Colorectal Cancer

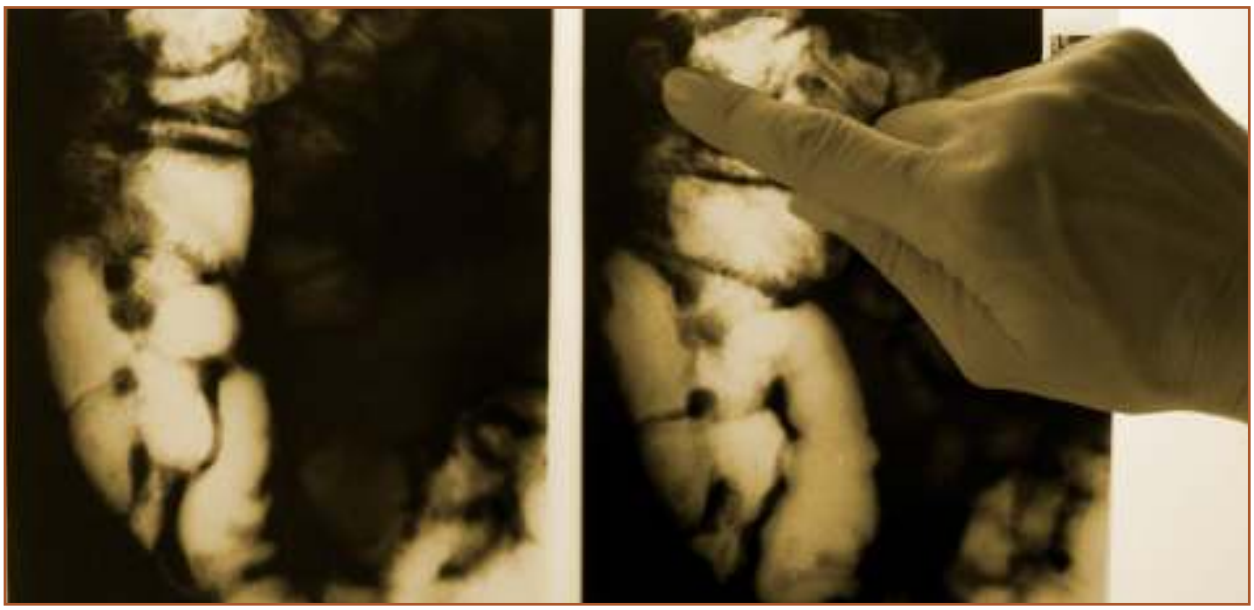
Colorectal cancer is the second leading cause of cancer deaths.

Deaths

In Contra Costa, colorectal cancer is responsible for almost 10% (9.6%) of all cancer deaths in men and women. Between 2002-2004, there were 485 Contra Costa residents who died of colorectal cancer. This means that approximately 162 Contra Costa residents die from colorectal cancer each year. Contra Costa's age-adjusted death rate from colorectal cancer (16.3 per 100,000) is higher than the rate for California (15.9 per 100,000).

Local Findings

- Men are more likely to be diagnosed with colorectal cancer than women but are equally likely to die of it as women.
- Most new colorectal cancer cases and deaths are among Whites.
- On average, each year 162 residents die from colorectal cancer.
- Contra Costa's colorectal death rate (16.3 per 100,000) does not meet the Healthy People 2010 objective (13.9 per 100,000).



In Contra Costa, all race/ethnicity groups are equally likely to die from colorectal cancer. Death rates do not differ between race groups. The majority of deaths from colorectal cancer in the county occur among Whites (346), followed by Asians (50), African Americans (45), and Latinos (41).

In Contra Costa, men and women have similar rates of death from colorectal cancer (18.4 and 14.8 per 100,000 respectively).

In this report a colorectal cancer case is defined as a primary malignant tumor, that is, one originating in the colon or rectum rather than having spread from another location.

Colorectal Cancer Deaths by Race/Ethnicity

Table 1. Contra Costa County 2002–2004

	Deaths	Percent	Rate
White	346	71.3%	15.6
Asian	50	10.3%	15.7
African American	45	9.3%	22.4
Latino	41	8.5%	16.4
Contra Costa	485	100.0%	16.3

These are age-adjusted rates per 100,000 residents.

Colorectal death rates do not differ by city. The greatest number of deaths from colorectal cancer occur among residents living in Contra Costa's largest cities, Concord (66), Walnut Creek (65), Richmond (57), Antioch (40) and Martinez (26).

Colorectal Cancer Deaths in Selected Communities

Table 2. Contra Costa County 2002–2004

	Deaths	Percent	Rate
Concord	66	13.6%	20.3
Walnut Creek	65	13.4%	15.5
Richmond	57	47.0%	22.6
Antioch	40	11.8%	20.4
Martinez	26	5.4%	27.4
Pittsburg	23	4.7%	17.1
San Pablo	20	4.1%	29.9
Contra Costa	485	100.0%	16.3

These are age-adjusted rates per 100,000 residents.

New Cases

New colorectal cancer cases provide a sense of how much – and among whom – the disease is surfacing in the community. This information can inform prevention, screening and treatment programs by highlighting who is most at risk for being diagnosed with colorectal cancer and tailoring programs appropriately.

Between 2000-2004, 2,265 new cases of invasive colorectal cancer were diagnosed in Contra Costa. This means that approximately 453 resident are diagnosed with colorectal cancer each year.

Most new colorectal cases in the county (72.2%) are among Whites: women (818 cases) and men (818 cases). There are no differences in rates between race/ethnicity groups for either men or women. Overall, men are more likely to be diagnosed with colorectal cancer than women.

