

Colorectal Cancer Awareness Month, March 2017 Resolution

WHEREAS, colorectal cancer is the second leading cause of cancer deaths in Californians, with 14,033 new cases and 5,157 deaths observed in 2013ⁱ; and

WHEREAS, colorectal cancer is treatable, curable, and in many cases, completely preventable; and

WHEREAS, when colorectal cancers are detected at an early stage, survival is 92%ⁱ; and

WHEREAS, colorectal cancer is known as a silent killer because symptoms only show up in the later stages of the disease; and

WHEREAS, with proper screening, colorectal cancer can be prevented or, if found early, treated and cured; and

WHEREAS, in 2014, only 55% of California adults ages 50+ had received a sigmoidoscopy or colonoscopy and 19% had received a fecal occult blood test (FOBT) to screen for colorectal cancerⁱ; and

WHEREAS, according to the U.S. Preventive Services Task Force, access to appropriate use of colorectal cancer screening tests, such as colonoscopy, sigmoidoscopy, and fecal occult blood test (FOBT)/fecal immunochemical test (FIT), could reduce death rates of colon cancer up to 66 percentⁱⁱ; and

WHEREAS, according to the American Cancer Society, in 2013, only about 42% of colorectal cancers were diagnosed at an early, more treatable and curable stageⁱ; and

WHEREAS, the uninsured, underinsured and underserved are least likely to get screening for colorectal cancerⁱⁱⁱ, which means they are more likely to be diagnosed at a late stage when chances of survival drop to 14% percentⁱ; and

WHEREAS, colorectal cancer screening is one of the most cost-effective prevention measures in health care, more cost-effective than breast or prostate cancer screening^{iv}; and

WHEREAS, African Americans have the highest colorectal cancer incidence and mortality rates of all racial groups in this country^v; and

WHEREAS, in California, colorectal cancer is the most common cancer among Korean and Kampuchean men; the second most common cancer among Hispanic, Japanese, South Asian, and Pacific Islander men, and the second most common cancer among Filipino, Hispanic, Japanese, Korean, Laotian, Vietnamese and Hmong womenⁱ; and

WHEREAS, the California Colorectal Cancer Coalition (C4) is a nonprofit organization established to increase colorectal cancer screening rates in an effort to decrease mortality associated with the disease, and implement strategies to reduce disparities in colorectal cancer screening, diagnosis and treatment among underserved populations in California; and

WHEREAS, the American Cancer Society Cancer Action Network (ACS CAN) is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. ACS CAN supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem; and

WHEREAS, the California Colorectal Cancer Coalition (C4) and the American Cancer Society Cancer Action Network (ACS CAN) encourage Californians to discuss the colorectal cancer screening test that is best for them with their doctors and believes that the best test is the one you have done now; THEREFORE,

BE IT RESOLVED that the California Legislature designates March 2017 as “Colorectal Cancer Awareness Month.”

ⁱ American Cancer Society, California Department of Public Health, California Cancer Registry. California Cancer Facts and Figures 2016. Oakland, CA: American Cancer Society, Inc. California Division.

ⁱⁱ Ann Intern Med. 2008; 149:659-669, Zauber A, Lansdorp-Vogelarr I, Knudsen A, et al, Evaluating Test Strategies for Colorectal Cancer Screening.

ⁱⁱⁱ Ward E, Jemal A, Cokkinides V, Singh GK, Cardinez D, Ghafoor A, et al. Cancer disparities by race/ethnicity and socioeconomic status. CA Cancer J Clin 2004;54(2):78-93.

^{iv} American Journal of Preventive Medicine, 2006, “Priorities Among Effective Clinical Preventive Services,” Maciosek et al

^v American Cancer Society Colorectal Cancer Facts & Figures 2017-2019. Atlanta: American Cancer Society, 2017.