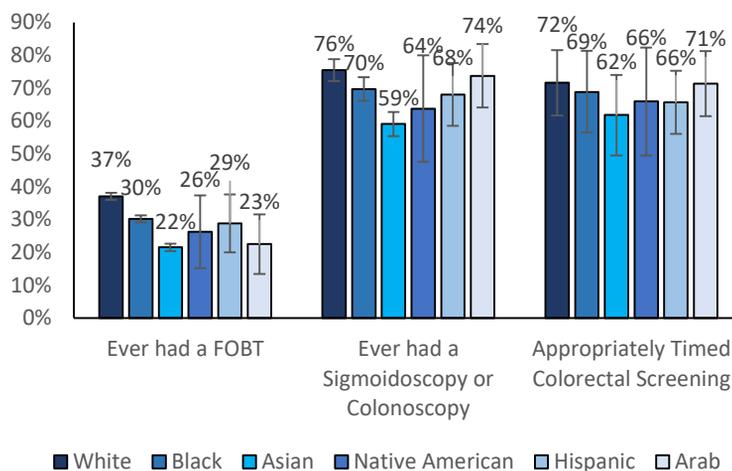


- Colorectal cancer is the fourth most commonly diagnosed cancer and the fourth leading cause of cancer deaths in Michigan. ¹
- It is estimated that there will be **5,040 new cases** and **1,650 deaths** from colorectal cancer in Michigan in 2019. ¹

Colorectal Cancer Screening

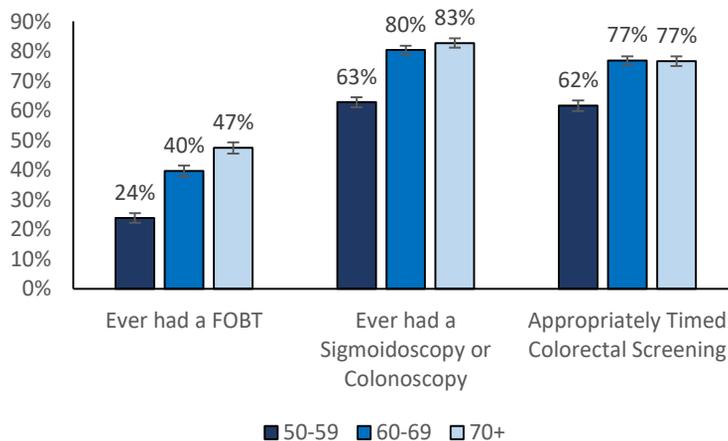
- Regular screening can **prevent** colorectal cancer. ²
- **Starting at age 50**, men and women at **average-risk** should get screened. ²
 - Health providers should discuss screening before the age of 50 when certain risk factors are present.
- **A provider recommendation is the most important predictor of appropriate screening.** ³
- There are several effective screening options available: ²
 - Yearly (sample collected at home): Fecal occult blood test (FOBT), fecal immunochemical test (FIT), **OR** FIT-DNA (Cologuard)
 - Every Five Years: Flexible sigmoidoscopy **OR** CT colonography
 - Every Ten Years: Colonoscopy **OR** flexible sigmoidoscopy with FIT every year
- A **Digital Rectal Exam (DRE) is NOT a recommended** screening option. DREs miss up to 90% of cancers. ²
- Only 71% of Michigan adults are getting screened at the appropriate time (data not shown). ⁴
- Asians reported the lowest rate for having an appropriately timed screening (62%) compared to all other racial and ethnic groups.
- Adults between the age of 50 and 59 report low rates of colorectal screening despite screening being recommended for this age.
- Only 62% of adults between 50 and 59 have had appropriately timed screening compared to 77% of adults 60 and older.

Colorectal Cancer Screening among Adults 50 and Older in Michigan by Race, 2014 and 2016



Source: 2014 and 2016 Michigan Behavioral Risk Factor Survey (MiBRFS), www.Michigan.gov/brfs

Colorectal Cancer Screening among Adults 50 and Older in Michigan by Age, 2014 and 2016



Source: 2014 and 2016 Michigan Behavioral Risk Factor Survey (MiBRFS), www.Michigan.gov/brfs

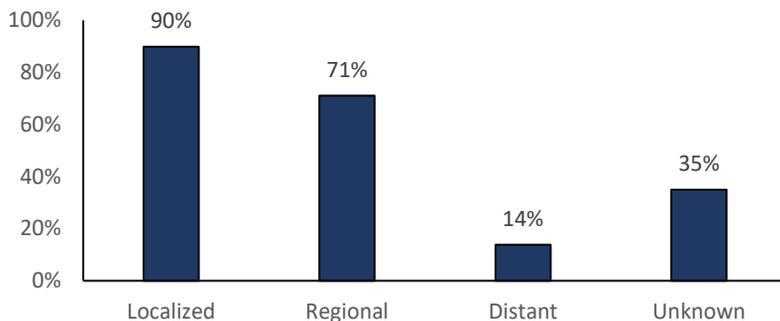
What factors put a person at increased risk? ³

- Being age 50 or older
- Family history of colorectal cancer
- Smoking
- Having Type 2 diabetes
- African American race
- Ashkenazi Jewish heritage
- Male sex
- Being overweight or obese
- Eating diet high in red meat
- Lynch syndrome or Familial Adenomatous Polyposis
- Chronic inflammatory bowel disease

Early detection is key!

