

## Colorectal Cancer in Multnomah County

Of cancers that affect both men and women, colorectal cancer — cancer of the colon or rectum — is the second leading cause of cancer-related deaths here in Multnomah County, as well as nationally.<sup>1</sup>

Screening can find precancerous polyps (abnormal growths in the colon or rectum) so that they can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage, when treatment often leads to a cure. About nine out of every ten people whose colorectal cancer is found early and treated are still alive five years later.

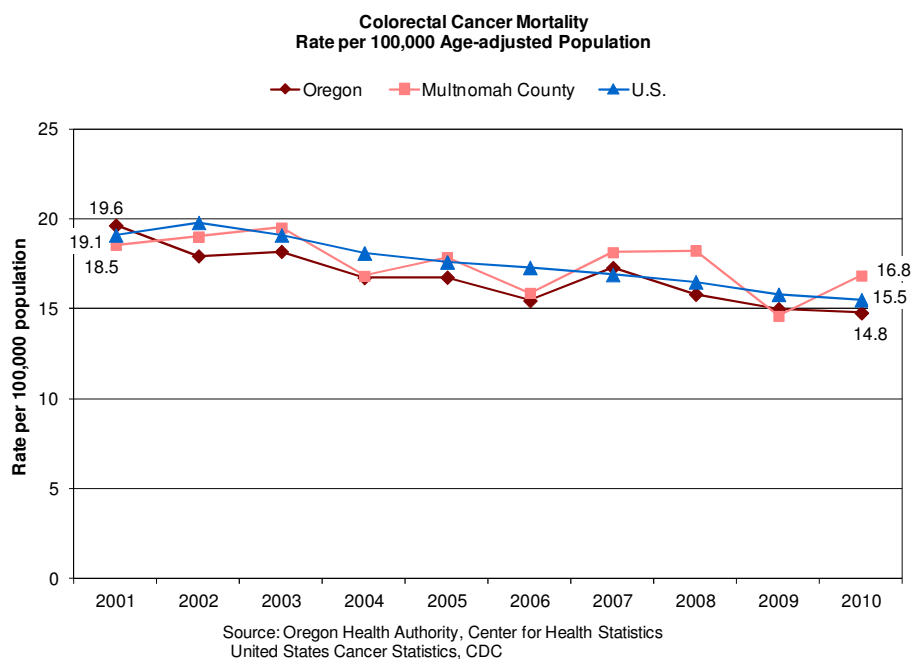
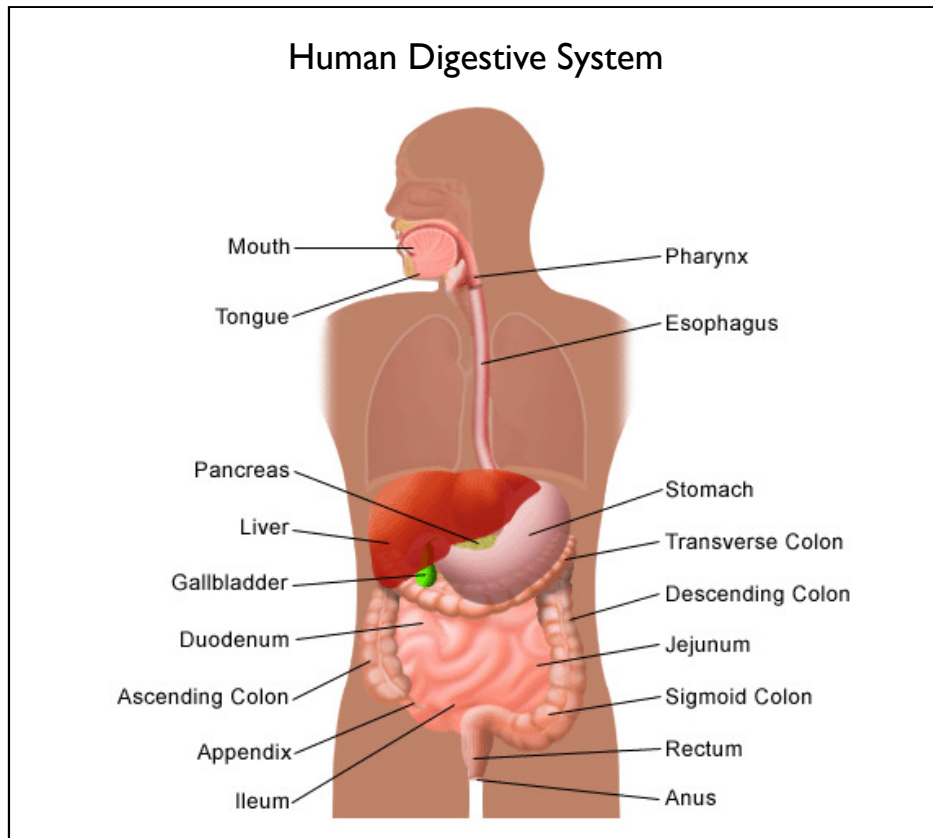
About one in three adults nationally, aged 50 to 75, have not been screened for colorectal cancer as recommended by the United States Preventive Services Task Force.<sup>2</sup>

