

Colorectal Cancer Screening Fact Sheet

Deaths from colorectal cancer are completely unnecessary. With proper screening, this disease can be prevented or, if found early, it can be treated and cured. Californians are suffering and dying from this disease because they are not getting screened.

According to the Institute of Medicine, access to appropriate use of cancer screening tests could reduce death rates from colon cancer up to 80 percent¹.

Colorectal Cancer Screening is Highly Cost-Effective

Colorectal cancer screening is the most cost-effective cancer screening program – more cost-effective than breast or prostate cancer screening. It is also far more cost-effective than colorectal cancer treatment.

According to the *Journal of Preventive Medicine*, the top four most valuable and cost-effective preventive measures are:

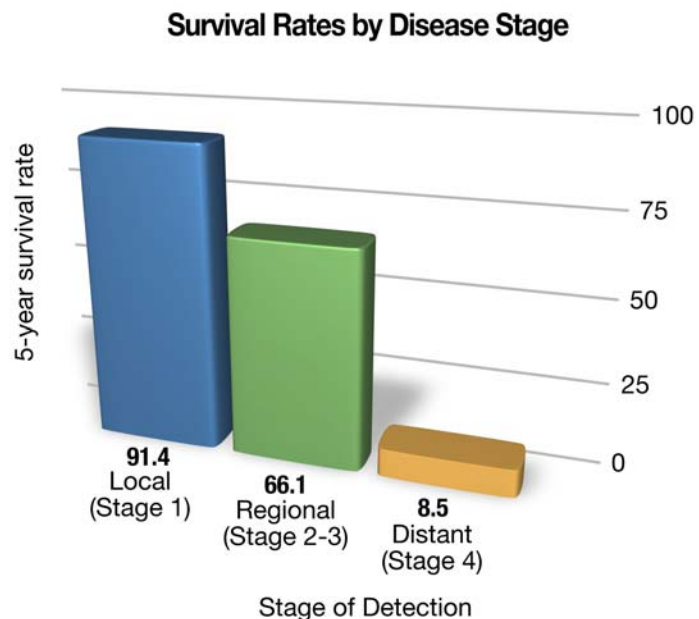
- 1) aspirin therapy
- 2) childhood immunization
- 3) tobacco-use screening and intervention
- 4) **colorectal cancer screening for those over age 50**

The Problem – Access to Screening

The underserved, uninsured and underinsured are least likely to get proper screening and treatment for colorectal cancer.

This often includes minorities and those at lower socioeconomic levels. This means they are more likely to be diagnosed at a late stage, when chances of survival drop to just 9 percent.

Only 44 percent of colorectal cancer is caught at an early stage, according to the American Cancer Society's *California Cancer Facts & Figures 2008*.



¹ Institute of Medicine. Curry S., Byers T. and Hewitt M., eds. 2003. *Fulfilling the Potential of Cancer Prevention and Early Detection*. Washington, DC: National Academy Press, p. 403.

Screening Disparities – Age and Ethnic Factors²

Early and regular screening is the key to survival, and should begin at age 50 for those with no family history of the disease.

Screening rates are low overall. Only 50 percent of eligible Americans are up-to-date with their screening, but there are significant disparities in screening rates.

- Age disparities in screening rates:
 - 42.6 percent age 50-59
 - 56.6 percent, age 60-69
 - 57.2 percent, age 70-79

- Ethnic disparities in screening rates:
 - 41.7 percent Asian Americans
 - 45.9 percent Latinos
 - 50.0 percent Whites
 - 51.6 percent African Americans

Screening Disparities – Insurance Factors

In California, more than 20 percent of the population – 6.6 million people – are uninsured.³

Not surprisingly, those with out insurance or access to regular medical care are the least likely to be screened for colorectal cancer.

- Insurance²
 - 31.6 percent, No Insurance
 - 47.9 percent, Private Only
 - 48.3 percent, Medicare Only
 - 67.9 percent, Military

