Colorectal Cancer Screening Information for Providers

Indian Health Service
GPRA National Team

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GPRA Measure: Colorectal Cancer Screening

- "During FY 2007, maintain the colorectal cancer screening rate at the FY 2006 level."
- FY 2006 national screening rate: 22%
- Eligible patients are all men and women aged 51 to 80.

Colorectal Cancers

- Although colorectal cancer mortality rates have declined since the mid 1970s, colorectal cancers are the third most common cancers in the United States, and are the second leading cause of cancer deaths.

- An estimated 148,610 new cases of colorectal cancer and 55,170 colorectal cancer-related deaths were projected to occur in 2006 in the United States.

Colorectal Cancers

- The primary risk factor for colorectal cancer is age, with more than 90% of cases occurring in persons aged 50 years or older.
- A person at age 50 has a 5% lifetime risk of being diagnosed with colorectal cancer and a 2.5% chance of dying from it.

Other risk factors

- Risk is increased by a personal or family history of colorectal cancer and/or polyps, or a personal history of inflammatory bowel disease.
- Other risk factors include smoking, alcohol consumption, physical inactivity, a diet high in saturated fat and/or red meat, and inadequate intake of fruits and vegetables.

Colorectal Cancer rates among American Indians

- Although colorectal cancer rates among American Indians are low compared to the overall US average, there is strong evidence that the number of colorectal cancer cases has been rising in recent years.

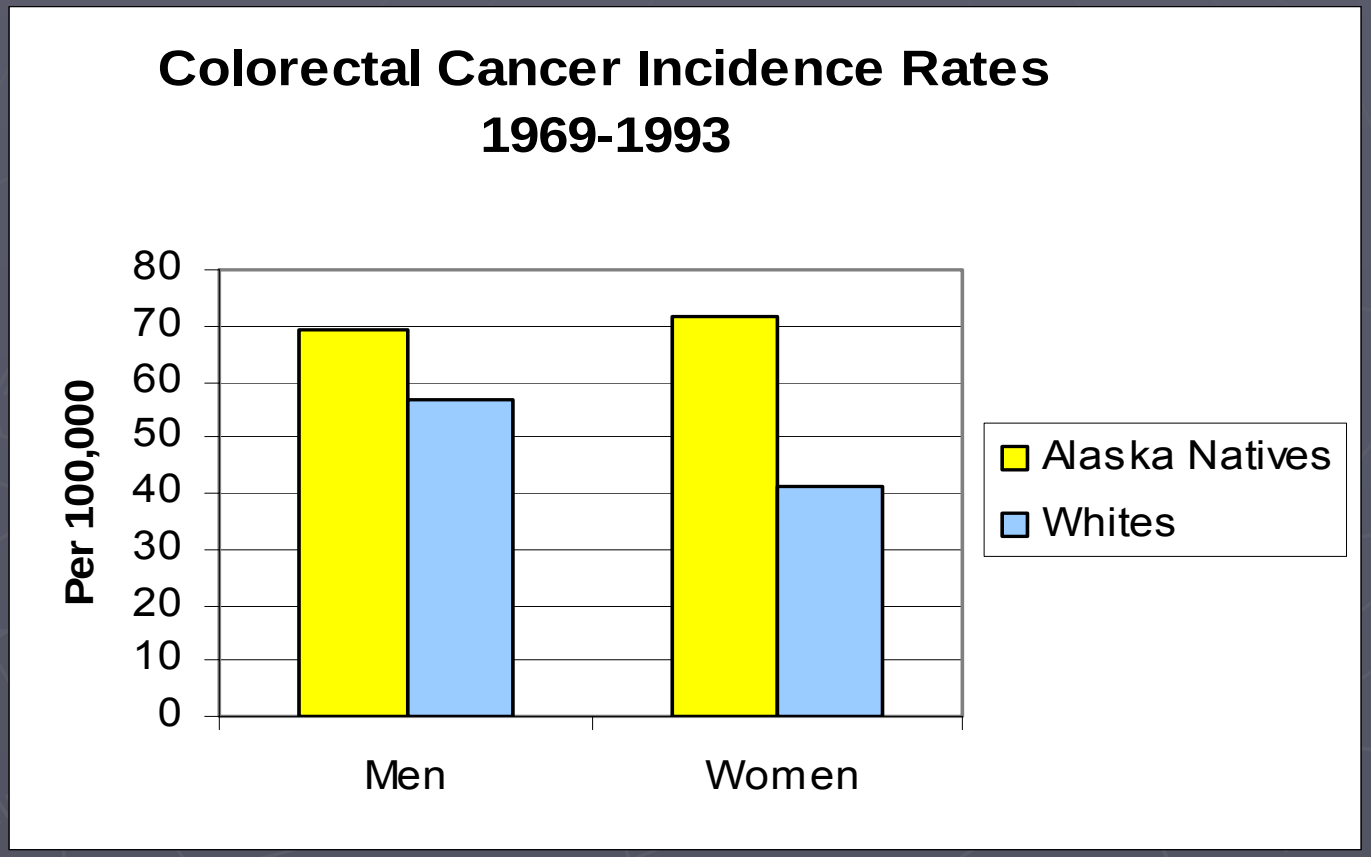
- Since the 1980s, the incidence of colon and rectum cancers among American Indian men in New Mexico has more than tripled.

