

## Colorectal Cancer

**1 in 3 adults are not being screened.**

**50%** 

Colorectal cancer screening prevented about half of the expected new cases and deaths during 2003-2007.

**+13%**

The percentage of adults screened for colorectal cancer increased 13% from 2002 to 2010.

**\$14 Billion**

The estimated direct medical cost of colorectal cancer care in 2010 was \$14 billion.

Colorectal cancer is the #2 cancer killer in the US among cancers that affect both men and women. But it doesn't have to be. Screening can find precancerous polyps (abnormal growths) so they can be removed before they turn into cancer. Screening can also find colorectal cancer early when it is easiest to treat. A new CDC report says that rates of new cases and deaths of colorectal cancer are decreasing and more adults are being screened. Between 2003 and 2007, approximately 66,000 colorectal cancer cases were prevented and 32,000 lives were saved compared to 2002. Half of these prevented cases and deaths were due to screening.

Learn what you can do to reduce your risk of colorectal cancer.

→ See page 4

Want to learn more? Visit

[www http://www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns)

# Colorectal Cancer

## Screening rates are still too low

### 1. Colorectal cancer screening saves lives.

- ◇ Colorectal cancer occurs in the colon or rectum. In 2007, more than 142,000 people learned they had colorectal cancer, and more than 53,000 people died from it. However, this cancer can be stopped before it starts. Screening can find precancerous polyps (abnormal growths) so they can be removed before they turn into cancer. Screening can also find colorectal cancer early when it is easiest to treat.
- ◇ If the Healthy People 2020 target of 70.5% for colorectal cancer screening in the US is met, close to 1,000 additional colorectal cancer deaths will be prevented each year.

### 2. As of 2010, 1 in 3 adults between the ages of 50 and 75 are not up-to-date with recommended colorectal cancer screening.

- ◇ People who don't get screened at all or as often as recommended include those with low income, low education level, or those without health insurance.
- ◇ Adults should get any one of the following colorectal cancer screening tests:
  - A fecal occult blood test (FOBT), done at home - every year.
  - Flexible sigmoidoscopy done by a health care provider - every five years

(accompanied by FOBT every three years).

- Colonoscopy done by a health care provider - every 10 years.

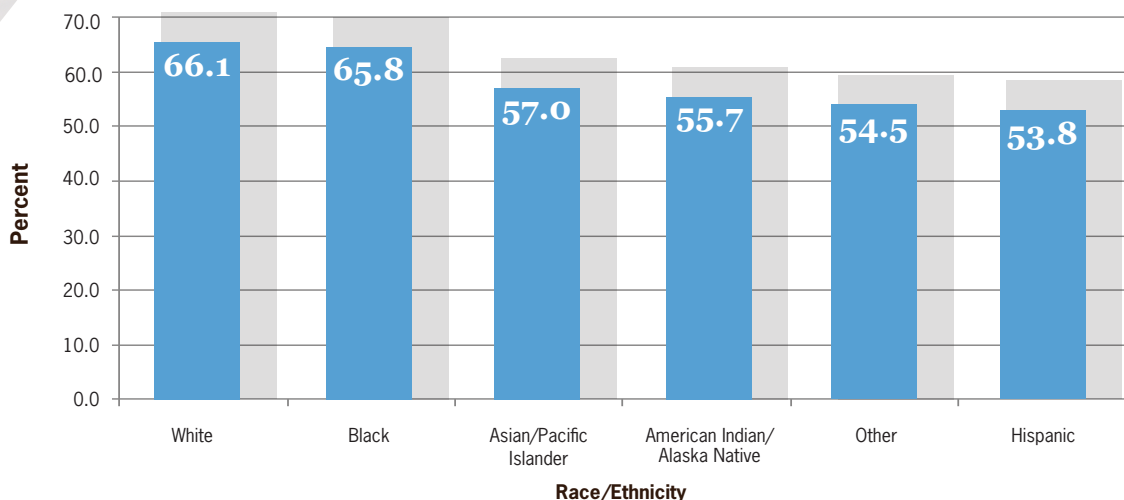
### 3. Those people who should be screened more often for colorectal cancer include:

- ◇ All adults 50 to 75 years old.
- ◇ People who are at risk for developing colorectal cancer are those with Crohn's disease, inflammatory bowel disease, some genetic disorders, and people with a personal history of polyps or close family history of either polyps or colorectal cancer. They should talk with a health care provider about getting screened at younger ages and/or more frequently and which test is right for them.

