Colorectal Cancer in Florida, 2012

Florida Department of Health, Division of Disease Control and Health Protection, Bureau of Epidemiology

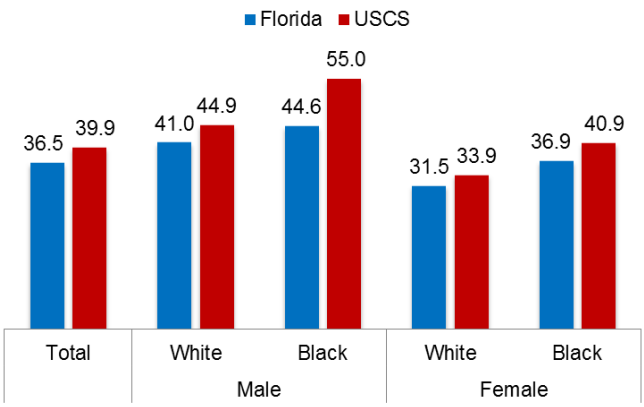
Colorectal cancer, most commonly known as colon cancer, develops in the colon or rectum, and is the third most diagnosed cancer among men and women in the United States. Risk factors that increase a person's chance of getting colorectal cancer include family history of the disease; racial/ethnic background; personal history of colorectal cancer polyps or bowel disease; certain genetic mutations; increasing age (being over the age of 50); lack of physical activity; obesity; smoking; heavy alcohol consumption; and diets high in red meats and processed meats, and low in vegetables, fruits, and whole grains[1].

This report presents incidence data on colorectal cancer obtained from the Florida Cancer Data System (FCDS), and mortality data from the Florida Department of Health, Bureau of Vital Statistics. The Florida data are compared with the most recent national data, the 2011 United States Cancer Statistics (USCS). The Florida cancer screening data were obtained from the 2013 Behavioral Risk Factor Surveillance System (BRFSS) survey.

Incidence

- In 2012, 9,245 new cases of colorectal cancer were diagnosed in Florida.
- The age-adjusted incidence rate was 36.5 per 100,000 population, which was lower than the USCS age-adjusted rate (39.9 per 100,000, Figure 1).

Figure 1: 2012 Florida vs. 2011 USCS Incidence Rates (per 100,000) for Colorectal Cancer, by Race and Gender, 2012

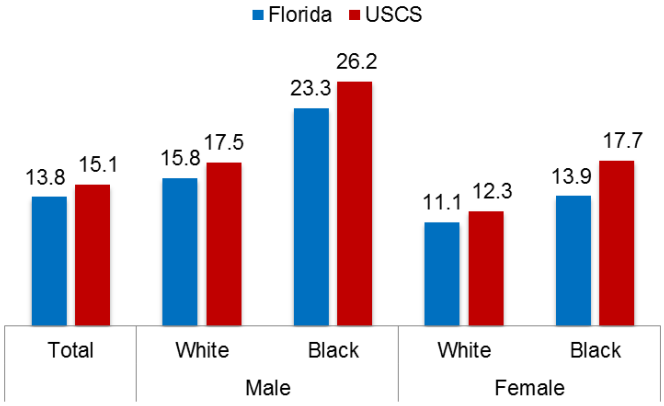


- Among whites and blacks in Florida, males had higher incidence rates than females (Figure 1).
- Among males and females in Florida, blacks had higher incidence rates than whites (Figure 1).
- Black males had the highest incidence rates in Florida and nationally, while white females had the lowest incidence rates in Florida as well as nationally (Figure 1).

Mortality

- In 2012, 3,616 Floridians died of colorectal cancer.
- The age-adjusted mortality rate was 13.8 per 100,000 population, which was lower than the USCS age-adjusted rate (15.1 per 100,000, Figure 2).

Figure 2: 2012 Florida vs. 2011 USCS Mortality Rates (per 100,000) for Colorectal Cancer, by Race and Gender, 2012



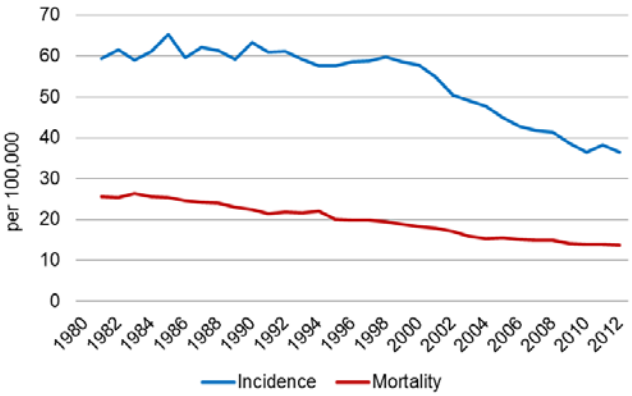
- Among whites and blacks in Florida, males had higher mortality rates than females (Figure 1).
- Among males and females in Florida, blacks had higher mortality rates than whites (Figure 1).
- Black males had the highest mortality rates in Florida and nationally, while white females had the lowest mortality rates in Florida as well as nationally (Figure 1).

[1]http://www.cancer.org/cancer/colonandrectumcancer/detailedguide/colorectal-cancer-risk-factors

Trends in Incidence and Mortality

- The 2012 incidence rate (36.5 per 100,000) was 39% lower than the 1981 incidence rate (59.4 per 100,000, Figure 3).
- The 2012 mortality rate (13.8 per 100,000) was 46% lower than the 1981 mortality rate (25.6 per 100,000, Figure 3).