Between 2000-2004, Contra Costa's age-adjusted incidence rate for colorectal cancer (47.9 per 100,000) was similar to California's rate (46.8 per 100,000).[1]

New Cases of Colorectal Cancer in Men

Table 3. Contra Costa County 2000–2004

	Cases	Percent	Rate
White	818	73.7%	54.9
Asian/Pacific Islander	113	10.4%	48.3
African American	92	6.5%	65.5
Latino	91	7.5%	48.9
Contra Costa Men	1,143	100.0%	55.7

These are age-adjusted rates per 100,000 men.

New Cases of Colorectal Cancer in Women

Table 4. Contra Costa County 2000–2004

	Cases	Percent	Rate
White	818	75.1%	40.7
Asian/Pacific Islander	112	8.6%	38.1
African American	90	7.6%	44.9
Latina	86	7.6%	34.2
Contra Costa Women	1,122	100.0%	41.5

These are age-adjusted rates per 100,000 women.

Opportunities for Prevention

Colorectal cancer remains the third most frequently occurring cancer in California among both men and women. Although it is less common than either breast or prostate cancer, colorectal cancer has a poorer prognosis. The five-year survival rate for people diagnosed with colorectal cancer, all stages included, is 64%; however, this rate increases to 91% if the cancer is detected and treated early.[2]

Mortality and incidence rates for colorectal cancer have declined steadily in California by 27% over the last 16 years.[3] One reason for this decline may be the increased use of screening, which can detect the disease early when it is most treatable or even prevent it entirely.[3] The American Cancer Society recommends that both men and women begin routine screening of this cancer at age 50.[3] Improved treatments, including the development of new cancer drugs, have also played a part in lowering the rates of colorectal cancer.[2]

Risk factors that are linked to the development of colorectal cancer include the presence of polyps in the colon or rectum, having a family history of colorectal cancer, older age (mid-50s), history of previous cancer, a high-fat diet, and cigarette smoking.[4]

Data sources: Colorectal Cancer

Text
This section only contains information for new invasive colorectal cancer. Invasive cancer is a cancer that has spread beyond the tissue where it developed to surrounding, healthy tissues.

1. California Cancer Registry (CCR), Cancer Surveillance Section, California Department of Health Services (2006). Retrieved May 2, 2007 from the CCR's *California Cancer Incidence and Mortality Rates Plus Interactive Maps* public use data set at http://www.ccrcal.org/dataquery.html

2. Grady D., Quote attributed to Dr. Elizabeth Ward, Managing Director in epidemiology and surveillance at the American Cancer Society. (2007, January 18). Statistics may prove that prevention is paying off. *The Oakland Tribune*.

3. American Cancer Society, California Division and Public Health Institute, California Cancer Registry (2006). *California Cancer Facts and Figures 2007*. Oakland, CA: American Cancer Society, California Division.

4. National Cancer Institute (2006). *What you need to know about Cancer of the Colon and Rectum*. Retrieved November 28, 2006 from the National Cancer Institute website: www.cancer.gov

Tables
Tables 1-2: Mortality data from the California Department of Health Services (CDHS), http://www.dhs.ca.gov/, Center for Health Statistics' Death Statistical Master File, 2002-2004. Any analyses, interpretations or conclusions of the data have been reached by CHAPE and are not from the CDHS. Data for the following race/ethnicity groups was excluded from Table 1: Race/Ethnicity due to small numbers: American Indian/Alaska Native, Native Hawaiian/Pacific Islanders, Two or More Races, and Other. Due to unstable estimates, death rates could not be calculated for these groups. These groups were included in Table 2. Selected Cities. These tables include total deaths and age-adjusted average annual death rates for 2002 through 2004. Data was not available for all communities.

ICD10 (International Classification of Diseases) coding for malignant neoplasm of the colon, rectosigmoid junction, rectum and anus (ICD C18-C21) from the Centers for Disease Control and Prevention National Center for Health Statistics, available online at: http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_16.pdf

Population data from:
California Department of Finance (April 2006). *Estimated Race/Ethnic Population with Age and Sex Detail 2000-2004*. Sacramento, CA.

California Department of Finance (May 2006). E-4 Population Estimates for Cities, Counties and the State 2001-2006, with DRU Benchmark. Sacramento, CA. Available online at: http://www.dof.ca.gov/HTML/DEMOGRAP/Druhpar.htm

Note: City-level denominators were extrapolated from the E-4 file to approximate the mid-year city-level population estimates that are needed to calculate city-level rates. For more information, see our section on statistical methods.

Table 3: Incidence data from Le GM, Gomez SL, Clarke CA, Chang ET, Keegan THM, O'Malley CD, Glaser SL, and West DW. *Cancer Incidence and Mortality in the Greater Bay Area, 2000-2004*. Fremont, CA: Northern California Cancer Center, 2007. Incidence data by race/ethnicity was only available for African Americans, Whites, Asian/Pacific Islanders and Latinos. However, overall Contra Costa case counts and incidence rates include data for all race/ethnicity groups. This table includes 5-year case counts and age-adjusted average annual incidence rates for 2000 through 2004.

International Classification of Diseases for Oncology, Third Edition (ICD-O-3) coding of colorectal cancer incidence data included C180-C189, C199,C209, C260 (primary site), excluding histological types 9590-9989, came from Le GM et al., 2007.

Healthy People 2010 objectives from the US Department of Health and Human Services' Office of Disease Prevention and Health Promotion, available online at http://www.healthypeople.gov/