



Colorectal Cancer Initiatives



The Centers for Disease Control and Prevention's (CDC's) goal is to encourage colorectal cancer prevention and early detection by building partnerships, promoting screening, supporting education and training, and conducting surveillance and research.

The Burden of Colorectal Cancer

Colorectal cancer—cancer of the colon or rectum—is the second leading cause of cancer-related deaths in the United States. In 2002, more than 56,000 people in the United States died of colorectal cancer (28,471 men and 28,132 women) (1).*

Colorectal cancer also is one of the most commonly diagnosed cancers in the United States. In 2002, more than 139,000 people in the United States were diagnosed with colorectal cancer (70,651 men and 68,883 women), making it the third most common cancer in men and in women (1).

Findings from CDC's 2000 National Health Interview Survey indicate that many people who are at risk for colorectal cancer are not being screened (4). Although screening rates are beginning to rise, they remain too low to achieve the *Healthy People 2010* objective for reducing mortality from colorectal cancer. In 2004, approximately 57% of adults aged 50 years or older reported having received a fecal occult blood test (FOBT) or lower endoscopy within one year of

being surveyed by CDC's Behavioral Risk Factor Surveillance System, compared with 54% of adults surveyed in 2002 (11).

A recent CDC study demonstrated that

- Approximately 41.8 million average-risk people aged 50 years or older have not been screened for colorectal cancer according to national guidelines.
- The U.S. health care system has enough capacity to conduct widespread screening of the unscreened population, using FOBT and diagnostic colonoscopy for those with a positive FOBT.
- Widespread screening with flexible sigmoidoscopy or colonoscopy may take up to 10 years, depending on the proportion of available capacity used for colorectal cancer screening (5, 6).

* Incidence counts cover approximately 93% of the U.S. population. Death counts cover 100% of the U.S. population. Use caution in comparing incidence and death counts.

Risk Factors

The risk of developing colorectal cancer increases with advancing age. More than 90% of cases occur in people aged 50 or older (10). Other risk factors include (12)

- Inflammatory bowel disease.
- A personal or family history of colorectal cancer or colorectal polyps.
- Certain hereditary syndromes.

Lifestyle factors that may contribute to increased risk of colorectal cancer include

- Lack of regular physical activity (13–14, 16).
- Low fruit and vegetable intake (13, 15–16).
- A low-fiber and high-fat diet (13).
- Overweight and obesity (13, 16).
- Alcohol consumption (13).
- Tobacco use (13, 16–17).

Risk Reduction

It is estimated that at least 50%–60% of colorectal cancer deaths could be prevented if all men and women aged 50 years or older were screened routinely (8). Colorectal cancer screening can find and remove precancerous polyps and early-stage cancer, thereby either preventing the development of cancer or detecting the disease at an early, more treatable stage. Precancerous polyps or growths can be present in the colon for years before invasive cancer develops.

Some studies suggest that people may reduce their risk of developing colorectal cancer by increasing physical activity, eating fruits and vegetables, limiting alcohol consumption, and avoiding tobacco (13–17). CDC's Division of Nutrition and Physical Activity supports states by offering programs that promote physical activity and a healthy diet. These programs include 5 A Day for Better Health, which encourages people to eat more fruits and vegetables. More information is available at www.cdc.gov/nccdp/hp/dnpa.

