

Colorectal Cancer – Data Brief

Vermont Cancer Registry

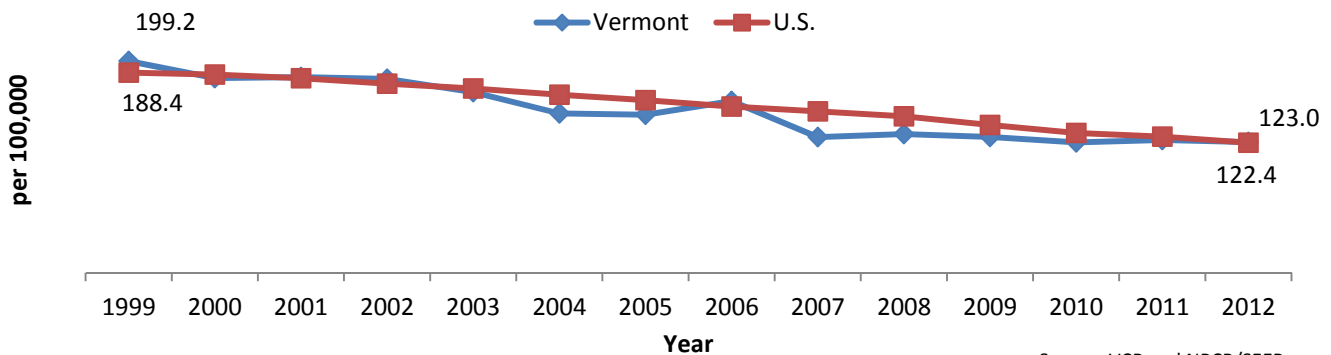
Background

Cancer of the colon or rectum (colorectal cancer) is commonly diagnosed among adults over the age of 50 years and is a leading cause of cancer death, second only to lung cancer. While most colorectal cancers are preventable with effective screening, and new cases of colorectal cancer continue to decline, over 50 percent of colorectal cancers are diagnosed at a late stage when prognosis and survival are poor.

Incidence of Colorectal Cancer

Colorectal cancer is the second most commonly diagnosed cancer among cancers that affect both sexes. Between 2008 and 2012, Vermonters have significantly lower rates of colorectal cancer (39.2 per 100,000) compared to the U.S. rates (41.9 per 100,000). Between 1999 and 2012, the incidence of colorectal cancer among adults age 50 and older has decreased in both Vermont and the U.S. (VCR and NPCR/SEER).

Incidence of Colorectal Cancer, ages 50+, 1999-2012

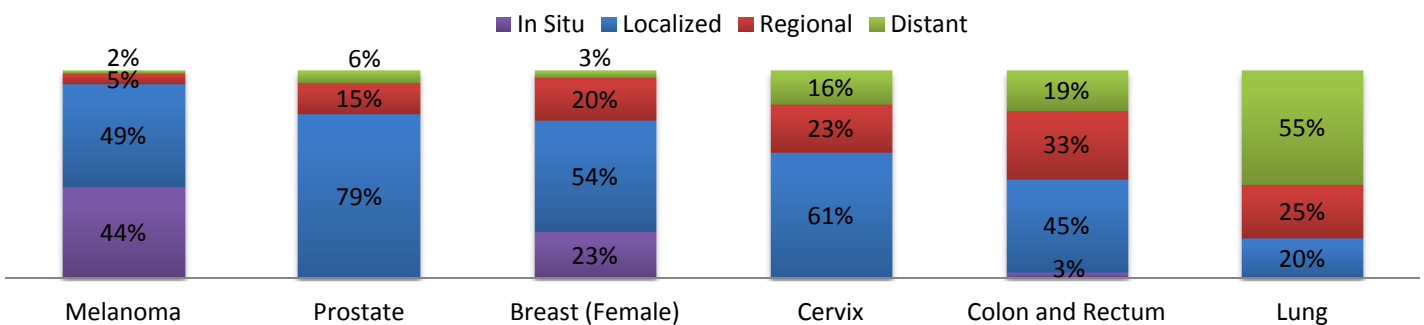


Source: VCR and NPCR/SEER

Stage at Diagnosis

Colorectal cancer diagnosed at an early (localized) stage has good prognosis. However, fewer than half of Vermonters with colorectal cancer are diagnosed at a localized stage. Nationally, 90 percent of men and women whose colorectal cancer is diagnosed at a localized stage survive their cancer for at least five years, compared to 13 percent of those diagnosed at a late (distant) stage (SEER Cancer Statistics Review, 2005-2011).

Stage at Diagnosis - % of total cases of cancer by type, Vermont residents, 2008-2012