If everyone aged 50 or older had regular screening tests and all precancerous polyps were removed, as many as 60% of deaths from colorectal cancer could be prevented.<sup>3</sup>

### Mortality Rates

The rates of colorectal cancer deaths in Multnomah County are similar to Oregon and the United States. Over the ten year period from 2001 to 2010, colorectal cancer death rates in Multnomah County declined from 18.5 per 100,000 population in 2001 to 16.8 per 100,000 population in 2010.

Colorectal cancer mortality varies by race and ethnicity. Nationally,



colorectal cancer kills a disproportionate number of African Americans each year.<sup>4</sup>

In Multnomah County, during the 2006-2010 time period, African Americans had the highest mortality rate at 20.9 deaths per 100,000 population. Latinos had the lowest at 6.0 deaths per 100,000 population.<sup>5</sup>

### Colorectal Cancer Screening

The U.S. Preventive Services Task Force recommends that persons aged 50-75 years at average risk for colorectal cancer be screened for the disease. Screening can occur by using one or more of the following methods:

- Fecal Occult Blood Test (FOBT) every year
- Flexible sigmoidoscopy every five years
- Colonoscopy every ten years<sup>6</sup>

People at higher risk for colorectal cancer may need earlier or more frequent tests than others. Those at higher risk include people who have:

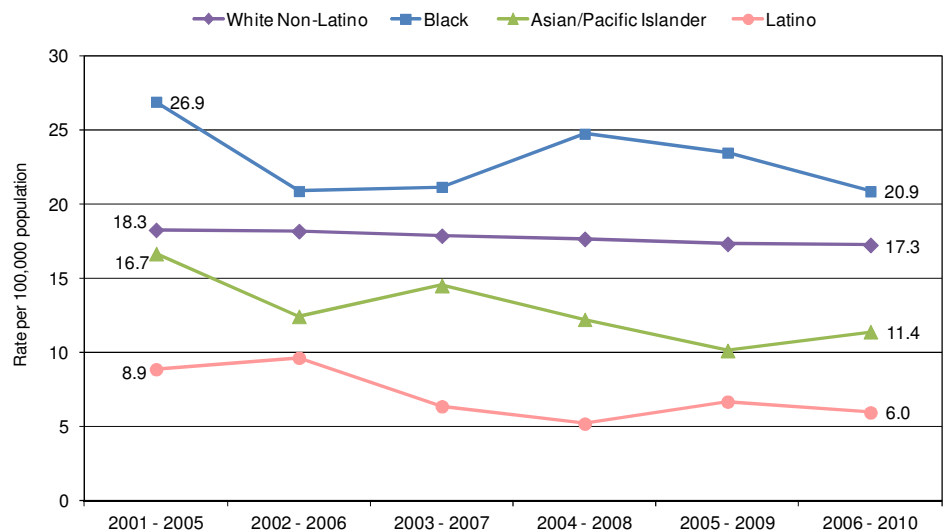
- Inflammatory bowel disease, Crohn's disease, or ulcerative colitis
- A personal or family history of colorectal polyps or colorectal cancer
- Certain genetic syndromes<sup>7</sup>

Those at higher risk should consult with their health care provider about when to begin screening and how often to be screened.