Colorectal Cancer rates among Alaska Natives

- Colorectal cancer rates among Alaska Natives are well above the national average.

- A long-term surveillance project found a colorectal cancer rate of 69.3 per 100,000 among Alaska Native men, and 71.4 per 100,000 among Alaska Native women, compared to 56.5 among white men, and 41.3 among white women in western Washington.

Colorectal Cancer Incidence



Colorectal cancers less likely to be diagnosed at earlier stages in AI/ANs

- Between 1992 and 2000, over 23% of the colorectal cancers found in AI/ANs were at the “distant” stage, compared to 19% of those in non-Hispanic whites.
- Patients diagnosed at the local stage have a five-year relative survival rate of about 90%, those diagnosed at the regional stage have a 68% five-year relative survival rate, and those diagnosed at the distant stage have a 10% five-year relative survival rate.

Colorectal Cancer risk factors

- Low levels of exercise, high-fat, low-fiber diets, and low consumption of fruits and vegetables, are all associated with an increased risk of colon and rectum cancers.

- Surveys of the Alaska Native diet have reported several risk factors, including very low intake of fruit and vegetables, low levels of dietary fiber, and high intake of refined carbohydrates and sugars.

Screening recommendations from the CDC

- The CDC recommends that men and women begin regular colorectal cancer screening when they reach age 50 using one or more of four recommended screening tests:
  - Fecal occult blood test (every year)
  - Double-contrast barium enema (every 5 years)
  - Flexible sigmoidoscopy (every 5 years)
  - Colonoscopy (every 10 years)

US Preventive Services Task Force Guidance

- The USPSTF strongly recommends that clinicians screen men and women 50 years of age or older for colorectal cancer.

- Studies reviewed by the USPSTF "indicate that colorectal cancer screening is likely to be cost-effective (less than $30,000 per additional year of life gained) regardless of the strategy chosen."

USPSTF

- The USPSTF recommends screening with a combination of fecal occult blood tests and flexible sigmoidoscopy.

Effectiveness of Colorectal Screening

- Colorectal cancers have long asymptomatic periods during which they can be diagnosed and treated.
- Appropriate screening of patients and removal of polyps reduce the rates and lethality of colorectal cancers.
- For example, yearly fecal occult blood screening been shown to result in a 33.4 percent reduction in colorectal cancer mortality.

Cost-Effectiveness of Screening

- Screening for colorectal cancer extends life at a cost of $11,890 to $29,725 per year of life saved.
- Health economists generally agree that if an intervention can save 1 year of life for less than $50,000, it is cost-effective.

Documenting Colorectal Screening in CRS

- GPRA measure counts patients age 51-80 without a documented history of colorectal cancer who have had any CRC screening, defined as any of the following:
- 1) Fecal Occult Blood test in the past year (i.e. during the report period);
- 2) flexible sigmoidoscopy or double contrast barium enema in the past 5 years; or
- 3) colonoscopy in the past 10 years; or
- a documented refusal of any test in the past year.

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