



Colon and Rectum Cancer

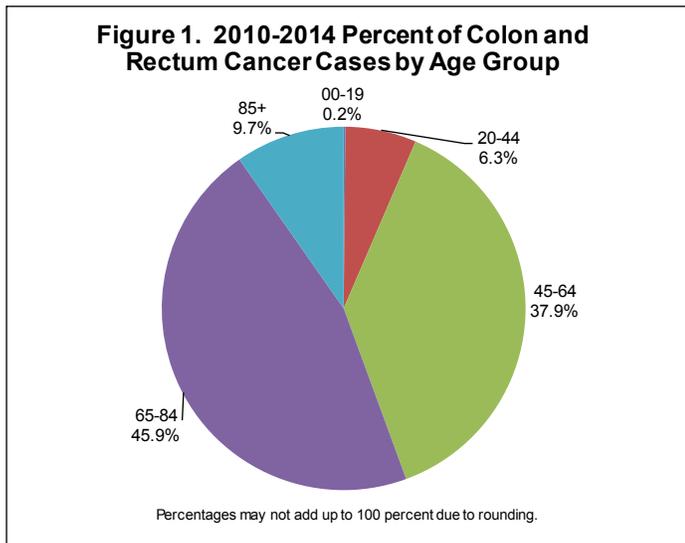
A Fact Sheet from the North Carolina Central Cancer Registry, State Center for Health Statistics

August 2017

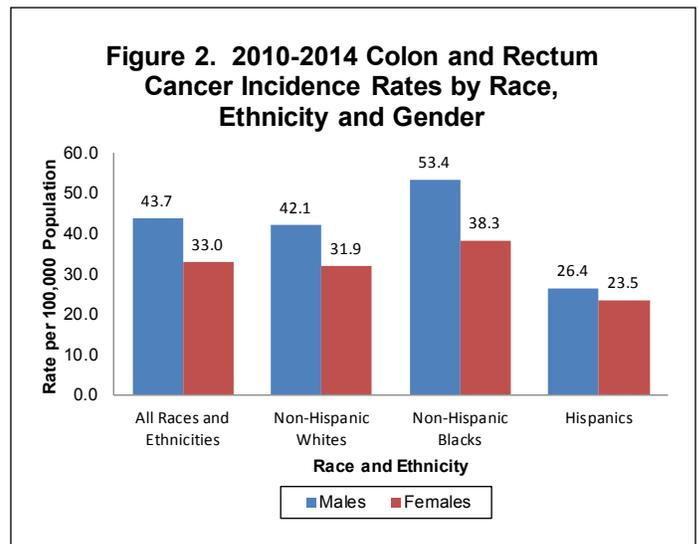
Cancer of the colon and rectum was the fourth most frequently occurring and the second leading cause of cancer death in North Carolina from 2010 to 2014. It is anticipated that 4,602 people (2,402 males and 2,200 females) in North Carolina will be diagnosed with and 1,693 people (896 males and 797 females) will die of cancer of the colon and rectum in 2017.

Incidence

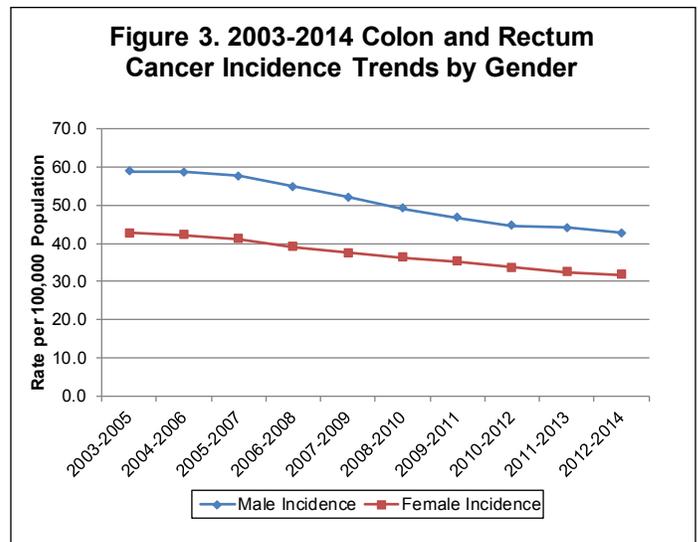
The percentage of cases of colon and rectum cancer from 2010 to 2014 is displayed by age group in Figure 1. About 6 percent of colon and rectum cancer cases were diagnosed in people younger than 45.



