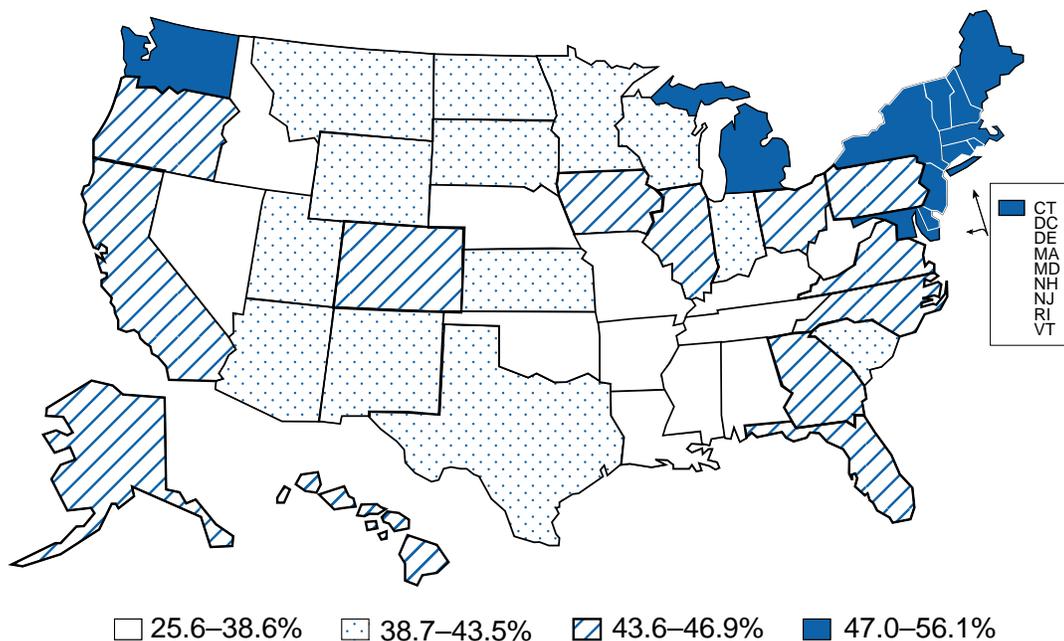


Colorectal Cancer: The Importance of Prevention and Early Detection 2001

Percentage of Adults Aged 50 Years or Older Who Had Colorectal Cancer Screening Tests Within the Recommended Time Interval, 1999*



*Fecal occult blood test within the past year or sigmoidoscopy or colonoscopy within the past 5 years.
Source: CDC, Behavioral Risk Factor Surveillance System.

“We now have clearer insight into the natural history of colorectal cancer, better understanding of its biologic features, and clinical skills with which to intervene and make a difference for many people. Colorectal cancer screening has come of age.”

*Sidney J. Winawer, MD, Memorial Sloan-Kettering Cancer Center, New York
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The Burden of Colorectal Cancer

How Common Is Colorectal Cancer?

Colorectal cancer—or cancer of the colon or rectum—is the second leading cause of cancer-related death in the United States. The American Cancer Society estimates that 56,700 Americans will die of colorectal cancer this year. Colorectal cancer is one of the most commonly diagnosed cancers for both men and women in the United States. Approximately 135,400 new cases will be diagnosed this year. For men, colorectal cancer follows skin, prostate, and lung cancers in frequency; for women, it follows skin, breast, and lung cancers.

Who Is at Risk?