### 4. Reasons men and women don't get screened for colorectal cancer include:

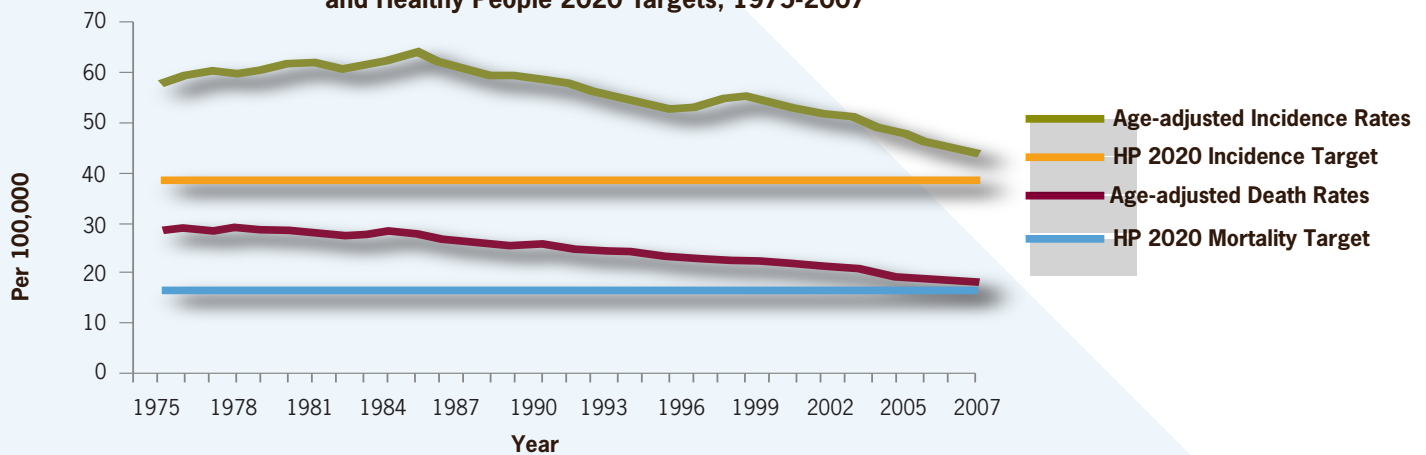
- ◇ A health care provider didn't tell them they should get screened.
- ◇ They don't realize that everyone's risk increases with age.
- ◇ They don't have health insurance or a health care provider.
- ◇ They fear the test and/or fear the test will be positive for cancer.

Percentage of adults aged 50-75 years who reported receiving a stool test within 1 year and/or lower endoscopy within 10 years.



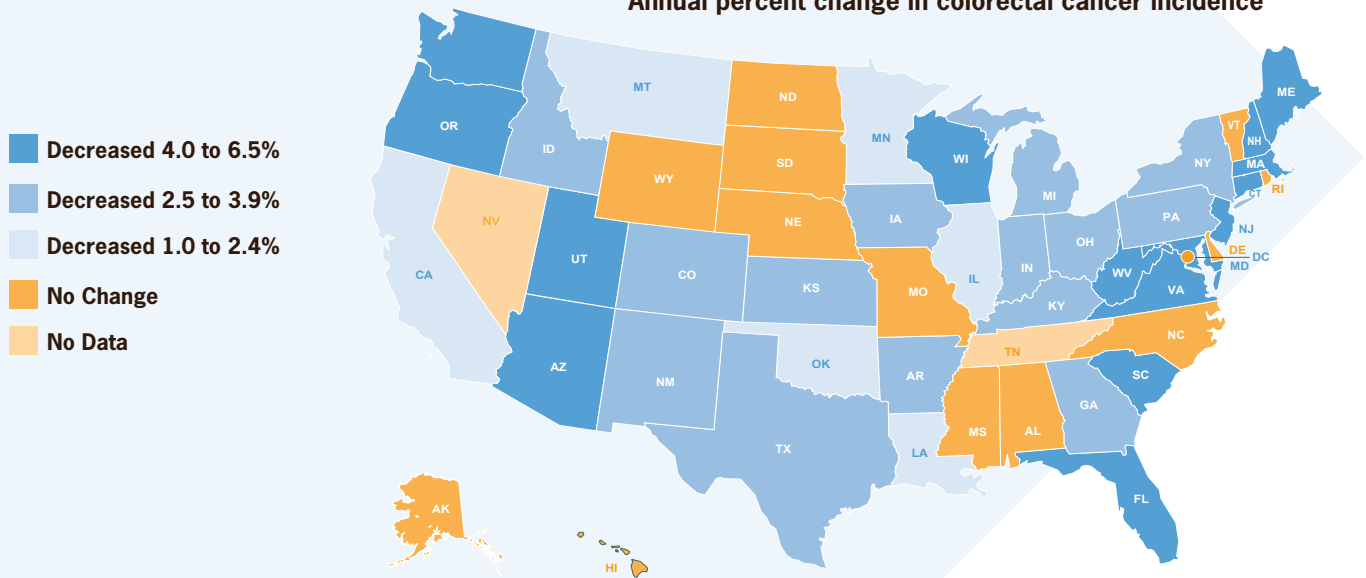
# US State Info

Age-adjusted colorectal cancer incidence and death rates by year, and Healthy People 2020 Targets, 1975-2007

