

## Colorectal Cancer

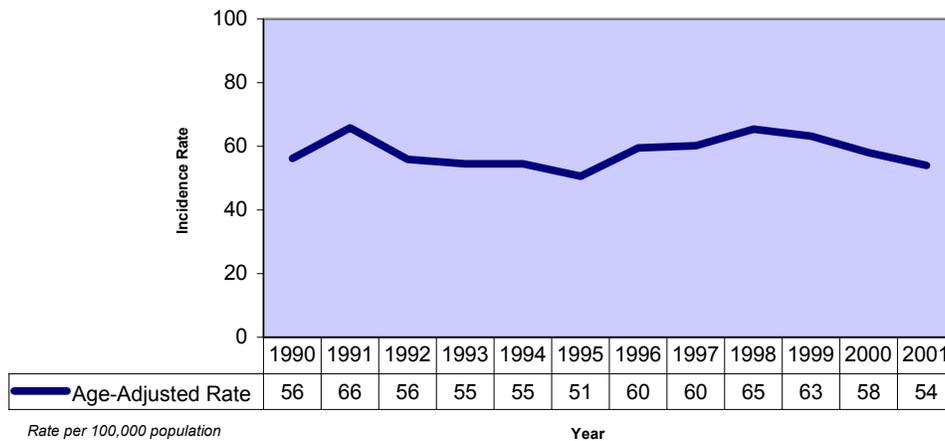
Cancer of the colon and rectum, is the second-leading cause of cancer related deaths in the United States. Only lung cancer costs more lives. Approximately 155,000 Americans are diagnosed with colorectal cancer and 50,000 die from it annually. Many colorectal cancers begin with noncancerous (benign) clumps of cells called adenomatous polyps which over time becomes cancerous.

Risk factors for colorectal cancer include the high intake of red meat and fat, history of conditions like intestinal polyps (noncancerous mushroom-shaped growths), chronic inflammatory bowel disease (ulcerative colitis or Crohn's colitis), previous colorectal cancer and genetic mutations. Colorectal cancer is more likely to occur in people get older mostly people over 50 years of age. However, colorectal cancer can occur at younger ages, even, in rare cases, in the teens. Reductions in colorectal cancer morbidity and mortality can be achieved through the identification and removal of adenomatous polyps and detection and treatment of early-stage colorectal cancers. Colorectal cancer screening tests have been shown to accurately detect of early stage cancer and its precursors. When colorectal cancer is detected early, survival rates are much higher. Ninety-two percent of people who receive early treatment are still alive after 5 years. When adjacent organs or lymph nodes are affected, 64% of people survive 5 years and if the cancer is carried to distant organs, the rate drops to only 7%.

### Colorectal Cancer Incidence

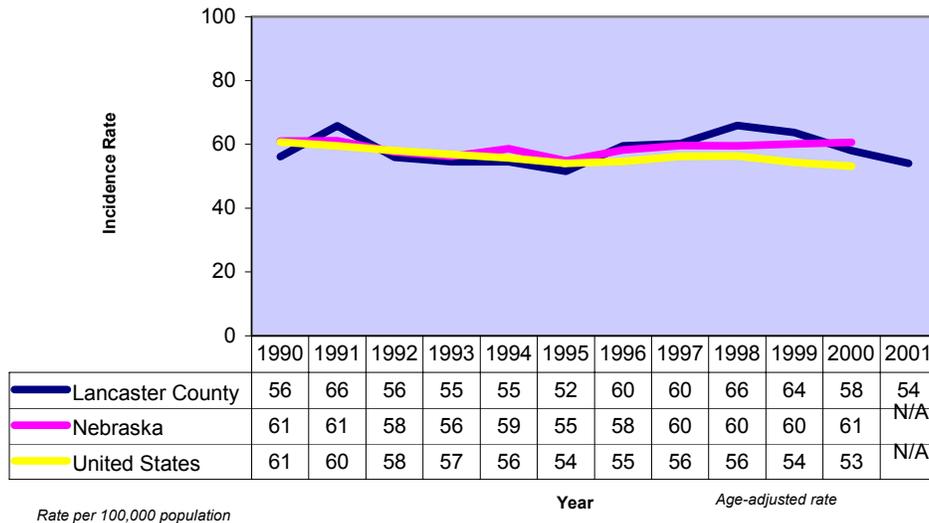
In 2001, 54 new colorectal cases were diagnosed for every 100,000 population in Lancaster County, which is a stable incidence rate, observed since 1990 (Figure 9). Except for 1991 and 1998, the 10-year incidence rate was similar to the incidence rates for that of the State and the Nation (Figure10).

