

# Colorectal Cancer Screening

Every day, five Oregonians are diagnosed with colorectal cancer—a cancer that may be prevented. Routine colorectal cancer screening can reduce deaths from through the early diagnosis and actually prevent some cancers by removing pre-cancerous polyps.

## KEY ISSUES

The facts about colorectal cancer are alarming.

- Colorectal cancer is Oregon's fourth most common cancer, with 1,716 new invasive cases reported in 2009.<sup>1</sup>
- Colorectal cancer is Oregon's second-leading cause of cancer deaths among men and women, with 647 deaths reported in 2009.<sup>1</sup>
- In 2009, 41 percent of cancers found were early stage (in situ or localized) -- a 5% increase since 2003.<sup>1</sup>
- The death rate is highest for African Americans, followed by Whites (in a comparison for 2003-2008).<sup>1</sup>

From 2004 to 2010, there was a 12% increase in colorectal cancer screening rates in Oregon.<sup>2</sup> Thanks in part to an increase in screening, colorectal cancer is being found at earlier, more treatable stages.

Despite these advances, only 59% of Oregonians over the age of 50 received a recommended colorectal screening test.<sup>2</sup> The goal is to increase that to 80%. Also, one third of Oregonians ages 50-75 who have health insurance are not current on their colorectal screening.

Approximately 20% of people age 50 and older are at increased risk due to family history or personal history of colorectal cancer or polyps and could benefit from additional risk assessment.<sup>3</sup>

## CHALLENGES

While we have made progress in the last five years, we still need to reach many more Oregonians, in diverse populations. Now that effective screening tests are available, the challenge is to get individuals to the appropriate screening. The best test is the one that gets done.

## OPPORTUNITIES

Colorectal cancer may be prevented!

To motivate individuals to be screened, health care providers and those already screened are the most influential.

Encouraging and empowering them to talk to and educate those who have not been screened can make a difference.

We need to identify those at increased risk, including those with a family history of colorectal cancer, who should begin screening at an earlier age.

Take the opportunity to encourage friends and loved ones to be screened!

Everyone has a role in the prevention and early detection of colorectal cancer. Screening not only saves lives, but it saves money as well - prevention and early detection are less costly than cancer treatment and leads to fewer work days lost.

## OBJECTIVES

1. By 2020, increase the percentage of Oregonians age 50 and over who have been screened according to current guidelines to 70%.
2. By 2020, reduce deaths from colorectal cancer among all Oregonians by 7%.

## STRATEGIES

- Identify and implement evidence-based strategies for public education that reach Oregonians age 50 and over.
- Promote public awareness and acceptability of colorectal cancer screening tests.
- Promote public awareness about the role of healthy behaviors, including nutrition and physical activity, in risk reduction for colorectal cancer.
- Support culturally and individually appropriate colorectal cancer education to reach Oregon's populations with disparities in screening, incidence and mortality rates, such as ethnic minorities, people with disabilities and people who live in rural areas.
- Encourage conversations and awareness of risk factors and family history related to colorectal cancer.
- Monitor and disseminate current screening guidelines.
- Engage primary care providers in communicating current screening guidelines to their patients and in encouraging and supporting follow-through with screening tests.
- Monitor implementation of state and national health care reform and ensure that colorectal cancer screening is addressed and supported.
- Promote affordable screening opportunities for under and un-insured people.
- Continue current efforts related to public policy.

### Tests that find polyps and cancer:

- Colonoscopy
- Flexible sigmoidoscopy
- CT Colonography

### Tests which can find blood in stool, which may indicate cancer:

- Fecal immunochemical test (FIT)
- Fecal occult blood test (FOBT)
- Stool DNA test (sDNA)

## TARGETS FOR CHANGE Based on healthy People 2020

### Screening Target: 70.5%

#### Oregon Screening Rate: 59%\*\*

To achieve this target, Oregon must increase colorectal cancer screening by 16%.

### Mortality Target: 14.5/100,000

#### Oregon Mortality Rate: 15.6/100,000\*

To achieve this target, Oregon must reduce colorectal cancer mortality by 7%.

\* Cancer in Oregon 2009, Oregon State Cancer Registry

\*\* Oregon Behavioral Risk Factor Surveillance System (BRFSS) 2010

“When two of our good friends passed away from colorectal cancer, my husband and I decided it was time to be screened. We realize now that there was no reason to put it off. It’s quick and easy, and we’ll be screened again as soon as it’s time. The best part of screening is knowing that we’ve done our job in preventing the cancer.”

–KAREN IMMERLING  
“The Cancer You Can Prevent” Campaign

## CURRENT EFFORTS

Promoting colorectal cancer screening is a national as well as a state-wide priority. Television advertisements, celebrity spokespersons, local billboards, awareness activities and events, websites and other messaging are helping to raise public awareness about colorectal cancer and screening. Prevention messages encourage healthy eating, exercise and screening tests for individuals age 50 and older.

There has been an increase in federal, state, and community grant opportunities to address public education for early detection and increased screening. Coverage for those without insurance is often part of these grants.

Oregon and national legislation, including updates to Medicare, have improved insurance coverage for colorectal cancer screening tests. American Cancer Society screening guidelines distinguish between tests that detect cancer and are preventive and tests which detect blood which may indicate cancer.

## ACCOMPLISHMENTS

Since Oregon’s first Comprehensive Cancer Plan was published in 2005, we have accomplished the following:

- Increase in screening rates (per BRFSS) from 50 percent in 2002 to 59 percent in 2010
- Implemented a “Got Polyps?” campaign, with earned media, ads and print materials
- Shared educational toolkits for public and professionals
- Hosted community mobilization summits
- Integrated task force activities into Oregon’s Health Promotion and Chronic Disease Prevention program
- Created the colorectal social marketing message campaign based on research, focus groups and two pilot projects in Clatsop and Umatilla counties  
[www.TheCancerYouCanPrevent.org](http://www.TheCancerYouCanPrevent.org)

<sup>1</sup> Oregon State Cancer Registry (OSCaR) 2009

<sup>2</sup> Oregon Behavioral Risk Factor Surveillance System (BRFSS), 2010

<sup>3</sup> Kastrinos F, Allen JI, Stockwell DH, Stoffel EM, Cook EF, Mutinga ML, Balmana J, Syngal S: Development and validation of a colon cancer risk assessment tool for patients undergoing colonoscopy. Am J Gastroenterol 2009;104:1508-1518

