

Colorectal Cancer in Connecticut

FACT SHEET

August 2016

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Disease Basics

Colorectal cancer refers to cancer originating in the colon or the rectum. A tumor developing into colorectal cancer over a period of years usually begins as a non-cancerous polyp. Screening for and removing these polyps, as well as malignant tumors, is effective in reducing colorectal cancer incidence and mortality rates.

Key Points*

- Colorectal cancer is the 3rd-most common cancer in CT in both men and women.
- In CT, colorectal cancer also ranks 3rd for cancer causes of death in both sexes.
- The colorectal cancer mortality rate in CT is below the national rate.
- CT colorectal cancer incidence and mortality rates declined in all major subpopulations 2002-2012, except for stable incidence rates among NH black men.
- CT colorectal cancer relative survival rates are higher than national rates in all major subpopulations except in Hispanic women.

*For the years: 2008-2012

Incidence

Incidence Quick Stats (2008-2012)

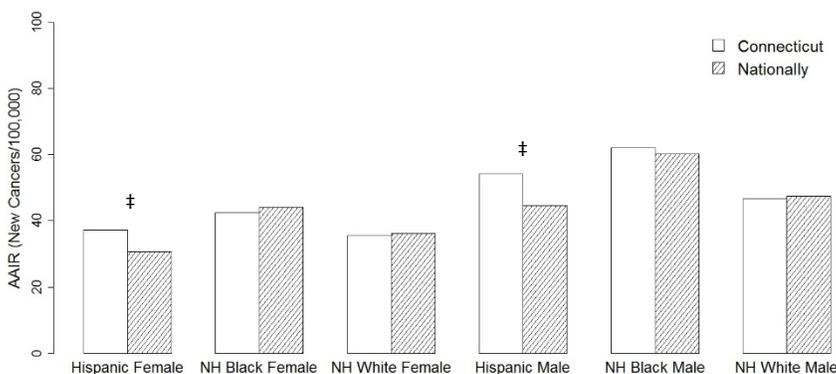
- Average number of incident (new) colorectal cancers diagnosed in CT annually: **1,756**
- Colorectal cancer incidence rate (AAIR): **41.8**
- CT state ranking for colorectal cancer incidence rate: **25th**

Incidence rates, which take into account population size in assessing disease burden, are defined as the number of new disease cases per 100,000 population at risk per year. (The age-adjusted incidence rates –AAIRs –are reported throughout this fact sheet to allow for comparison across populations that have different age structures.) In CT, the colorectal cancer incidence rate for 2008 to 2012 was 41.8. The only other types of cancers with significantly higher incidence rates in CT were, for women, breast and lung cancer, and, for men, prostate and lung cancer.

The colorectal cancer incidence rate in CT 2008-2012 was similar to the rate for the U.S. as a whole (41.9). Incidence rates in CT were also comparable to national rates for both men and women specifically within the non-Hispanic (NH) black and NH white population subgroups. However, among Hispanic males and Hispanic females incidence rates were significantly higher than national rates.

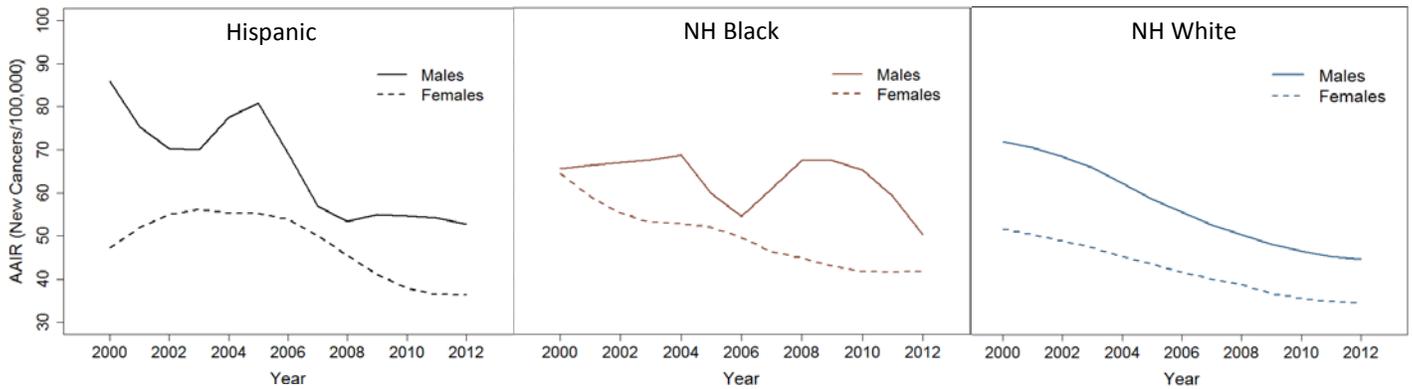
Temporal trends in colorectal cancer incidence rates in CT reflect declining rates over the period from 2000 through 2012 for all six major race-ethnicity-gender groups, with an average Annual Percent Change (APC) of -3.9%, except in the case of NH black male populations. Within this latter group, incidence rates were stable from 2000 to 2012.

