

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. When cancer starts in the colon or rectum it is called colorectal cancer. Both cancers have similar features and are often discussed together. Colorectal cancer is the third most commonly diagnosed cancer and cause of cancer-related death among both males and females in the United States and Indiana.

Colon and Rectum Cancer in Indiana—2008

- **Incidence:** 3,244 new cases
- **Mortality:** 1,190 deaths
- **Disparities:** During 2008, incidence rates among males were significantly higher than among females (55.6 and 41.9 cases per 100,000). The incidence rate among black females was significantly higher than among white females (51.7 and 40.5 cases per 100,000).

Early Detection

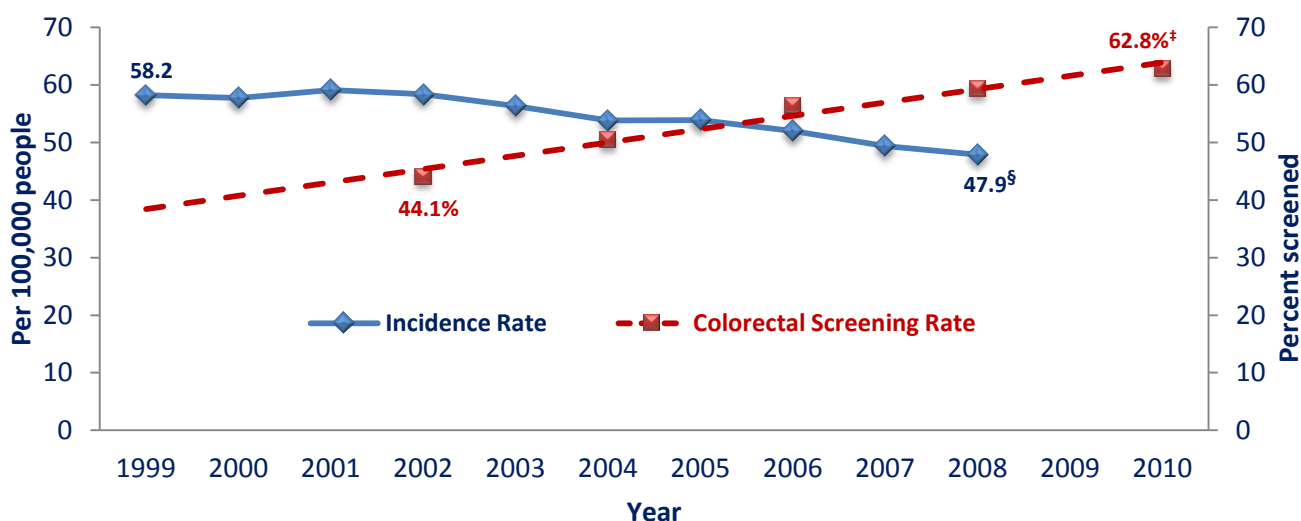
Colorectal cancer incidence rates have been decreasing over the past decades primarily as a result of improved regular screening. Symptomless colorectal polyps can be detected and removed early to prevent cancer before it starts. Beginning at the age of 50, the American Cancer Society (ACS) recommends average-risk men and women follow one of these testing schedules:

- Tests that primarily find polyps and cancer
 - Colonoscopy every 10 years, or
 - Flexible sigmoidoscopy, double-contrast barium enema, or CT colonography every five years.
 If any of these tests are positive, a colonoscopy should be done.
- Tests that primarily find cancer
 - Yearly fecal occult blood test or fecal immunochemical test (FIT) or a stool DNA test.
 If any of these tests are positive, a colonoscopy should be done.

The ACS recommends certain people be screened using a different schedule due to personal or family history. Talk to your doctor about what is right for you.

Early Detection: Where Are We Now?

Trends in Colorectal Cancer Incidence* and Self-Reported Screening Rates†—Indiana, 1999–2010



*Incidence rates are age-adjusted. Data are available through 2008; †Persons ages 50 and older who have ever had a sigmoidoscopy or colonoscopy. Starting in 2002, these data have been collected every two years. A trend line is provided; ‡Screening rate in 2010 is significantly higher ($P < .05$) than the rate in 2002; §Incidence rate in 2008 is significantly lower ($P < .05$) than the rate in 1999

Sources: Indiana State Cancer Registry (Incidence data); Indiana Behavioral Risk Factor Surveillance System (Screening data)

Symptoms

Colorectal polyps and colorectal cancer typically show no signs or symptoms, especially in the beginning, which is why regular screening is so important. If symptoms are present, they may include blood in or on your stool, change in bowel habits, stomach pains or cramps that do not go away, unintended weight loss, weakness, or extreme fatigue. If you experience any of these symptoms, it is important to consult your doctor.

Risk Factors

Age and sex are the greatest risk factors for developing colorectal cancer. Over 90 percent of cases were diagnosed among Indiana residents ages 50 or older. Incidence rates were 36 percent higher among Indiana males than females during 2004-2008. Other risk factors include:

- Inflammatory bowel disease.
- A personal or family history of colorectal cancer or colorectal polyps.
- Genetic syndrome such as familial adenomatous polyposis (FAP) or Lynch syndrome.
- Race – African-Americans have higher incidence rates compared to whites.
- Modifiable risk factors like obesity, lack of physical activity, low fiber and high-fat diet, alcohol consumption, and long term smoking may increase a person's risk.

Prevention: What Can You Do?

In addition to routine screening, behavior modification may help reduce the risk of developing colorectal cancer:

- Increase physical activity - Aim for 150 minutes of moderate-intensity exercise every week.
- Consume a healthy diet with fruits, vegetables, whole grains, and minimal processed and red meats.
- Limit alcohol consumption - No more than one drink per day for women and no more than two drinks per day for men.
- Avoid tobacco and exposure to secondhand smoke.
- Maintain a healthy weight.

Indiana Cancer Consortium (ICC)

- The ICC is a statewide network of over 100 agencies including the Indiana State Department of Health. Its mission is to reduce the cancer burden in Indiana through the development, implementation, and evaluation of a comprehensive plan that addresses cancer across the continuum from prevention through palliation. Become a member at www.indianacancer.org.
- The ICC's *Indiana Cancer Control Plan 2010-2014* provides a roadmap for cancer control in the six following focus areas:
 - Primary Prevention – Decrease cancer risk through lifestyle and behavioral interventions.
 - Early Detection – Increase early detection and appropriate screenings for cancer.
 - Treatment – Promote informed decision making and utilization of appropriate cancer treatment.
 - Quality of Life – Improve quality of life for cancer patients, survivors, and their families.
 - Data – Increase the quantity, quality, and availability of complete and timely cancer and related data.
 - Advocacy – Advocate for cancer-related policy initiatives.

Resources and References

American Cancer Society (ACS), <http://www.cancer.org/Cancer/ColonandRectumCancer/DetailedGuide/colorectal-cancer-risk-factors>

Centers for Disease Control and Prevention (CDC), http://www.cdc.gov/cancer/colorectal/basic_info/risk_factors.htm
CDC, http://www.cdc.gov/cancer/colorectal/basic_info/facts.htm

CDC, http://www.cdc.gov/cancer/colorectal/basic_info/symptoms.htm

Indiana Cancer Facts and Figures, 2011