

Colorectal Cancer in Montana

Colorectal cancer is the third leading cause of cancer related death in Montana and the United States. From 2009-2013, an average of 490 Montanans were diagnosed with colorectal cancer and 172 died of the disease each year.

Risks Factors

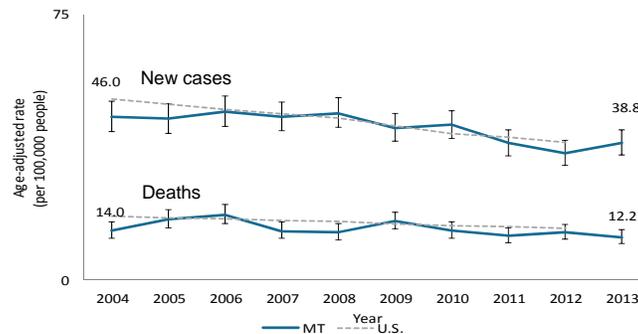
Average Risk

- Both men and women.
- Risk increases with age. Most cases are diagnosed after age 50.

High Risk

- Family history of colorectal cancer (first degree relative like a parent or sibling).
- Genetic predisposition such as hereditary nonpolyposis colon cancer (HNPCC) gene or adenomatous polyposis controller (APC) gene.
- Inflammatory bowel disease.

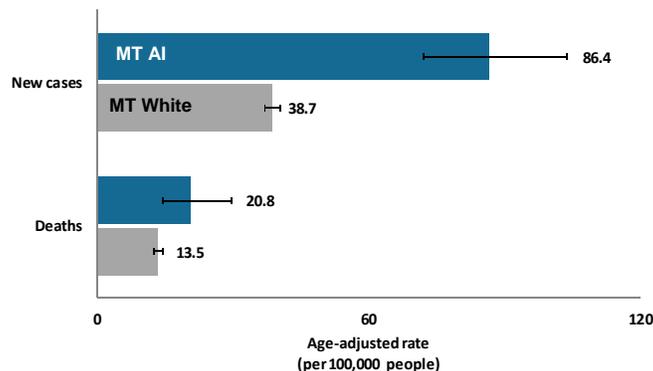
Figure 1. 10-year trends of colorectal cancer incidence (new cases) and mortality (deaths) rates in Montana have **REMAINED THE SAME.**



Data Source: Montana Central Tumor Registry, 2004-2013; Montana Death Records, 2004-2013; United States Cancer Statistics, 2004-2012

- Over the past decade colorectal cancer incidence and mortality rates in Montana have remained statistically unchanged (Figure 1).
- The incidence rate was significantly higher among men compared to women. From 2009-2013, the age-adjusted incidence rate among men was 45.7 and among women was 34.5 per 100,000 people.¹ Men accounted for 55% of all CRC cases diagnosed between 2009-2013.¹

Figure 2. The incidence rate of CRC among American Indians was **TWO TIMES HIGHER** than Whites in Montana.



Data source: Montana Central Tumor Registry, 2009-2013; Montana Death Records, 2009-2013

- The incidence rate of CRC among MT American Indians was nearly two times greater compared to MT Whites (Figure 2). The CRC mortality rate among MT America Indians was also greater than MT Whites (Figure 2).

Montana Cancer Control Programs

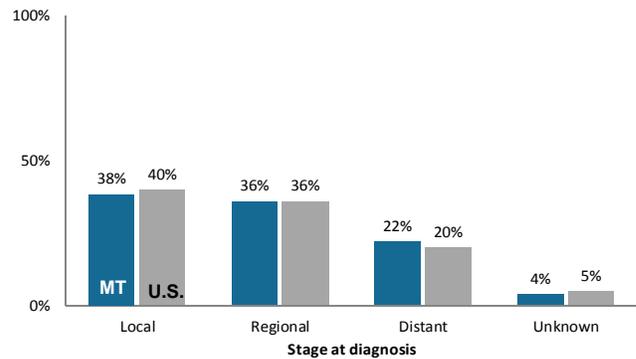
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<http://dphhs.mt.gov/publichealth/cancer>