Between 2010 and 2014, the age-adjusted incidence rate for colon and rectum cancer in North Carolina was 37.7 per 100,000 persons per year. Black males have the highest incidence rate for colon and rectum cancer (Figure 2).

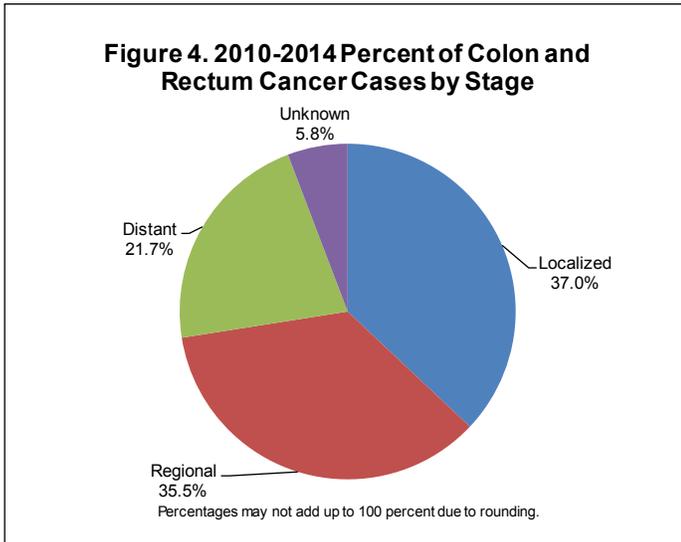


From 2003 to 2014, colon and rectum cancer incidence rates have decreased for both men and women (Figure 3).

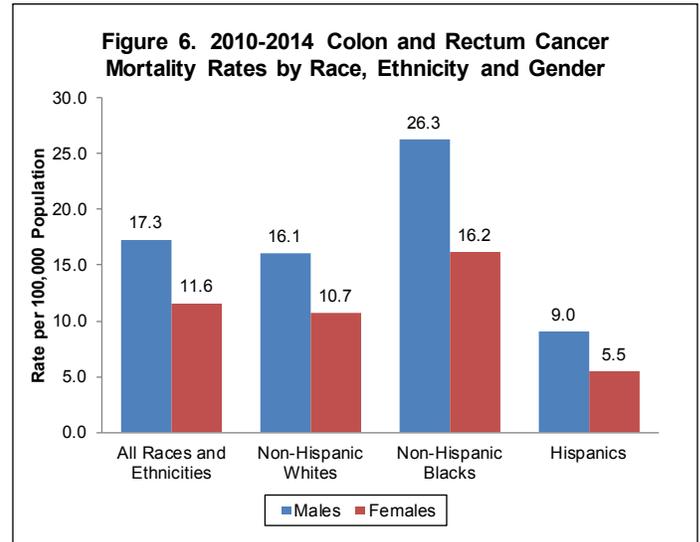


Stage at Diagnosis*

Figure 4 shows the stage distribution of colon and rectum cancer cases diagnosed between 2010 and 2014. Approximately 73 percent of colon and rectum cancer cases were diagnosed at the localized or regional stage.

