

What is colorectal cancer?

Cancer is a disease that causes cells in the body to divide and grow out of control. Colorectal cancer is cancer that occurs in the colon (large intestine) or rectum. Cancer cells may grow into surrounding tissues or spread to other parts of the body. All men and women are at risk for colorectal cancer.

Risk factors¹

- ✓ Older age (91% of cases are diagnosed in individuals 50 years of age and older)
- ✓ Obesity
- ✓ Physical inactivity
- ✓ Unhealthy diet (a diet high in red or processed meat and low in fruits and vegetables)
- ✓ Long-term smoking
- ✓ Alcohol consumption
- ✓ Family history of colorectal cancer and/or polyps
- ✓ Personal history of chronic inflammatory bowel disease

Signs and symptoms¹

- Typically, there are no symptoms in the early stages of colorectal cancer. So screening is extremely important for the detection of colorectal cancer in its early stage.
- Advanced colorectal cancer may cause:
 - ✓ Rectal bleeding or blood in stool
 - ✓ Change in bowel habits
 - ✓ Cramping pain in lower abdomen
 - ✓ Weakness due to blood loss

Early detection¹

- Detecting cancer at an early stage provides the best chance for cure. Early stage of cancer means that it has either not yet become invasive (in situ stage) or it is confined to the colon or rectum (local stage).
- The American Cancer Society recommends that both women and men follow one of these testing schedules beginning at age 50:
 - ✓ Flexible sigmoidoscopy every 5 years, or
 - ✓ Colonoscopy every 10 years, or
 - ✓ Double-contrast barium enema every 5 years, or
 - ✓ CT colonography (virtual colonoscopy) every 5 years, or
 - ✓ Yearly fecal occult blood test (gFOBT), or fecal immunochemical test (FIT)
- A number of screening options are available for colorectal cancer screening. Please talk to your doctor to find the best screening option for you.

South Carolina Quick Facts

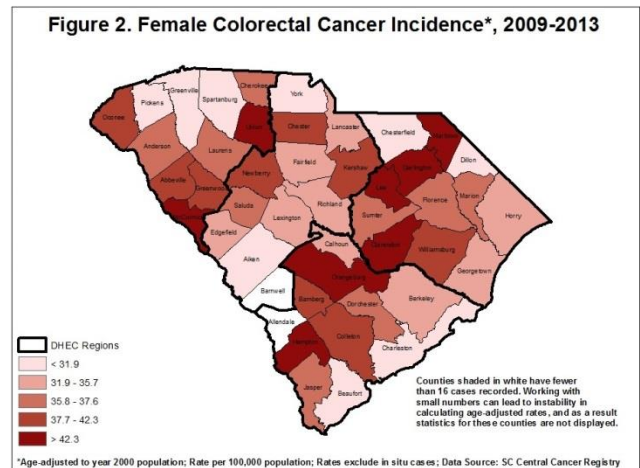
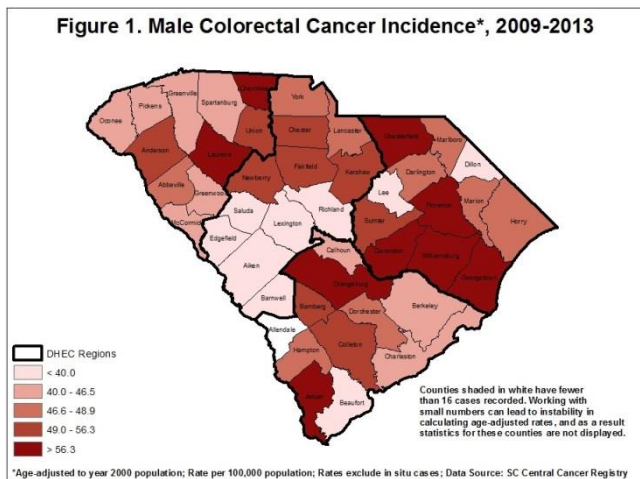
- Colorectal cancer is the 4th most commonly diagnosed cancer in both men *and* women combined.
- *It is also the 2nd most common cause of cancer death in both men and women combined.*
- Men are 30% more likely to get colorectal cancer *and* 46% more likely to die from it than women.
- Blacks have *higher rates of getting (21%) and dying (50%)* from colorectal cancer than whites.