Survival

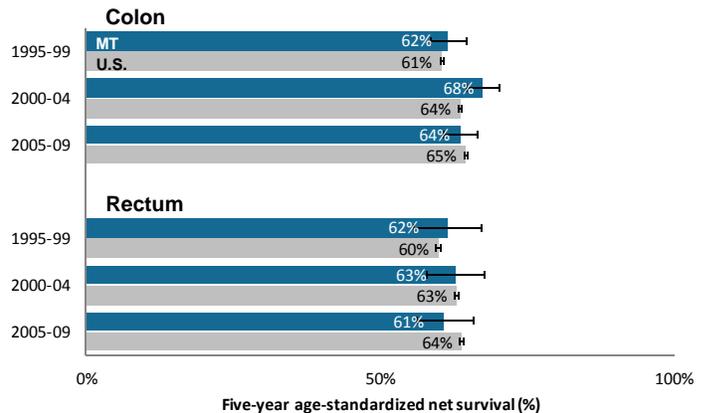
- From 2009-2013, the average age at diagnosis was 68 years.¹ The average age at diagnosis was 63 years among American Indian cases and 69 years among Whites.¹
- Nearly two in five CRC cases (38%) were diagnosed at the local stage (Figure 3). Survival greatly improves for patients diagnosed at an early stage.
- For cancers diagnosed between 2005-2009 (the most recent years analyzed), 64% of colon cancer patients and 61% of rectum cancer patients were alive 5-years after diagnosis (Figure 4).
- The percent of patients in Montana who were still alive 5-years after diagnosis with colon and rectum cancers was statistically the same as the U.S. (Figure 4).

Figure 3. **TWO IN FIVE** CRC cases were diagnosed at the local stage



Data Source: Montana Central Tumor Registry, 2009-2013; SEER, 2004-2010

Figure 4. **THREE OUT OF FIVE** CRC patients were still alive 5-years after diagnosis.



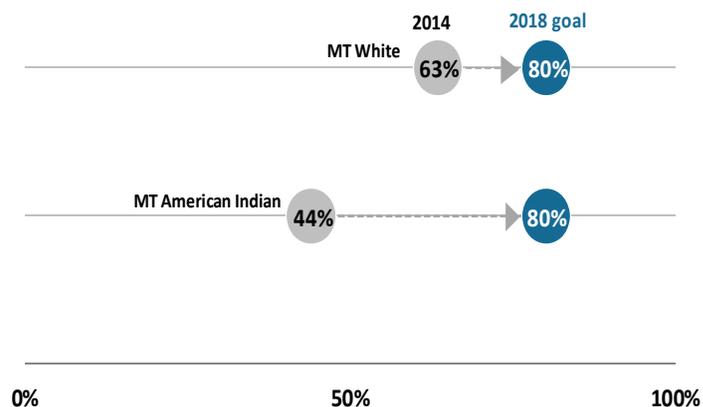
Data Source: Allemani C, Weir HK, Carreira H, Harewood R, Spika D, Wang XS, et al. Global surveillance of cancer survival 1995-2009: analysis of individual data for 25,676,887 patients from 279 population-based registries in 67 countries (CONCORD-2). Lancet; 385(9972): 977-1010.

CRC screening can detect cancer or pre-cancerous polyps before symptoms are present. Because most CRC arises first as a polyp, polyp removal can prevent the development of invasive cancer. Screening and early detection can reduce the mortality from CRC by as much as 60%.²

The National Colorectal Cancer Roundtable and the American Cancer Society set a goal of 80% CRC screening participation among U.S. adults by 2018. There are approximately 315,000 adults in Montana that are of screening age (50 to 75 years). In order for Montana to reach the 80% screening goal, approximately one-quarter million (250,000) adults need to be up-to-date with CRC screening in 2018.