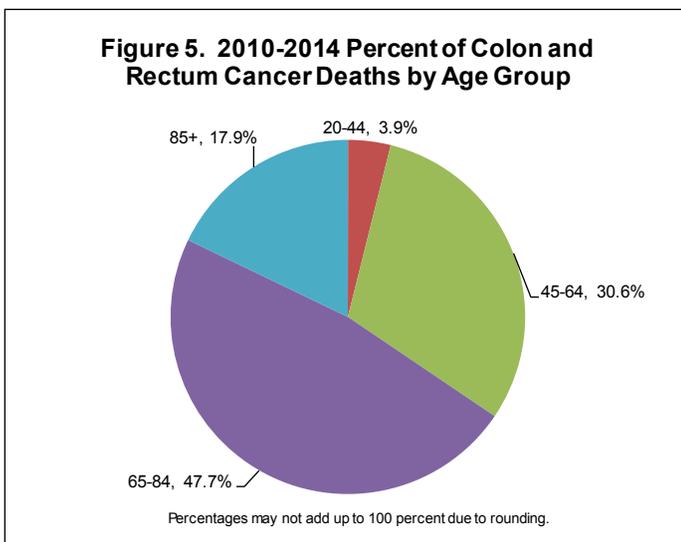


The age-adjusted mortality rate of colon and rectum cancer from 2010 to 2014 was 14.1 per 100,000 persons per year. When comparing colon and rectum cancer rates by race and ethnicity, non-Hispanic blacks have the highest mortality rate (Figure 6).

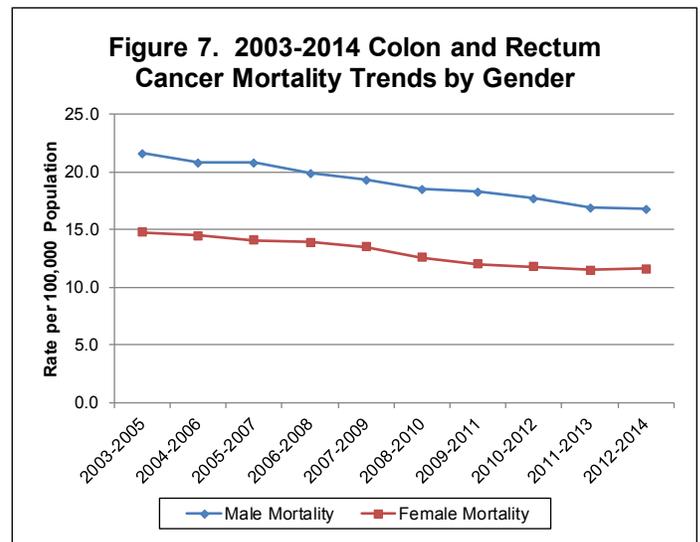


Mortality

Between 2010 and 2014, the percentage of colon and rectum cancer deaths is displayed by age group in Figure 5. About half of deaths occurred in people ages 65 to 84.



From 2003 to 2014, colon and rectum cancer mortality rates have decreased for both men and women (Figure 7).



Data Sources and Methods

Data on North Carolina cases were obtained from the North Carolina Central Cancer Registry (CCR). Hospitals are the primary source of data. The CCR supplements hospital data with reports from physicians who diagnose cases in a non-hospital setting. The CCR also collects data from pathology laboratories and freestanding treatment centers. Data on cancer deaths were obtained from Statistical Services in the State Center for Health Statistics. Population data from the National Center for Health Statistics were used in the denominators of the rates, which are expressed per 100,000 persons. Rates were age-adjusted using the 2000 United States Census data. To examine trends, three-year overlapping rates were used to improve stability over time. Stage at diagnosis was defined according to Surveillance, Epidemiology, and End Results Summary Stage guidelines as in situ, localized, regional, distant and unknown/NA. For further information about the North Carolina CCR, please visit www.schs.state.nc.us/units/ccr.

* According to the National Cancer Institute (NCI), "many cancer registries, such as NCI's Surveillance, Epidemiology, and End Results Program (SEER), use summary staging. This system is used for all types of cancer. It groups cancer cases into five main categories: **In situ**—Abnormal cells are present only in the layer of cells in which they developed. **Localized**—Cancer is limited to the organ in which it began, without evidence of spread. **Regional**—Cancer has spread beyond the primary site to nearby lymph nodes or organs and tissues. **Distant**—Cancer has spread from the primary site to distant organs or distant lymph nodes. **Unknown**—There is not enough information to determine the stage." Additional information on staging can be found at www.cancer.gov/cancertopics/factsheet/detection/staging.