Session 4 - Agenda

- Colorectal Health
- What is colorectal cancer?
- Colorectal Cancer Facts
- Colorectal Cancer Screening Tests
- Colorectal Cancer Risk Factors
- Next Steps and Evaluation
Objectives:

• Increase knowledge of colorectal health and colorectal cancer

• Describe colorectal cancer screening tests

• Increase knowledge of colorectal cancer risk factors and screening guidelines
Colorectal Cancer Quiz
Colorectal Health

• Lower part of the digestive system
• About 5-feet long
• Absorbs water and salt from food
• Stores waste matter
• Waster matter is known as feces or stool when it reaches the rectum
What is Colorectal Cancer?

- Cancer that develops in the colon or in the rectum
- Cancer in the colon and in the rectum can develop separately.
- Called colorectal cancer because they share many common features.
- Non-cancerous tissues called polyps grow in the colon or rectum before cancer develops.
Symptoms of Colorectal Cancer

• In early stages there are often no symptoms. As the cancer grows and spreads, symptoms develop.

• Symptoms include:
  – Weakness and fatigue
  – Unintended weight loss
  – Change in bowel habits
  – Feeling you need to have a bowel movement but no relief by doing so
  – Rectal bleeding, dark stools, or blood in the stool
Colorectal Cancer Facts

• Colorectal cancer is the third most common cancer in both men and women.

• Colorectal cancer is the third leading cause of cancer death in both men and women and the second leading cause of cancer death when men and women are combined.

• Colorectal cancer can actually be prevented or found at an early, treatable stage if individuals get routine screenings.
Most Colon Cancers are Preventable through screening
Most cases of colon cancer start from a non-cancerous growth in the colon (a polyp)
STAGES OF COLON CANCER

POLYP
Most colon cancers develop from these noncancerous growths.

IN SITU
Cancer has formed, but is not yet growing inside the colon or rectum walls.

LOCAL
Cancer is now growing in the colon or rectum walls; nearby tissue unaffected.

REGIONAL
Growth beyond the colon or rectum walls and into tissue or lymph nodes.

DISTANT
Cancer has spread to other parts of the body such as liver or lungs.
Overall colorectal cancer (CRC) death rate decline in the US

CRC mortality decline per decade:

- 4% (1970-1980)
- 11% (1980-1990)
- 15% (1990-2000)
- 27% (2000-2011)

Siegel et al, CEBP 2015
Over 4 decades, the highest CRC death rates in the US (in red) have shifted from the northeast to 3 distinct “hotspots.”

Significant clusters of low mortality rates

Significant clusters of high mortality rates

Siegel et al, CEBP 2015
## Mid-South/South Atlantic Colorectal Cancer

<table>
<thead>
<tr>
<th>State</th>
<th>Estimated Colorectal Cancer Cases - 2015</th>
<th>Estimated Colorectal Cancer Deaths - 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>2,150</td>
<td>930</td>
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<tr>
<td>Arkansas</td>
<td>1,420</td>
<td>620</td>
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<tr>
<td>Delaware</td>
<td>400</td>
<td>150</td>
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<tr>
<td>District of Columbia</td>
<td>230</td>
<td>100</td>
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<td>Georgia</td>
<td>3,820</td>
<td>1,500</td>
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<td>Kentucky</td>
<td>2,090</td>
<td>850</td>
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<td>Louisiana</td>
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<td>Maryland</td>
<td>2,360</td>
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<td>Mississippi</td>
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<td>North Carolina</td>
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<td>South Carolina</td>
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<td>Tennessee</td>
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<td>Virginia</td>
<td>2,970</td>
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<tr>
<td>West Virginia</td>
<td>1,080</td>
<td>410</td>
</tr>
</tbody>
</table>
Hotspot #1: Lower Mississippi Delta

- 94-county area spanning:
  - **Mississippi (27 counties)**
  - Arkansas (17)
  - Illinois (16)
  - Missouri (15)
  - Tennessee (10)
  - Louisiana (6)
  - Kentucky (3)

- Demographics:
  - 61% white and 37% black (2009-2011)
  - Ranked as persistently poor (≥20% poverty) since 1970
  - ~22% of residents uninsured in 2009

Siegel et al, CEBP 2015
Colorectal Cancer Screening Tests

The American Cancer Society recommends one of the following tests for people at average risk starting at age 50:

Tests that find polyps and cancer
- Flexible sigmoidoscopy every 5 years*, or
- Colonoscopy every 10 years, or
- Double-contrast barium enema every 5 years*, or
- CT colonography (virtual colonoscopy) every 5 years*

Tests that mostly find cancer
- Yearly guaiac-based fecal occult blood test (gFOBT)**, or
- Yearly fecal immunochemical test (FIT)**, or
- Stool DNA test (sDNA), every 3 years*

* If the test is positive, a colonoscopy should be done.

** The multiple stool take-home method should be used. One test done by the doctor is not enough. A colonoscopy should be done if the test is positive.
C'mon now Jim

It's time for your colonoscopy
Anything that increases a person’s chance of getting a disease is called a risk factor.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Risk Factor</th>
</tr>
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<tbody>
<tr>
<td>Age</td>
<td>Poor Diet</td>
</tr>
<tr>
<td>Lack of Physical Activity</td>
<td>Overweight</td>
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<tr>
<td>Smoking</td>
<td>Alcohol Use</td>
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<tr>
<td>Diabetes</td>
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</table>
Questions? Thank you.

We save lives by helping you stay well, helping you get well, by finding cures, and by fighting back.

cancer.org | 1.800.227.2345