### Screening Rates

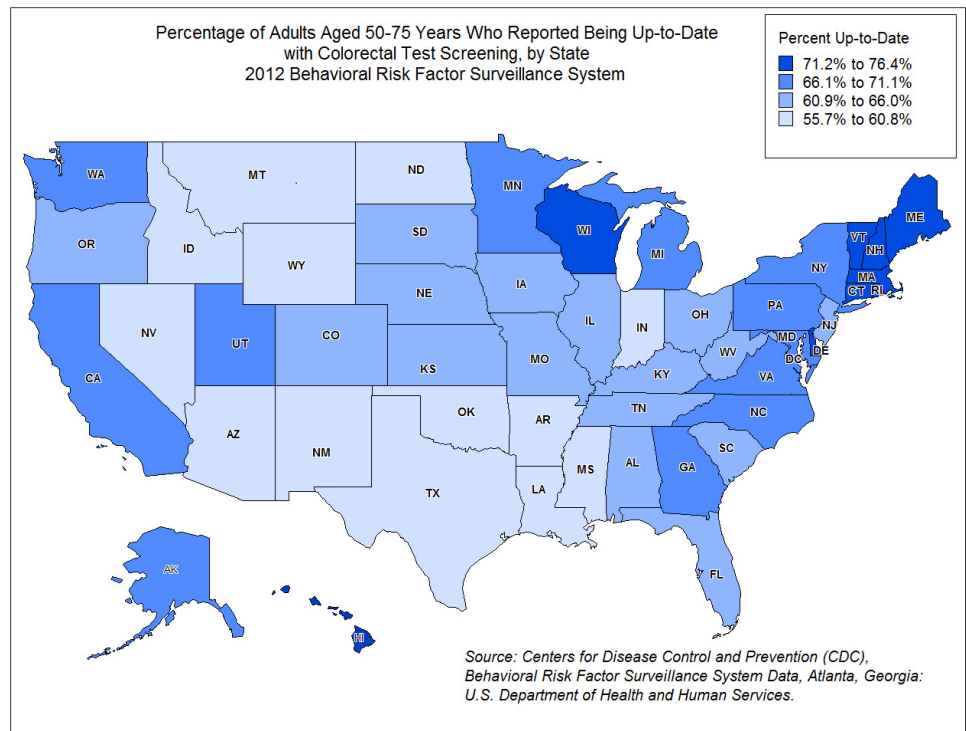
In 2012, 64.7% of Oregon adults reported being up-to-date with colorectal screening tests, compared with 65.1% nationally. Nearly 28% of adults aged 50 to 75 had *never* been screened.<sup>8</sup>

Colorectal Cancer Mortality by Race/Ethnicity \*  
Multnomah County 2001 - 2010



\*The number of health events for American Indian/Native Alaskan is too small to calculate a reliable rate.  
Source: Oregon Health Authority, Center for Health Statistics

Colorectal cancer mortality varies by race and ethnicity. Though mortality rates for all race/ethnicity groups declined from 2001 to 2010, disparities between racial/ethnic groups are still significant.



National screening rates by state, 2012. Oregon's screening rate of 64.7% falls just above the average of all 50 states and the District of Columbia.

Screening rates in Oregon vary by race and ethnicity. Of Oregon adults aged 50-75 years, 62.9% of Black/African Americans were up-to-date on colorectal cancer screening, while 60.6% of White Non-Latino adults were up-to-date. Latinos had the lowest rate of being up-to-date with only 20.8%.<sup>9</sup>

*Up-to-date* with colorectal cancer screening means that the respondent had one of the following:

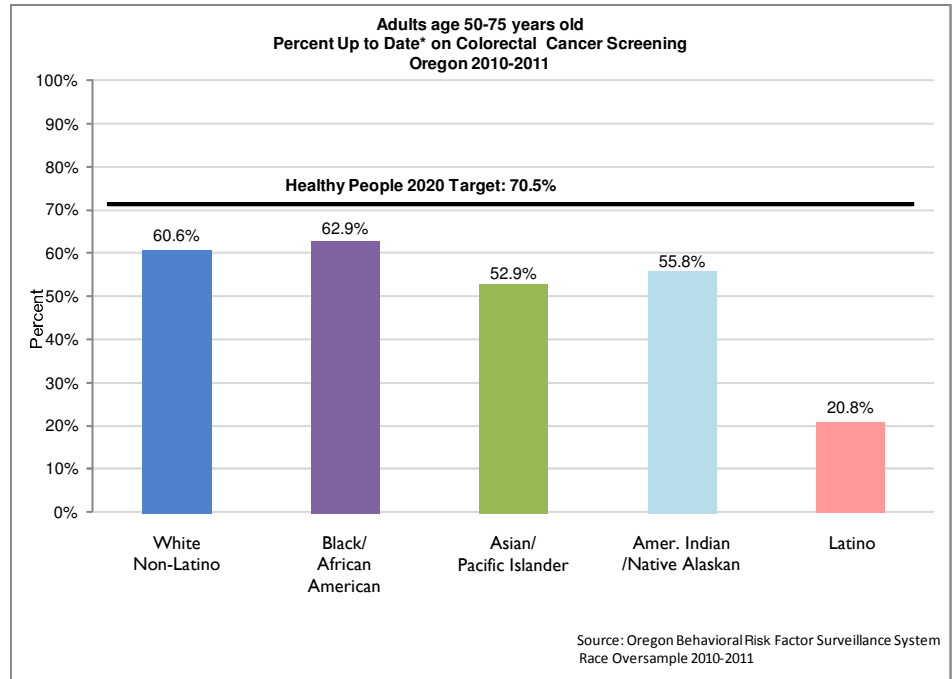
- A fecal occult blood test (FOBT) during the previous year
- A flexible sigmoidoscopy within the previous five years, and a FOBT within the previous three years
- A colonoscopy within the previous 10 years

Colorectal cancer screening data is collected in the Behavioral Risk Factor Surveillance System (BRFSS), a national telephone survey that collects data on preventive health practices and risk behaviors among the adult population.

BRFSS data for Multnomah County indicate that in 2010, 70.6% of surveyed adults aged 50+ had *ever* had a sigmoidoscopy or colonoscopy. Only 20.2% of respondents indicated that they had taken a blood stool test (FOBT) in the last two years. These screening rates for Multnomah County are not available by race/ethnicity.

Nationally, in 2010, the percent of U.S. adults aged 50-75 years who received colorectal cancer screening as recommended increased as income increased.

Those with family incomes 600%



*Up-to-date on colorectal cancer screening is defined as having had a Fecal Occult Blood Test, a sigmoidoscopy, and/or a colonoscopy within the recommended time periods. All of the racial/ethnic groups have yet to reach the Healthy People 2020 (HP2020) goal of 70.5% of the population being up-to-date on screenings. HP2020 goals are a set of national goals and standards used to guide health promotion and disease prevention efforts.*

or more of the federal poverty level were nearly twice as likely to get a colorectal cancer screening than those with family incomes below the federal poverty level (72.9% and 38.7% respectively). The highest income group was the only group to meet the Healthy People 2020 target of 70.5%.<sup>10</sup>

Overall, national screening rates are increasing. In 2002, only 54% of U.S. adults aged 50 to 75 were screened as recommended. As of 2010, 65% of Americans were screened as recommended.<sup>11</sup>

### **Colorectal Cancer Screening Tests Explained**

The Fecal Occult Blood Test or **FOBT** is a home test kit provided by health care providers. The test uses a small wand to obtain a sample of stool, which is returned

to the provider or a lab where the sample is checked for blood.

A flexible **sigmoidoscopy** is a procedure done by a doctor, who inserts a thin, flexible, lighted tube into the rectum. This test checks for polyps or cancer inside the rectum and the lower third of the colon.

A **colonoscopy** is similar to a sigmoidoscopy. During a colonoscopy a longer thin tube with a tiny video camera is used to check for polyps or cancer inside the rectum and the *entire* colon. Often pain medication and a sedative are administered to minimize discomfort during a colonoscopy. If polyps are found, they can be removed during the procedure.

**Prevention**

Though colorectal cancer is a leading cause of death among both men and women, it doesn't have to be. **Colorectal cancer can be prevented.**

The risk for colorectal cancer increases for everyone with age. More than 90% of colorectal cancer cases occur in people who are 50 years old or older.

Precancerous polyps and early-stage colorectal cancer don't always cause symptoms, especially early on. Someone can have polyps or colorectal cancer and not know it. For this reason, screening is the primary prevention method for those 50 to 75 years of age.