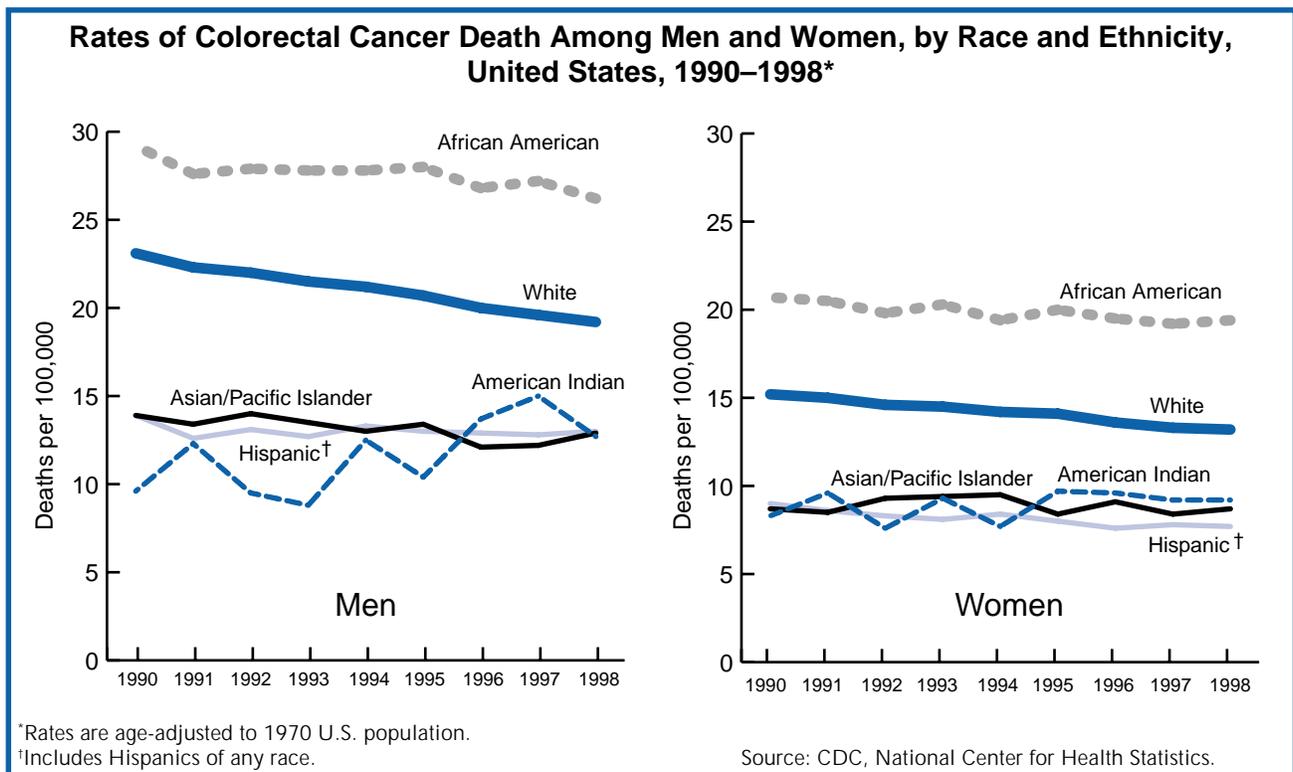
The risk for developing colorectal cancer increases with advancing age. Risk factors include having inflammatory bowel disease, a personal or family history of colorectal cancer or colorectal polyps, and certain hereditary syndromes. Lack of regular physical activity also contributes to a person's risk for colorectal cancer. Other factors that might contribute to the risk for colorectal cancer include low fruit and vegetable intake, a low-fiber and high-fat diet, obesity, alcohol consumption, and tobacco use.

Prevention and Early Detection—Keys to Reducing Deaths

Reducing the number of deaths from colorectal cancer chiefly depends on detecting and removing precancerous colorectal polyps as well as detecting and treating the cancer in its early stages. Colorectal cancer can be prevented by removing precancerous polyps, which can be present in the colon for years before invasive cancer develops.

Two tests have been shown to be beneficial in screening for colorectal cancer:

- The **fecal occult blood test (FOBT)** is a chemical test for blood that is visually undetectable in a stool sample. One U.S. clinical trial showed a 33% reduction in colorectal cancer deaths as well as a 20% reduction in incidence of colorectal cancer among the people offered an annual FOBT. In trials elsewhere, screening every other year reduced colorectal cancer deaths by 15% in the United Kingdom and by 18% in Denmark.



- **Flexible sigmoidoscopy** is a screening procedure that uses a hollow, lighted tube to visually inspect the wall of the rectum and part of the colon. In case-control studies, persons who had had a sigmoidoscopy had 59% fewer colorectal cancer deaths (from cancers within reach of a sigmoidoscope) than patients who had not had a sigmoidoscopy.

Two other tests for colorectal cancer—**colonoscopy** and **double-contrast barium enema**—are commonly used by physicians. These two tests are used to examine the interior wall of the entire colon and can be used as screening tests or as follow-up diagnostic tools when the results of another screening test are positive. Another procedure, digital rectal examination, can inspect only a limited area and is not recommended as a screening method.

Screening for Colorectal Cancer

Current Guidelines

Several scientific organizations recommend regular screening for all adults aged 50 years or older. Recommended screening procedures include the following three tests:

- FOBT every year.
- Flexible sigmoidoscopy every 5 years.
- Total colon examination by colonoscopy every 10 years or by double-contrast barium enema every 5–10 years.

