

A Publication of the Genesee County Health Department

Colorectal Cancer

Colorectal cancer is one of the most deadly forms of cancer in the U.S. It is the third most common type of cancer and the second-leading cause of cancer deaths for men and women in the U.S. Every year, nearly 150,000 people in the U.S. are diagnosed with the disease, and nearly 60,000 die. Colorectal cancer contributes to more deaths than breast cancer and AIDS combined. The risk of developing colorectal cancer increases with advancing age. Ninety percent of cases occur among persons aged 50 or over. Other risk factors include inflammatory bowel disease, a personal or family history of colorectal cancer or colorectal polyps and certain hereditary syndromes. Lifestyle factors that may contribute to increased risk of colorectal cancer include lack of physical activity, low fruit and vegetable intake, a low-fiber and high-fat diet, obesity, alcohol consumption, and tobacco use. Most of the deaths due to colon cancer can be prevented using available screening tests and treatments for the disease. Colorectal cancer is curable 90% of the time when detected early. In addition, screening tests can be used to detect certain pre-cancerous growths in the colon and rectum allowing them to be removed before they ever develop into cancer.

In 2002, there were 104 deaths among Genesee County residents due to invasive colorectal cancer, resulting in an age-adjusted mortality rate of 25.0 per 100,000. The age-adjusted mortality rate in Michigan was 19.2 per 100,000 in 2002. Colorectal cancer incidence rates among Genesee County residents were highest among those 75 years and older, followed by individuals in the 50-74 year age group, for both males and females. Individuals less than 50 years of age had the lowest incidence of colorectal cancer. When the 3-year average (1999-2001) colorectal cancer incidence data for Genesee County were examined by gender, males had a higher incidence rate (62.9 per 100,000) than females (48.9 per 100,000) in Genesee

County. Incidence data by race in Genesee County showed that white males had the highest rate of colorectal cancer (64.2 per 100,000), followed by black males (53.7 per 100,000), black females (49.2 per 100,000) and white females (48.2 per 100,000).

The U.S. Preventive Services Task Force (USPSTF) recommends initiating screening at 50 years of age for men and women at average risk for colorectal cancer. In persons at higher risk (for example, those with a first-degree relative who received a diagnosis with colorectal cancer before 60 years of age), initiating screening at an earlier age is reasonable. Screening rates for colorectal cancer are low in the U.S., partly due to lack of public awareness of the benefits of screening and the failure by many physicians to recommend screening. Potential screening options for colorectal cancer include home fecal occult blood testing (FOBT), flexible sigmoidoscopy, the combination of home FOBT and flexible sigmoidoscopy, colonoscopy, and double-contrast barium enema. The combination of FOBT and sigmoidoscopy may detect more cancers and more large polyps than either test alone, but the additional benefits and potential harms of combining the two tests are uncertain. In general, FOBT should precede sigmoidoscopy because a positive test result is an indication for colonoscopy, eliminating the need for sigmoidoscopy. Colonoscopy is the most sensitive and specific test for detecting cancer and large polyps but is associated with higher risks than other screening tests for colorectal cancer.

The purpose of this quarterly newsletter is to inform the community and health care providers in Genesee County about disease trends in the county. We welcome any comments or questions. Contact:

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The current recommended guidelines for colorectal cancer screening tests and intervals for all adults aged 50 years or older are as follows: FOBT every year, flexible sigmoidoscopy every 5 years, double-contrast barium enema every 5 years and colonoscopy every 10 years. Estimates of screening rates for colorectal cancer in Genesee County and Michigan are available from the Behavior Risk Factor Survey (BRFS) data. The Michigan BRFS is a state-wide, random digit dialed telephone survey of adult residents 18 years and older. The Michigan BRFS data for 1998-2002, show that only 51.8% of Genesee County residents aged 50 years and older ever had a blood stool test, compared to 52.3% of residents in Michigan. Only 31.1% of Genesee County residents aged 50 years and older who participated in the BRFS reported that they had a blood stool test in the past 2 years, compared to 35.2% of residents in Michigan. One of the highest priorities of the Michigan Cancer Consortium and the Michigan Department of Community Health is to improve utilization of recommended colorectal cancer screenings by Michigan residents at average risk, 50 years of age and older.

In 2001, a study was conducted by the University of Michigan School of Public Health (Janz *et al*) to explore colorectal cancer screening attitudes and behavior among Genesee County residents. A comprehensive telephone interview protocol was developed for use in this study to examine study participants' attitudes, beliefs, and practices related to major colorectal cancer screening procedures. Eligible study participants were black and white men and women, 50-79 years of age, who resided in Genesee County and had a household telephone. Over 80% of study participants were aware of the various colorectal cancer screening tests; however, less

than 30% were adherent to current FOBT and endoscopy guidelines. The study findings indicated significant differences in screening rates across gender/race strata. Black females reported the lowest levels of screening, with less than 20% compliant with current screening guidelines. Physician recommendation was reported as a powerful motivator to screening behavior. Between 54% and 65% of respondents reported receiving a physician recommendation, and over 92% of those reported having had the recommended procedure. This study showed that colorectal cancer screening rates can be improved successfully by physician-guided promotion of recommended screening tests.

Influenza Update:

During week 50 (December 12-18, 2004), influenza activity continued to increase slowly in the U.S. CDC has antigenically characterized 60 influenza viruses collected by U.S laboratories since October 1, 2004: 42 were influenza A (H3N2) viruses and 18 were influenza B viruses. All of the influenza A isolates were A/Fujian/411/2002-like, which is the H3N2 component in the 2004-05 influenza vaccine. Sixteen of the influenza B viruses currently circulating were characterized as B/Shanghai/361/2002-like, which is included in the 2004-05 influenza vaccine, 2 influenza B viruses were characterized as B/Hong Kong/330/2001-like. Influenza activity level in Michigan is currently sporadic. As of December 21, 2004, there were 17 lab-confirmed influenza cases in Michigan. Fourteen of them were influenza A viruses and three were influenza B viruses.

Selected Reportable Communicable Diseases in Genesee County

Disease	Week ending 11/20/04	Reported cases to date FY* 2004-05	Same week reported cases to date FY 2003-04	Total reported cases FY 2003-04
Chicken Pox	16	205	72	328
Pertussis	0	0	0	8
Flu-like illness	1206	7549	8134	36,731
TB-Active	4	4	7	6
Chlamydia	55	396	383	2762
Gonorrhea	45	341	327	1972
Hepatitis B Acute	0	2	0	9
Campylobacter	0	0	4	19
Giardiasis	0	3	3	29
Hepatitis A	1	2	0	10
Salmonellosis	1	2	4	24
Shigellosis	0	0	1	3
Meningitis-Viral	1	13	15	67
Meningitis-Bacterial	0	0	1	6

*FY – Fiscal Year, October 1-September 30

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