**Figure 9: Colorectal Cancer Incidence Rates**  
Lancaster County (1990-2001)



Source: Lincoln-Lancaster County Health Department

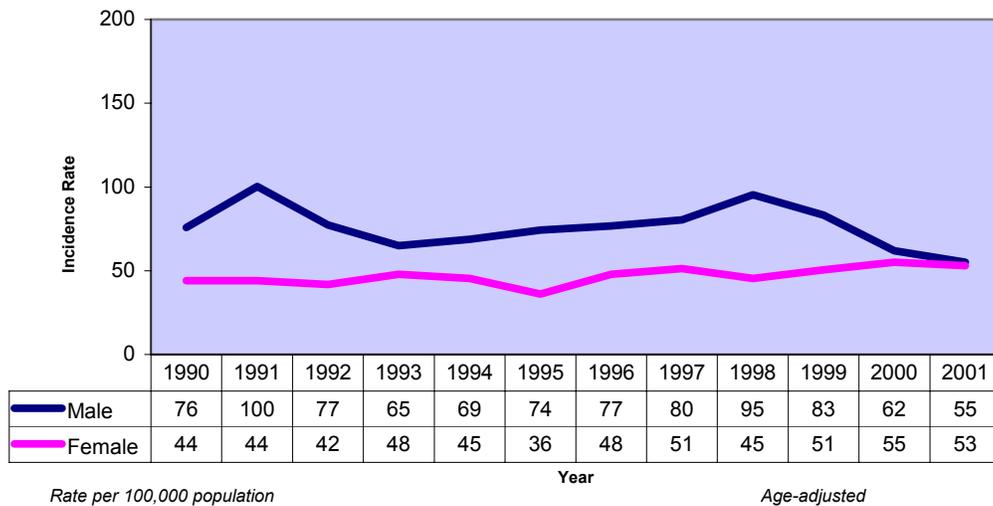
**Figure 10: Colorectal Cancer Incidence**  
Lancaster County, Nebraska & US (1990-2001)



Source: Lincoln-Lancaster County Health Department

Occurrence of new colorectal cancer cases year was higher for men than women every year except in 2001 (Figure 11).

**Figure 11: Colorectal Cancer Incidence by Gender**  
Lancaster County (1990-2001 )



Source: Lincoln-Lancaster County Health Department



## **Public Health Implications:**

Healthy food choices and physical activity are key to the prevention of colorectal cancer. This disease is curable if found at an early stage. Current American Cancer Society screening guidelines for colorectal cancer are a fecal occult blood test (FOBT) every year, a flexible sigmoidoscopy every five years, an annual fecal occult blood test and flexible sigmoidoscopy every five years, a double-contrast barium enema every five years or a colonoscopy every 10 years, beginning at age 50. In 1999, only 25.9% of Nebraskans had a recent fecal occult blood test and 31.8% had a recent sigmoidoscopy or colonoscopy. In an attempt to increase the rate of screening, a legislative bill mandating insurance coverage for colorectal screening tests was introduced during the 2003 session.

The Lancaster County Crusade Against Colorectal Cancer, supported by a Nebraska Health Care Cash Fund grant, is a local coalition including professional and citizen representation. Efforts of this group are focused on increasing awareness of risk factors for colorectal cancer, promotion of age-appropriate screening, community and professional education, and advocacy with decision makers regarding access to care issues and insurance barriers for persons at risk. These strategies and other collaborative efforts to emphasize healthy lifestyle choices are essential to decrease the colorectal cancer burden within Nebraska.