Age-adjusted Incidence Rates by Gender and Race/Ethnicity 2008-2012



‡Difference between CT and national rates is statistically significant with $p < 0.05$

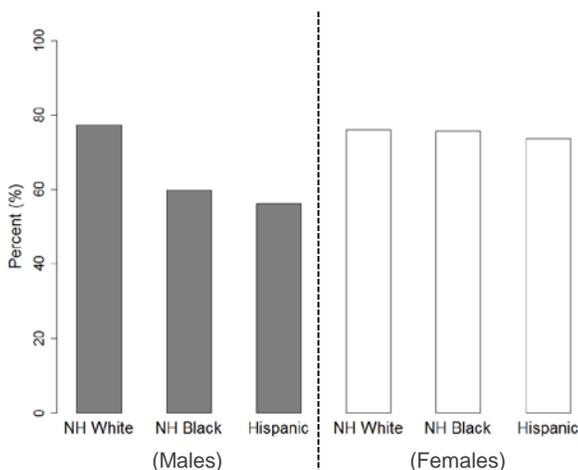
Smoothed Trends in Age-adjusted Incidence Rates in CT by Race/Ethnicity and Gender 2000-2012



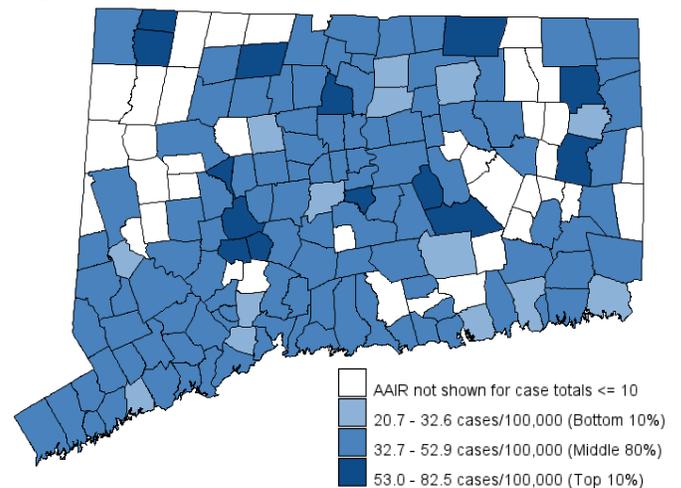
Differences in incidence rates – both in comparing CT to the rest of the U.S. or CT population subgroups based on gender and race/ethnicity - may be due to differences in screening rates, differences in genetic factors and environmental/lifestyle factors and socioeconomic disparities. Screening can detect colorectal cancer at an early stage, when it can be treated more effectively; screening also aids in cancer prevention. Fecal occult blood test (FOBT) and colonoscopy/ sigmoidoscopy are the most common approaches to colorectal cancer screening. Colonoscopy and sigmoidoscopy are able to detect and remove pre-invasive polyps, thus preventing colorectal cancer from developing. According to the CDC Behavioral Risk Factor Surveillance Study, 2014 rates of all of these types of colorectal screening are higher in CT than in the U.S. However, within CT, a significantly lower percentage of Hispanics within the age groups recommended for colorectal cancer screening (50-74) had undergone such screening compared to NH whites aged 50-74. Screening rates between other race-ethnicity groups and between males and females were similar in 2014.