Colorectal cancer facts in South Carolina

- Colorectal cancer is the fourth most commonly diagnosed cancer and the second leading cause of cancer death in both men and women in South Carolina, as well as nationally. One in 18 men and one in 20 women will be diagnosed with colorectal cancer during their lifetime.¹ Colorectal cancer incidence and mortality rates have fallen over the past two decades.¹

Incidence (rate of new cases):

- Compared to the U.S., incidence rates for colorectal cancer in South Carolina (2009-2013) are lower for both men (46.9 vs. 45.7 cases per 100,000) and women (35.5 vs. 34.4 cases per 100,000).^{2,3}

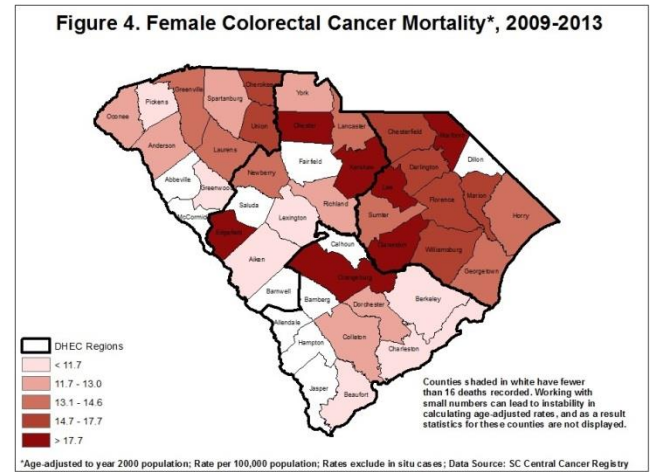
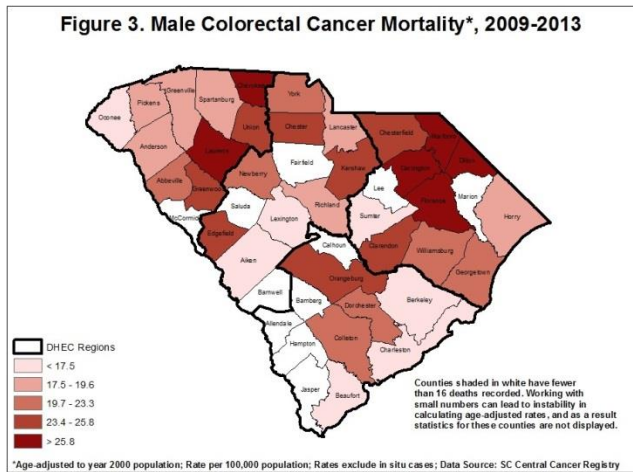


- Figure 1 & 2 display colorectal cancer incidence rates among men and women in South Carolina's 46 counties.² Orangeburg (68.7/100,000), Jasper (64.2/100,000), and Laurens (63.4/100,000) counties have the highest incidence among men. McCormick (52.2/100,000), Lee (49.6/100,000), and Hampton (48.4/100,000) counties have the highest incidence rates among women.²
- Incidence rates for colorectal cancer are higher among blacks than whites, both among men and women (56.0 vs. 43.0 per 100,000 among men, and 38.2 vs. 32.9 per 100,000 among women, respectively) (Figure 6).