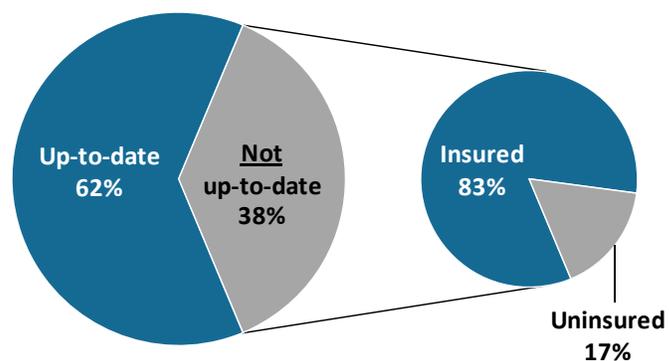
- In 2014, 62% of Montana adults (50-74 years) were up-to-date with CRC screening.³
- CRC screening participation varied significantly by race; only 44% of Montana American Indians were up-to-date in 2014 (Figure 5).
- Screening participation was about equal between men and women (62% and 63%, respectively).³
- Among Montanans up-to-date with CRC screening, colonoscopy was the most commonly completed test (59%) followed by FOBT/FIT (7%).³
- In 2014, over 4 out of 5 adults (83%) who were not up-to-date with screening had health insurance (Figure 6).
- The majority of adults reported that their main reason for not getting a lower endoscopy was that “They didn’t think they needed one”.⁵

Figure 5. CRC screening in Montana was low. Nearly **55%** of American Indians and **40%** of Whites in Montana of have not been screened.



Data represents the percent of adults aged 50 to 74 years who reported having had a colonoscopy in the last 10 years, flexible sigmoidoscopy in the past 5 years or a FOBT in the past 1 year. Data Source: Montana Behavioral Risk Factor Surveillance System, 2014

Figure 6. **FOUR OUT OF FIVE** Montanans who have not been screened for CRC **HAVE HEALTH INSURANCE**.



Up-to-date was defined as adults aged 50 to 74 years who reported having had a colonoscopy in the last 10 years, flexible sigmoidoscopy in the past 5 years or a FOBT in the past 1 year. Insured was defined as respondents who report having any type of healthcare coverage. Data Source: Montana Behavioral Risk Factor Surveillance System, 2014

Recommendations for Clinicians⁴

- Offer recommended test options, with advice about each.
- Match patients with the test they are most likely to complete.
- Use patient reminder systems to notify patients when it's time to get a screening test done.
- Make sure patients get their results quickly. If the test is not normal make sure they get the follow-up care they need.
- Use patient navigators to help patients get checked.

Report Highlights

- **Colorectal cancer is the second leading cause of cancer-related death in Montana.**
- **Nearly 2 in 5 adults aged 50 to 75 years are not up-to-date with colorectal cancer screening.**
- **83% of adults who have not been screened have health insurance.**

Screening Guidelines

The United States Preventive Services Task Force recommends that average risk adults aged 50 to 74 years be screened for colorectal cancer by one of the following three regimens:⁵

Type of Test	How Often?
High sensitivity fecal occult blood test (FOBT)	Once a year
Flexible sigmoidoscopy <i>combined with</i> high sensitivity fecal occult blood test (FOBT)	Every 5 years Every 3 years
Colonoscopy	Every 10 years

References

1. Montana Department of Public Health and Human Services, Montana Central Tumor Registry, 2009-2013.
2. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control. [Colorectal Cancer Screening: Basic Fact Sheet](#). Last updated: February 2016. Access date: March 23, 2016.
3. Montana Behavioral Risk Factor Surveillance System, 2014. Available at: <http://50.57.217.98>
4. Centers for Disease Control and Prevention, [Vital signs: Colorectal Cancer Tests Save Lives](#). November 2013.
5. [Colorectal Cancer: Screening](#). October 2008. U.S. Preventive Services Task Force. Last updated: July 2015. Access date: March 23, 2016