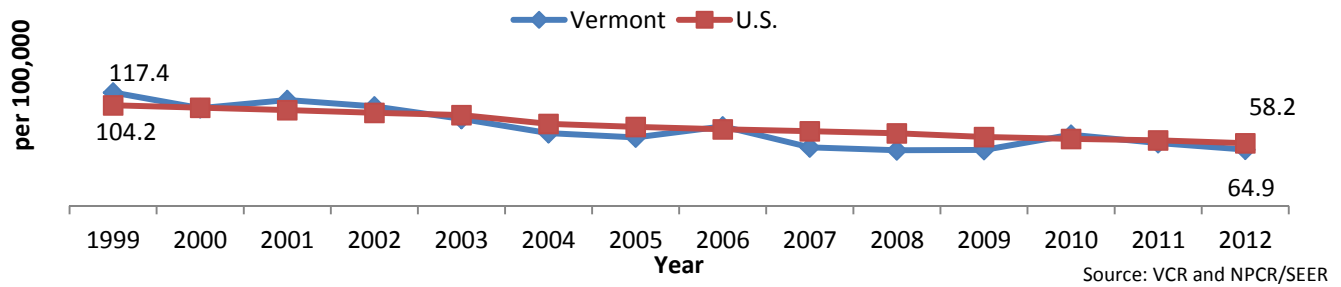
Source: VCR

Prevention and Screening

Colorectal cancer risk has been strongly linked with [diet](#), [obesity](#), [physical inactivity](#), and [tobacco](#) use. Nearly two-thirds of cancer deaths in the U.S. can be linked to these risk factors (*Cancer Facts and Figures*, ACS, 2015). Screening, early detection, and treatment can reduce incidence and mortality of colorectal cancers. Regular colorectal cancer screening effectively prevents the development of colorectal cancers by removing polyps (precancerous lesions). Early detection (using endoscopic screening options) identifies malignancies confined to the wall of the colon or rectum that can be treated by surgical removal, potentially curing the cancer before it

has spread as a regional or distant stage disease. The rate of cases of colorectal cancer that are diagnosed at an advanced stage (regional or distant) is a measure of the effectiveness of cancer screening efforts. Between 1999 and 2012, the incidence of colorectal cancer diagnosed at a late stage (regional or distant) among males and females age 50 and older has decreased in both Vermont and the U.S.

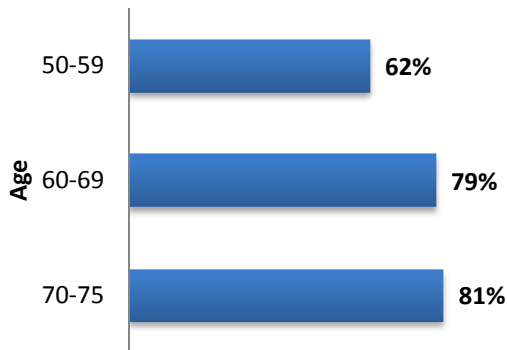
Incidence of Late Stage Colorectal Cancer, ages 50+, 1999-2012



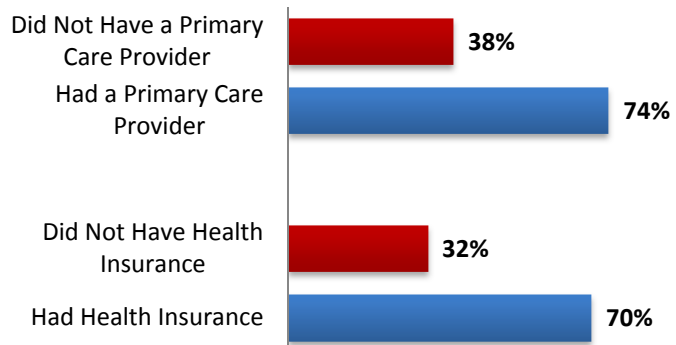
The [United States Preventive Services Task Force](#) recommends [screening](#) for adults at average risk, with no signs or symptoms, between the ages 50 and 75 years by any of the following tests: 1) colonoscopy every 10 years, 2) stool test annually, 3) or sigmoidoscopy every five years with stool test every three years. Each of these three screening methods has been shown to be effective in terms of prolonging life, assuming that the screening recommendations are followed. Adherence to the recommended frequency of testing is more important than the specific test chosen.

Nationally, the colorectal cancer screening rate among men and women aged 50-75 years is 66%. Vermont has a higher screening rate of 71% (U.S. and VT BRFSS, 2014). A smaller percentage of Vermont men and women aged 50-59 were screened for colorectal cancer compared to those aged 60-75 (VT BRFSS, 2012 and 2014).

Colorectal Cancer Screening, Vermont residents, 2012 & 2014



Colorectal Cancer Screening by Insurance (ages 50-64) and Provider Status (ages 50-75), 2012 & 2014



Source: BRFSS, 2012 and 2014

Among Vermonters aged 50-64, the colorectal cancer screening rate was lower among those without health insurance and among Vermonters aged 50-75 that did not have a primary care provider (VT BRFSS, 2012 and 2014).

Technical Notes

Incidence rates are *per 100,000* and are age adjusted to the 2000 U.S. standard population and exclude basal cell and squamous cell skin cancers. Incidence rates exclude in situ carcinomas. Incidence was coded using the International Classification of Disease (ICD) for Oncology (ICD-O). Vermont cases include Vermont residents only. A reporting delay by Department of Veterans Affairs (VA) has resulted in incomplete reporting of Vermont VA incident cases in 2011 and 2012.

Sources: Vermont Cancer Registry (VCR), Vermont Department of Health (1994-2012). National Program of Cancer Registries (NPCR) and Surveillance, Epidemiology, and End Results (SEER) Program - Incidence State Restricted Access Data File (1999-2012). [SEER Cancer Statistics Review, 1975-2012](#), National Cancer Institute, April 2015. [United States](#) and [Vermont](#) Behavioral Risk Factor Surveillance Survey (BRFSS), 2012 and 2014. American Cancer Society (ACS). [Cancer Facts & Figures 2015](#). Atlanta: American Cancer Society; 2015.

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