Mortality:

- Unlike incidence, compared to the U.S., mortality rates for colorectal cancer in South Carolina (2009-2013) are higher for both men (18.1 vs. 19.2 deaths per 100,000) and women (12.7 vs. 13.1 deaths per 100,000).^{2,4}

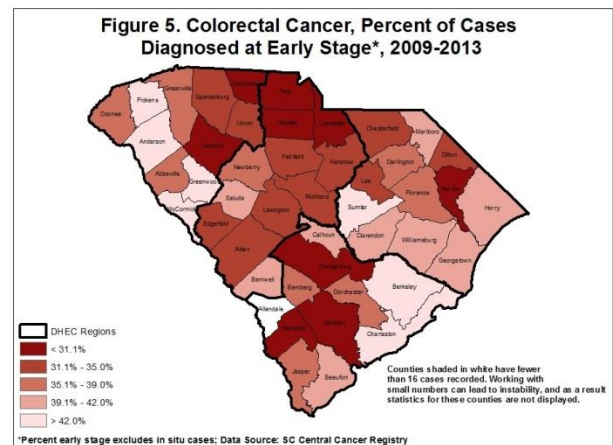
- Figure 3 & 4 display colorectal cancer mortality rates among men and women in South Carolina's 46 counties.² Cherokee (28.0/100,000), Darlington (27.7/100,000), and Dillon (27.5/100,000) counties have the highest mortality rates among men. Lee (36.9/100,000), Marlboro (23.9/100,000), and Orangeburg (19.4/100,000) counties have the highest mortality rates among women.²



- Mortality rates for colorectal cancer are higher among blacks than whites for both men and women (27.0 vs. 17.3 per 100,000 among men, and 16.7 vs. 11.7 per 100,000 among women, respectively) (Figure 7).²

Survival:

- Nationally, the five-year relative survival rate for colorectal cancer is 90 percent when diagnosed in the earliest stages of the disease, before it has spread to other parts of the body.¹ Approximately 37 percent of colorectal cancers in South Carolina are diagnosed in the earliest stages of the disease.²
- In South Carolina, blacks are less likely than whites to be diagnosed with early stage colorectal cancer (34% and 38%, respectively) (Figure 8).²
- Figure 5 shows the percentage of early stage colorectal cancer cases diagnosed in South Carolina's 46 counties. McCormick (48%), Greenwood (46%), and Sumter (45%) counties have the highest percentage of colorectal cancer diagnosed at an early stage in South Carolina.²



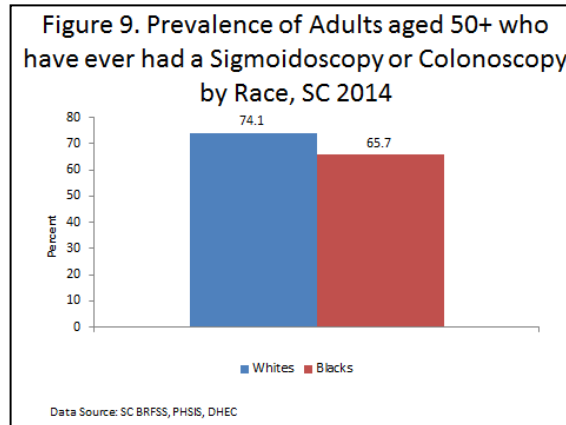
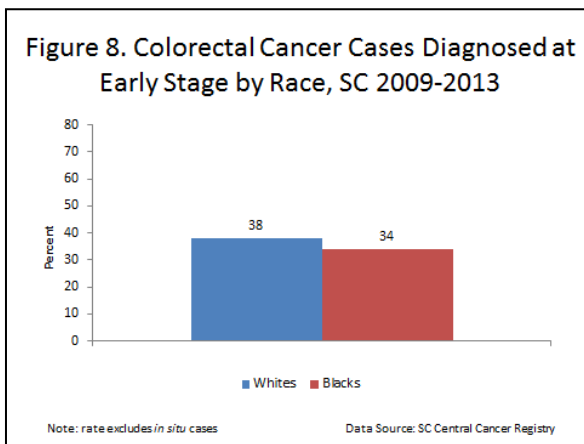
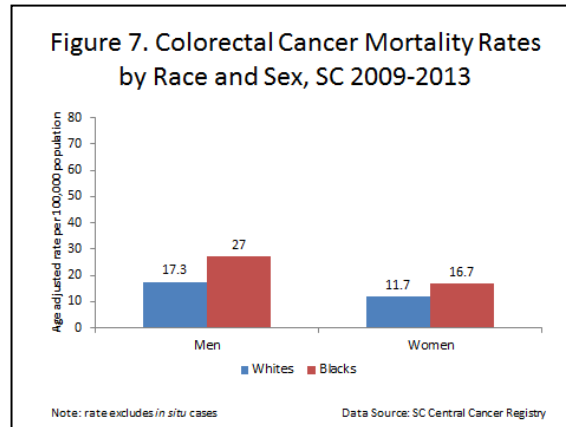
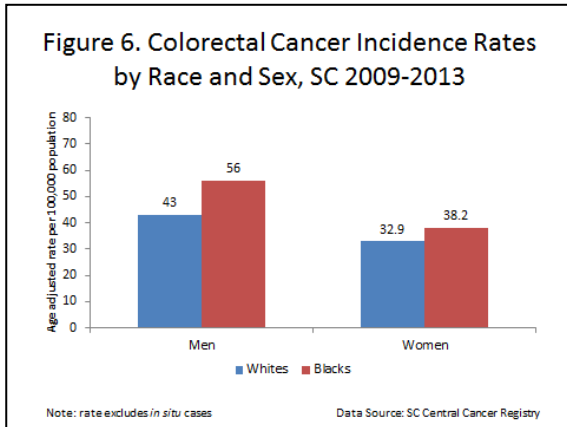
Colorectal cancer screening:

- According to 2014 South Carolina Behavioral Risk Factor Surveillance System data (BRFSS), 71.3% of South Carolina adults who were 50 years and older reported ever having had screening colonoscopy or sigmoidoscopy (U.S. average= 68.9%).^{6,7}
- Colorectal cancer screening rates (with colonoscopy or sigmoidoscopy) were lower among those who were less educated, and had lower income levels. Whites (74.1%) reported higher use of screening colonoscopy or sigmoidoscopy than blacks (65.7%) (Figure 9).⁶

Economic burden:

- Primary diagnoses of colorectal cancer for inpatient hospitalizations cost more than \$142.5 million dollars in South Carolina during 2014:
 - ✓ Inpatient hospitalizations: 1,746 people
 - ✓ Average length of stay: 7.8 days
 - ✓ Average charge per stay: \$81,642⁸

Racial differences:



¹ American Cancer Society, Cancer Facts & Figures 2015. Atlanta: American Cancer Society; 2015.

² South Carolina Central Cancer Registry, Office of Public Health Statistics and Information Services, Dept. of Health & Environmental Control, based on combined data from 2009-2013.

³ Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) SEER*Stat Database: SEER*Stat Database: NPCR and SEER Incidence - State RAD file - 1999-2013, National Cancer Institute, DCCPS, Surveillance Research Program, Surveillance Systems Branch, released June 2016.

⁴ Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) SEER*Stat Database: Mortality - All COD, Aggregated With State, Total U.S. (1990-2013) <Katrina/Rita Population Adjustment>, National Cancer Institute, DCCPS, Surveillance Research Program, Surveillance Systems Branch, released April 2016. Underlying mortality data provided by NCHS (www.cdc.gov/nchs).

⁵ U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999-2012 Incidence and Mortality Web-based Report*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2015. Available at: www.cdc.gov/uscs.

⁶ South Carolina Behavioral Risk Factor Surveillance System, Office of Public Health Statistics and Information Services, Dept. of Health & Environmental Control, 2014.

⁷ Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2014.

⁸ South Carolina Revenue and Fiscal Affairs Office, Hospital Discharge Patient-Level Dataset.

For more information on cancer prevention and management, please contact:

Division of Cancer Prevention and Control (DHEC): <http://www.scdhec.gov/Health/DiseasesandConditions/Cancer/>
American Cancer Society: www.cancer.org | 1.800.227.2345

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