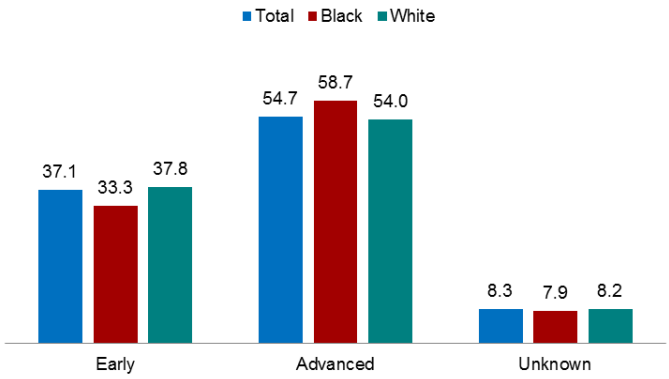
Figure 3: Age-Adjusted Incidence and Mortality Rates for Colorectal Cancer, Florida, 1981-2012



Stage at Diagnosis

- Early-stage cancer is defined in this report as cancer that is localized to one part or organ of the body. Advanced-stage cancer is defined as cancer that has spread to other organs or throughout the body beyond the organ of origin.
- According to the American Cancer Society, the 5-year survival rate for colorectal cancer found and treated at an early stage is 90%; however, only 40% of cases are diagnosed at this early stage when treatment is most likely to be successful[2].
- Of all Florida colorectal cancer cases in 2012, 37.1% were diagnosed at an early stage, 54.7% were diagnosed at an advanced stage, and 8.3% were diagnosed without stage information (Figure 4).
- The percentage of colorectal cancer cases diagnosed at an advanced stage was higher among blacks (58.7%) compared to whites (54.0%, Figure 4).

Figure 4: Percentage of Colorectal Cancer by Stage at Diagnosis and Race, Florida, 2012



- The United States Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer beginning at age 50 and continuing until age 75. The risk and benefits of screening methods vary[3].
- Florida Hispanics 50-75 years of age had lower rates of colorectal cancer screening compared to non-Hispanic whites and blacks (Table 1).
- Floridians 50-75 years of age with lower levels of income and education were less likely to have had colorectal cancer screening than their counterparts (Table 1).

Table 1: Adults Aged 50 to 75 Who Had Colorectal Screening Based on Most Recent Clinical Guidelines[4], Florida BRFSS, 2013

		Percent
All	**Overall**	**64.7**
Age	50-64	65.4
	65+	81.0
Gender	Male	64.8
	Female	64.7
Race/Ethnicity	NH-White	67.6
	NH-Black	65.5
	Hispanic	56.1
Income Level	Less than $25,000	55.4
	$25,000 - $49,999	62.7
	$50,000 or More	72.9
Education Level	Less than HS	53.1
	HS Grad or GED	62.3
	More than HS	69.1

[2]http://www.cancer.org/acs/groups/content/documents/document/acspc-042280.pdf
[3]http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/colorectal-cancer-screening
[4]Colonoscopy in last 10 years or sigmoidoscopy in last 5 years and fecal occult blood test (FOBT) in last 3 years or FOBT in last year. Guidelines based on latest recommendations by the USPSTF.

Activities to Improve Access to Screening Services

The Department of Health, through its Colorectal Cancer Control Program, is implementing evidence-based outreach and public education activities to increase colorectal cancer screening rates among the uninsured and insured populations ages 50 to 64. The Program has recently implemented several projects that have provided colorectal cancer education and outreach to Native American, Hispanic and African-American populations. These projects incorporate the use of small media, reducing structural barriers, and one-on-one education to reduce barriers to care and strengthen community clinical linkages. Partnerships with barbershops and salons in African American and Hispanic communities are using stylists to encourage screening among patrons and obtain commitments to be screened. In addition, community health workers (CHWs) are being utilized to follow up with patrons to provide assistance as needed. CHWs are also utilized to provide educational sessions and screening facilitation services within multiple Native American communities across north Florida.

Currently, the program is partnering with employers throughout Florida to participate in the 2015 Colorectal Cancer Prevention Campaign. This free, online worksite wellness project provides education to employees about risk factors for colorectal cancer, screening options and healthy lifestyle adoption. Although originally designed as a worksite wellness tool, this resource is also available for individuals to participate.

The Department also provides professional education opportunities for health care providers on evidence-based clinical and non-clinical practices and clinical guideline updates through webinars and direct mail to improve quality of care and increase service delivery. Through a partnership with the American Cancer Society, the Program sponsors continuing education trainings on implementing practice changes to increase colorectal cancer screening rates. These include adopting electronic patient reminder systems, providing every eligible patient with a screening recommendation, and using provider reminders and recall systems, thus creating an office policy for the course of action for colorectal cancer screenings.

For additional information on this report, please contact the Florida Department of Health, Bureau of Epidemiology at 850.245.4401 or visit our website at: http://www.floridahealth.gov/diseases-and-conditions/cancer/cancer-registry/index.html.

For additional information on colorectal cancer and the Colorectal Cancer Control Program, please visit the Florida Department of Health website at: http://www.ColonCancerFL.org.