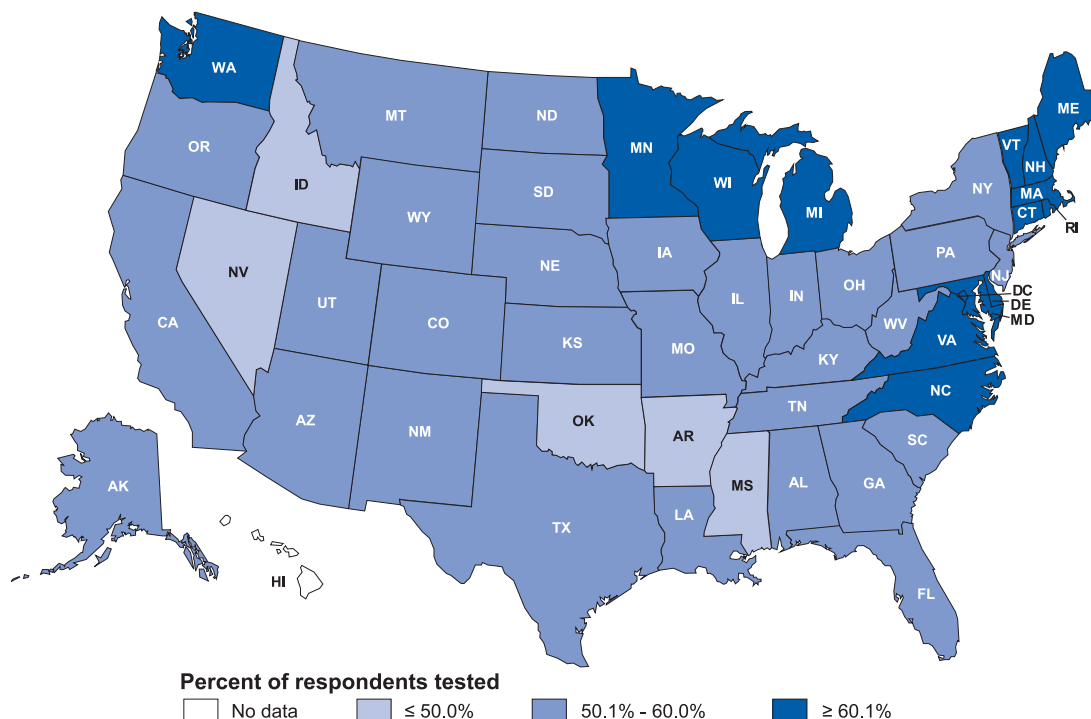
- Funding 21 state programs to implement specific colorectal cancer strategies identified in their statewide cancer control plans, through the National Comprehensive Cancer Control Program (NCCCP). More information about NCCCP is available at www.cdc.gov/cancer/ncccp/.
- Educating health care providers and the public about the benefits of screening, the availability of screening procedures, and screening guidelines, through the *Screen for Life: National Colorectal Cancer Action Campaign*. Also through *Screen for Life*, CDC works with the Entertainment Industry Foundation's National Colorectal Cancer Research Alliance and its cofounder, Katie Couric. More information about *Screen for Life* is available at www.cdc.gov/screenforlife.
- Increasing primary care providers' awareness and knowledge about prevention and early detection of colorectal cancer, by offering an online training tool, *A Call to Action*, available at www.cdc.gov/cancer/colorectal/publications/slide_sets.htm.
- Supporting epidemiologic, surveillance, and behavioral science research designed to expand the knowledge base and guide future interventions related to colorectal cancer. The results of this research help CDC focus its policies, programs, and campaigns on effective ways to increase screening rates and reduce deaths from colorectal cancer.
- Working with partners such as the American Cancer Society to support the National Colorectal Cancer Roundtable, a coalition of organizations that educates medical providers and the public about the importance of colorectal cancer screening. More information about the Roundtable is available at www.nccrt.org/.

Future Directions

CDC plans to expand its colorectal cancer prevention and control initiative to

- Evaluate and expand the community-based colorectal cancer screening demonstration programs.
- Increase support for research focused on improving colorectal cancer screening rates.
- Increase support for states, tribes/tribal organizations, and territories that are engaged in comprehensive approaches to preventing and controlling colorectal cancer.
- Develop new materials and strategies to increase the reach of *Screen for Life: National Colorectal Cancer Action Campaign*.

Percentage of adults aged ≥ 50 years who reported receiving a fecal occult blood test within 12 months preceding survey and/or lower endoscopy within 10 years preceding survey, by state--Behavioral Risk Factor Surveillance System (BRFSS), United States, 2004*



*Age-standardized to the 2000 U.S. standard population
Source: CDC, U.S. Behavioral Risk Factor Surveillance System, 2004.

