cancer Screening Recommendations

Screening has the potential to prevent CRC because most develop from adenomatous polyps. From the time the first abnormal cells grow into polyps, it usually takes 10-15 years for them to develop into CRC. Regular screening can, in many cases, prevent CRC.

The U.S. Preventive Services Task Force recommends screening for CRC using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 years and continuing until age 75 years. Three ways to be current on CRC screening:

- Colonoscopy (every 10 years)
- High-sensitivity fecal occult blood test (FOBT), stool test, or fecal immunochemical test (FIT) (every year)*
- Sigmoidoscopy (every 5 years, combined with FOBT every three years)

**For FOBT or FIT used as a screening test, the take-home multiple sample method should be used. An FOBT or FIT done during a digital rectal exam in the doctor's office is not adequate for screening. Research has shown that this type of stool exam will miss more than 90% of colon abnormalities, including most cancers.*

TRENDS

While rates have been declining among adults 50 years and older, incidence of CRC is increasing among adults younger than 50 years.

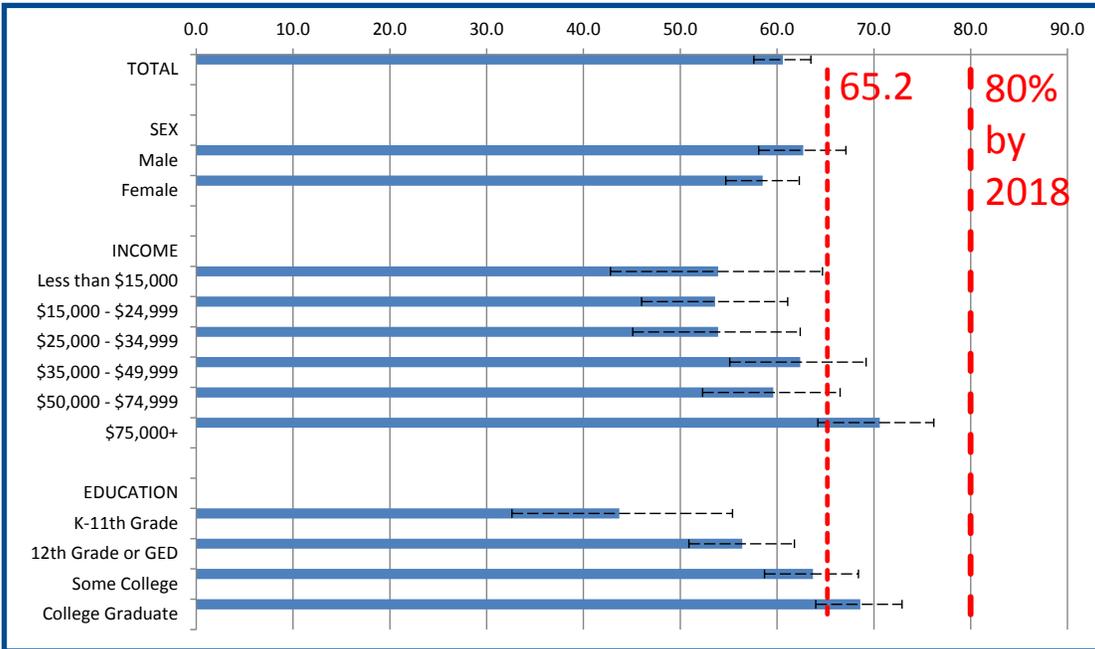
Reasons for this increase are unknown, but may reflect increasing trends in obesity and/or unfavorable dietary patterns in children and young adults.



Colorectal Cancer in Idaho

Colorectal Cancer Screening in Idaho

The National Colorectal Cancer Round Table target is to achieve 80% screening by 2018. In Idaho, males were somewhat more likely than females to be current with screening. The 2015 CCAI target of 65.2% has only been achieved by the highest income and higher education categories.



Over 50% of colorectal cancer cases are estimated to be attributed to lifestyle factors.

Colorectal Cancer Risk Factors

- The risk of developing CRC increases with age. Risk increases dramatically after age 50 years; 90% of all CRCs are diagnosed after this age.
- A family history of CRC in a first-degree relative, especially if before the age of 55 years, roughly doubles the risk.
- People with inflammatory bowel disease, such as Crohn’s disease or ulcerative colitis have a much higher risk.
- Studies suggest that diets high in fat (especially animal fat) and low in calcium, folate, and fiber may increase the risk of colorectal cancer.
- Lifestyle behaviors that may contribute to increased risk of CRC include:
 - Lack of regular physical activity
 - Low fruit and vegetable intake
 - A low-fiber and high-fat diet
 - Overweight and obesity
 - Alcohol consumption
 - Tobacco use

CCAI Objectives

Colorectal cancer is a priority area for CCAI.

- Reduce invasive CRC
- Increase the proportion of adult Idahoans who receive CRC screening based on the most recent guidelines
- Increase the proportion of adults who are at a healthy weight

Call to Action

- Translate research into local public health programs, practices, and services
- Promote CRC awareness, education, and screening



Comprehensive Cancer Alliance for Idaho: www.ccaidaho.org
 Colon Cancer in Idaho: www.healthandwelfare.idaho.gov

All references available through the Department of Health and Welfare