- The **five-year relative survival** for colorectal patients diagnosed at the **localized** stage is **90%** in the U.S. ⁵
- For colorectal patients diagnosed at the **regional** stage, five-year relative survival is **71%** and falls to 14% when diagnosed at a **distant stage**. ⁵
- In Michigan, **25%** of Black adults and **19%** of White adults were diagnosed with colorectal cancer at the **distant stage**. (data not shown)

U.S. Five-Year Relative Survival Percentage by Stage at Diagnosis, 2008-2014

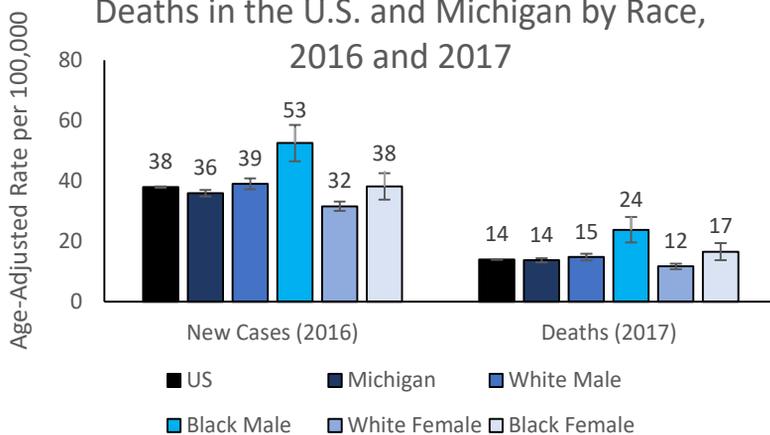


Source: SEER18 2008-2014, SEER*State database November 2017. www.seer.cancer.gov

Colorectal Cancer Trends and Disparities

- Both new diagnoses and deaths from colorectal cancer have been decreasing since 1985, however **significant disparities exist** (data not shown). ⁶
- **Black males and Black females** are more likely to be **diagnosed** with and **die** from colorectal cancer compared to White males and White females, respectively.
- Factors that may contribute to the higher death rate in Black adults include **inequities in screening, diagnostic follow-up, and treatment**. ²

Colorectal Cancer New Diagnoses and Deaths in the U.S. and Michigan by Race, 2016 and 2017



Source : Michigan Cancer Surveillance Program (MCSP), Division of Vital Records and Health Statistics. Based on data released Apr 2019.

Signs and Symptoms ³

Colorectal cancer may cause one or more of these symptoms: diarrhea or constipation that lasts for more than a few days, rectal bleeding, blood in the stool, cramping or abdominal pain, weakness and fatigue, or unintended weight loss. Any patient, regardless of age, who are experiencing any of these signs or symptoms should be referred for colorectal cancer screening.

References: 1) American Cancer Society. Cancer Statistics Center: Michigan at a Glance 2018. Retrieved at: <http://cancerstatisticscenter.cancer.org/#/> 2) *Final Recommendation Statement: Colorectal Cancer: Screening*. U.S. Preventive Services Task Force. June 2017. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/colorectal-cancer-screening> 3) American Cancer Society. Colorectal Cancer Causes, Risk Factors, and Prevention. Retrieved at: <https://www.cancer.org/cancer/colorectal-cancer/causes-risks-prevention.html>. 4) Michigan Behavioral Risk Factor Survey. www.Michigan.gov/brfs. Division of Lifecourse Epidemiology and Genomics. Michigan Department of Health and Human Services. 5) Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) SEER*Stat Database: Incidence - SEER 9 Regs Research Data, Nov 2017 Sub (1973-2015), National Cancer Institute, DCCPS, Surveillance Research Program, Surveillance Systems Branch, released April 2018, based on the November 2017 submission. 6) Michigan Cancer Surveillance Program. Invasive Cancer Incidence and Mortality Trends Michigan Residents, 1985-2016. Division for Vital Records & Health Statistics Michigan Department of Health & Human Services. Retrieved at: <http://www.cancer-rates.info/mi/index.php>