The stage of a cancer describes how far it has spread at

Percentage of Adults in CT 50-74 That Met One or More U.S. Preventative Services Task Force-Recommended Colorectal Cancer Guideline (2012 & 2014)

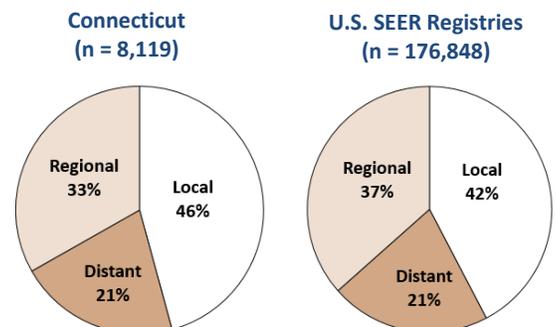


Age-adjusted Incidence Rates by CT Township 2008-2012



the time of diagnosis and is an important prognostic factor. The majority of new colorectal cancers diagnosed between 2008 and 2012 were at the localized stage (46%), i.e. without spread to tissues outside of the colon and rectum. 21% of the new cancers were at the regional stage, i.e. in the surrounding tissues, lymph nodes and organs, and 33% were diagnosed at the distant stage, when cancers are hardest to treat.

Colorectal Cancer Cases by Diagnosis Stage 2008-2012



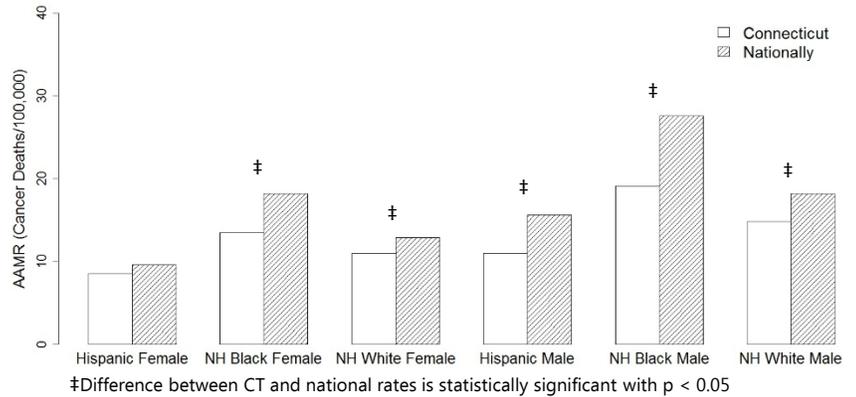
Mortality

Between 2008 and 2012, the colorectal cancer mortality rate (AAMR) in CT was 12.7. Over this period, colorectal cancer was the third leading cause of death in CT men and women, behind prostate and lung cancer in men and breast and lung cancer in women.

The 2008-2012 colorectal cancer mortality rate in CT was significantly lower than the national mortality rate (15.5). Within the three major race-ethnicity population subgroups, mortality rates in CT were significantly lower than national rates for both men and women, except for Hispanic females, for whom the mortality rate was comparable to that observed nationally among Hispanic females.

Colorectal cancer mortality rates in CT declined from 2000 to 2012 for both men and women within NH black, as well as NH white, populations, with an average APC of -4.8%. Declines in the overall mortality rate for Hispanic populations (combined for both men and women due to low deaths counts), also occurred with an APC of -4.8%, but did not begin until 2002 during this same period. These decreases in colorectal cancer mortality are due in part to the use of colorectal cancer screening for the prevention