However, lifestyle factors, like a poor diet, physical inactivity, and tobacco use, may contribute to an increased risk of colorectal cancer.

Lifestyle factors that may reduce risk of colorectal cancer include:

- Getting regular physical activity
- Increasing fruit and vegetable intake
- Eating a high-fiber and low-fat diet
- Maintaining a healthy weight
- Limiting alcohol consumption
- Quitting tobacco <sup>12</sup>

**Insurance Coverage**

Through the Affordable Care Act, more Americans will have access to health coverage and preventive services like colorectal cancer screening tests. The tests will be available at no additional cost.

Cover Oregon is Oregon's marketplace for health insurance via the Affordable Care Act. If you are uninsured, buy insurance on your own or own a small business with 50 or fewer eligible employees, you'll be able to find health insurance through Cover Oregon. Find out more, call [1 \(855\) 268-3767](tel:18552683767) or go to [coveroregon.com](http://coveroregon.com)

Open enrollment ends March 31, 2014.

**References**

- <sup>1</sup> U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2008 Incidence and Mortality Web-based Report*. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, and National Cancer Institute; 2012. Available at: <http://www.cdc.gov/uscs>.
- <sup>2</sup> Centers for Disease Control and Prevention. *Colorectal Cancer Tests Save Lives*. 2013. <http://www.cdc.gov/vitalsigns/colorectalcancerscreening/index.html>.
- <sup>3</sup> Centers for Disease Control and Prevention. Colorectal Awareness Month/ March, 2012.
- <sup>4</sup> "Cancer Disparities: Key Statistics." *American Cancer Society*. 1 Apr 2008. <http://www.cancer.org/cancer/news/cancer-disparities-key-statistics>.
- <sup>5</sup> County and state death rates calculated using Vista PHw version 7.3.0.4 and death files from Oregon Public Health Division, Vital Statistics Program.
- <sup>6</sup> US Preventive Task Force. Screening for colorectal cancer: Recommendation Statement. Rockville, MD: US Dept. of Health and Human Services, Agency for Healthcare Research and Quality, 2008.
- <sup>7</sup> Centers for Disease Control and Prevention. *Colorectal (Colon) Cancer: What Are the Risk Factors?* February 26, 2014. [http://www.cdc.gov/cancer/colorectal/basic\\_info/risk\\_factors.htm](http://www.cdc.gov/cancer/colorectal/basic_info/risk_factors.htm).
- <sup>8</sup> Centers for Disease Control and Prevention. *Vital Signs: Colorectal Cancer Screening Test Use – United States, 2012*. November 8, 2013 / 62(44); 881-888 [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6244a4.htm?s\\_cid=mm6244a4\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6244a4.htm?s_cid=mm6244a4_w).
- <sup>9</sup> Oregon Health Authority, Public Health Division, Center for Health Statistics. Oregon Behavioral Risk Factor Surveillance System Race Oversample 2010-2011. <https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Pages/pubs.aspx#race>.
- <sup>10</sup> Centers for Disease Control and Prevention. QuickStats: Percentage of Adults Aged 50–75 Years Who Received Colorectal Cancer Screening,\* by Family Income Level - National Health Interview Survey, United States, 2010. November, 2012. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6146a10.htm>.
- <sup>11</sup> Centers for Disease Control and Prevention. *Vital Signs: Colorectal Cancer Screening Test Use – United States, 2012*. November 8, 2013 / 62(44); 881-888 [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6244a4.htm?s\\_cid=mm6244a4\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6244a4.htm?s_cid=mm6244a4_w).
- <sup>12</sup> Centers for Disease Control and Prevention. *Colorectal (Colon) Cancer: What Are the Risk Factors?* February 26, 2014. [http://www.cdc.gov/cancer/colorectal/basic\\_info/risk\\_factors.htm](http://www.cdc.gov/cancer/colorectal/basic_info/risk_factors.htm).

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If you have questions or comments, please contact Diane McBride by email at [diane.e.mcbride@multco.us](mailto:diane.e.mcbride@multco.us) or by phone at 503-988-3663 x26567. This publication is available online at: [www.mchealth.org](http://www.mchealth.org)