Persons at higher risk should begin screening at a younger age and may need to be tested more frequently. Detailed guidelines for colorectal cancer screening have been developed by the U.S. Preventive Services Task Force, the American Cancer Society, and the Interdisciplinary Task Force (convened by the Agency for Healthcare Research and Quality and supported by five major gastroenterology societies). These guidelines emphasize the key health benefit of colorectal cancer screening—finding and removing precancerous polyps and cancer, thus either preventing the development of cancer or detecting the disease at an early, more treatable stage.

Underuse of Screening

Screening for colorectal cancer lags far behind screening for other cancers. Findings from CDC's state-based Behavioral Risk Factor Surveillance System indicate that in 1999, only 44% of adults aged 50 years or older had ever had a sigmoidoscopy or colonoscopy for screening or diagnostic purposes, and only 34% of respondents had one of these screening tests within the past 5 years. Of the survey respondents, 40% of adults aged 50 years or older reported ever having had an FOBT using a home kit, and only 21% reported having had this test in the preceding year. Women were slightly more likely than men to report having had an FOBT, whereas men reported having had a sigmoidoscopy more often than women. Only 44% of adults aged 50 and older had had at least one of these screening tests within the recommended time interval.

Despite the availability of effective screening tests, colorectal cancer screening is underused. These findings underscore the need to increase awareness and promote the use of colorectal cancer screening exams at regular intervals.

Percentage of Adults Aged 50 Years or Older Who Had Colorectal Cancer Screening Tests Within the Recommended Time Interval, by Race and Ethnicity, United States, 1999

Race/Ethnicity	Fecal Occult Blood Test (Received Within the Past Year)	Sigmoidoscopy or Colonoscopy (Received Within the Past 5 Years)
White	21%	34%
African American	21%	33%
Asian/Pacific Islander	10%	35%
American Indian/Alaska Native	18%	36%
Spanish/Hispanic Origin*	11%	29%

*Categories are not mutually exclusive.

Source: CDC, Behavioral Risk Factor Surveillance System.

CDC's Activities Targeting Colorectal Cancer

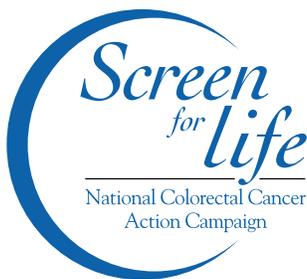
With approximately \$8.9 million* available in fiscal year 2001 to target colorectal cancer, CDC provides national leadership in colorectal cancer prevention and early detection, as the following examples illustrate.

National and State Partnership Building

- CDC is continuing its partnership in the National Colorectal Cancer Roundtable, a network of public and private organizations that nationally promote colorectal cancer awareness and screening. The roundtable was developed by CDC and the American Cancer Society.
- CDC funds North Carolina, Texas, Colorado, Michigan, Massachusetts, and one tribal organization to carry out comprehensive cancer control programs, which include efforts targeting colorectal cancer. These programs are establishing broad-based coalitions, coordinating surveillance systems, and developing and disseminating public and provider education programs. This year, CDC is providing these programs with additional funds to expand their colorectal cancer activities.

Promotion of Colorectal Cancer Screening

- *Screen for Life* is a multimedia campaign created and implemented by CDC and its federal partner, the



Health Care Financing Administration. This campaign is designed to promote colorectal cancer screening for men and women aged 50 and older. *Screen for Life* addresses common myths and educates Americans about

the two ways that screening saves lives: by detecting colorectal cancer early or by finding precancerous polyps so they can be removed before they turn into

cancer. *Screen for Life* materials are designed to be reproduced or adapted as needed, and they can be ordered or downloaded at www.cdc.gov/cancer/screenforlife. CDC also helps states incorporate state-specific information into their *Screen for Life* materials.

Education and Training

- CDC's National Training Center for the Prevention and Early Detection of Cancer has developed a training program, *A Call to Action*, to raise primary care providers' awareness and knowledge about the prevention and early detection of colorectal cancer. CDC also has Web-based tools providers can use to help patients select screening options.

Surveillance and Research

CDC supports research to

- Assess the country's capacity to meet increasing demands for colorectal cancer screening and associated follow-up examinations.
- Collect, analyze, and report colorectal cancer screening rates and compare them with rates from other surveys.
- Evaluate the feasibility of adding a colorectal screening measure to the Health Plan Employer Data and Information Set (HEDIS), a system to monitor the quality of care and performance of managed care plans.
- Investigate the psychological and social factors responsible for whether individuals undergo colorectal cancer screening in accordance with guidelines.
- Measure how rates of colorectal cancer vary across states and U.S. metropolitan areas by using data from state cancer registries.

*This funding includes salaries and expenses as appropriated in the congressional conference report no. 106-1033.

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