Age-adjusted Mortality Rates by Gender and Race/Ethnicity 2008-2012

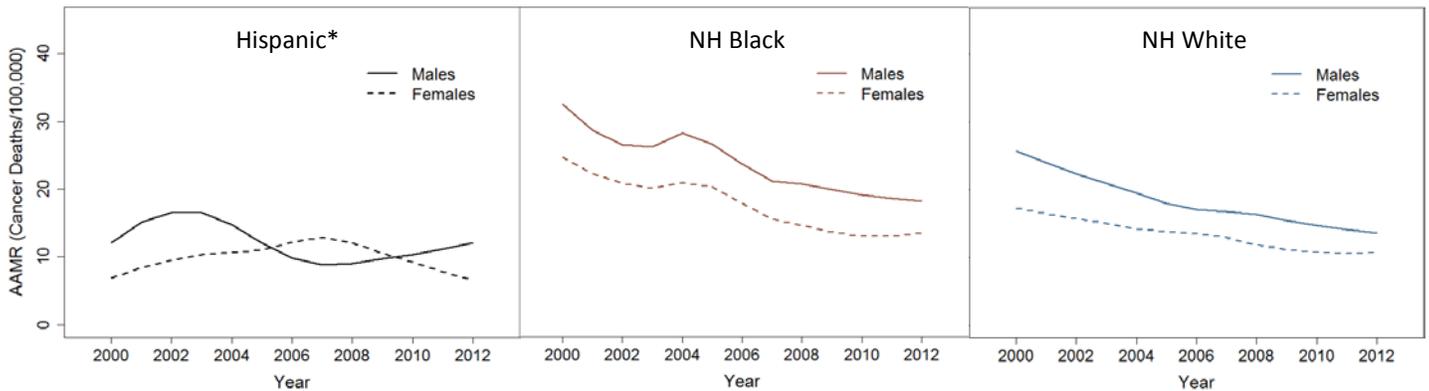


Mortality Quick Stats (2008-2012)

- Average colorectal cancer deaths annually: **550**
- Colorectal cancer AAMR: **12.7**
- CT state ranking for colorectal cancer AAMR: **49th**

and early detection of cancers, as well as improvements in treatment and changing patterns in colorectal cancer risk factors.

Smoothed Trends in Age-adjusted Mortality Rates in CT by Race/Ethnicity and Gender 2000-2012



*Smoothing based on data aggregated by 3-year intervals due to sparse annual case data

Relative Survival

Relative survival is the ratio of a patient's chance of surviving a given time interval after a disease diagnosis to that of a person of the same age and sex in the general U.S. population. Hence a cohort of cancer patients with five-year relative survival rate approaching 100% indicates that they are just as likely to survive five years as people of

Colorectal Cancer Age-Std Relative Survival (2004-2012)

	1-year	2-year	3-year	4-year	5-year
Connecticut	85.9%	79.2%	74.4%	71.6%	68.9%
All U.S. SEER Registries	83.5%	76.5%	71.3%	67.8%	65.2%

the same age and sex in the general population without colorectal cancer.

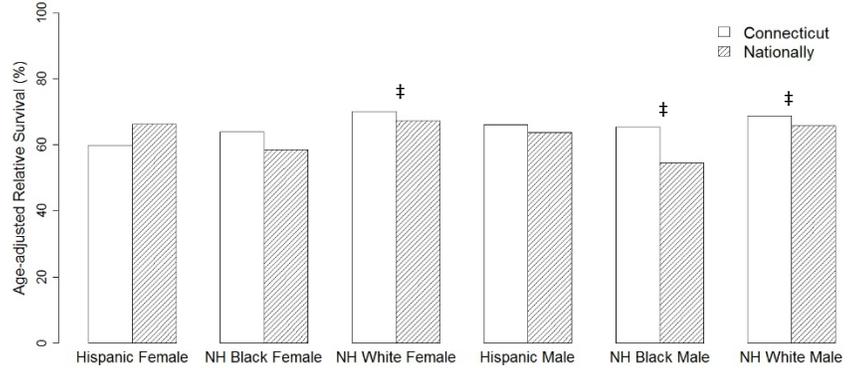
The colorectal cancer 5-year age-standardized relative survival for the period 2004-2012 in CT was 68.9%. This relative survival rate was significantly higher than that observed for the same time period across all U.S. SEER cancer registries (65.2%)*. Relative survival rates for NH black and NH white males and NH white females in CT were significantly higher than national rates between 2004 and 2012. However, there was no similar advantage over national relative survival rates for Hispanic males and females or NH black females.

Relative survival rates for annual time periods up to five years are shown in the table. (Note: All relative survival rates presented here were

age-standardized and calculated using the Net (Pohar-Perme) method.)

*National relative survival rates are not available; the rate for all U.S. SEER registries combined is used as a proxy.

5-year Age-Std Relative Survival by Gender and Race/Ethnicity 2004-2012



‡Difference between CT and national rates is statistically significant with $p < 0.05$

Learn More

The Connecticut Tumor Registry, phone: 860-509-7163,
<http://www.ct.gov/dph/TumorRegistry>

<http://seer.cancer.gov/statfacts/html/colorect.html>

<http://www.cdc.gov/cancer/colorectal/statistics/index.htm>