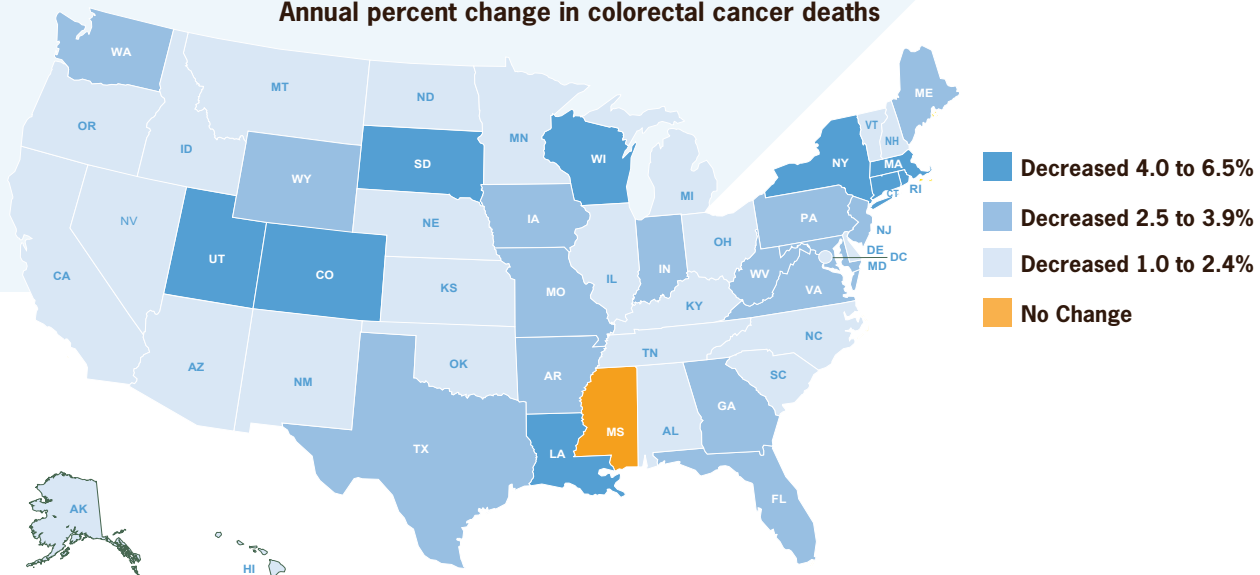


Source: Surveillance, Epidemiology, and End Results Program (<http://seer.cancer.gov>)

Annual percent change in colorectal cancer incidence



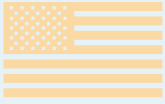
Annual percent change in colorectal cancer deaths



Source: United States Cancer Statistics, 2003-2007

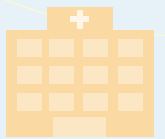
# What Can Be Done

To help more people get screened for colorectal cancer?



## The Affordable Care Act will

- ◇ Increase access to preventive services recommended by the U.S. Preventive Services Task Force (USPSTF). This includes colorectal cancer screening (fecal occult blood test, sigmoidoscopy, or colonoscopy) in adults, beginning at age 50 years and continuing until age 75 years.
- ◇ Eliminate all cost-sharing for colorectal cancer screening covered by Medicare.
- ◇ Require new health insurance plans to cover colorectal cancer screening with no cost-sharing.
- ◇ Greatly increase the number of people eligible for Medicaid to include all individuals who are below 133% of the poverty level (in 2014).



## Federal, state, and local public health departments can

- ◇ Establish colorectal cancer screening as a target for clinics to help the nation reach Healthy People 2020 screening objectives. For example, the Health Resources and Services Administration might assess a clinic's performance based on increases in screening rates.
- ◇ Work with state Medicaid programs to develop systems that:
  - Identify people in the age group that need to get screened.
  - Make sure these individuals get screened.
  - Get patients with abnormal screening test results to a medical provider quickly.

- ◇ Work with the State Primary Care Association or Federally Qualified Health Centers to implement patient and provider reminders as recommended by The Guide to Community Preventive Services.  
([www.thecommunityguide.org](http://www.thecommunityguide.org))

## Doctors, nurses, and other health care providers can

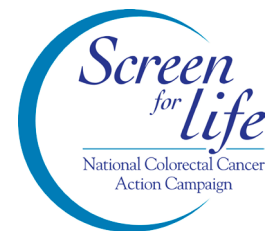


- ◇ Develop systems to remind patients when they are due to have a screening test done and make sure they receive results promptly.
- ◇ Use “patient navigators” for those needing additional medical care. These people help ensure that quality, timely care is provided for each patient, from the screening test through treatment.
- ◇ Adhere to quality guidelines to assure all colorectal cancer screening tests meet standards of effectiveness.
- ◇ Offer patients multiple screening options recommended by USPSTF.

## People can



- ◇ Know their family history of cancer and personal risk factors (smoking, obesity and poor diet). Talk to a health care provider about which screening tests they should have as well as whether they should be screened at an earlier age and/or more often.
- ◇ Contact their local health department about free or low-cost screening if they cannot pay for it or their insurance does not cover it. Visit [www.cdc.gov/cancer/crccp/](http://www.cdc.gov/cancer/crccp/) to learn more.



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