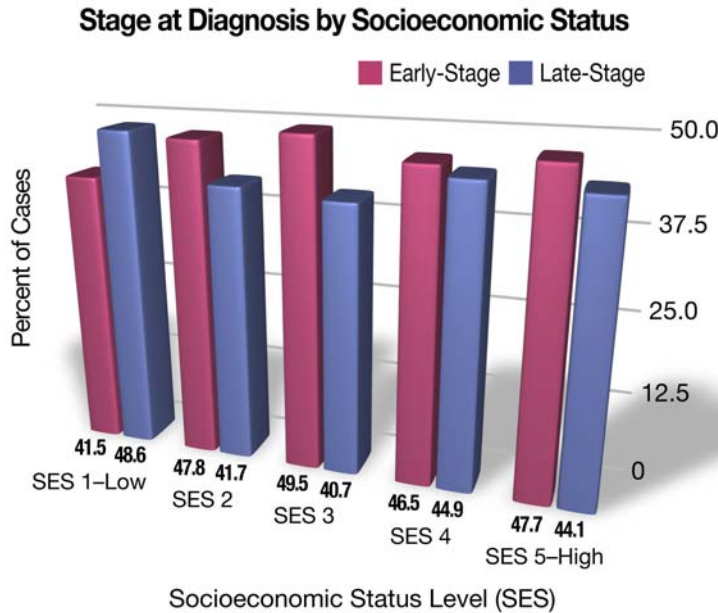
- Usual source of care²
 - 30.5 percent, No
 - 51.0 percent, Yes

² *Shapiro JA, et al. Cancer Epidemiol Biomarkers Prev. 2008; data and analysis provided by Michael Potter, M.D. Professor of Clinical Family and Community Medicine University of California, San Francisco.

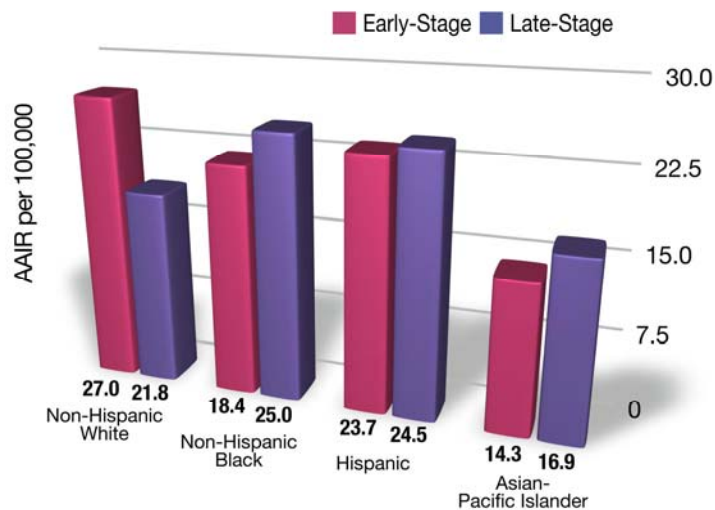
³ Source: California Healthcare Foundation's report *Snapshot: California's Uninsured 2007* November 2007.

Late-Stage Diagnoses – Economic and Ethnic Factors⁴

Stage at diagnosis of colorectal cancer is related to socioeconomic status and screening, both of which are usually related to access to healthcare, regular source of healthcare, immigration status and culture. For those in the lowest socioeconomic group, more of those are diagnosed at a later stage when the prognosis is poor.



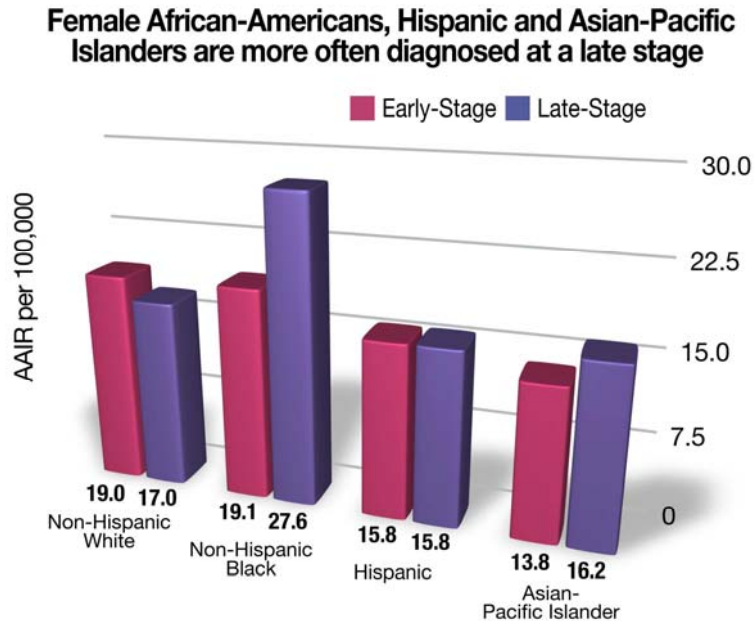
Male African-Americans, Hispanic and Asian-Pacific Islanders are more often diagnosed at a late stage



⁴ Data and analysis provided by Monica Brown, Ph.D., epidemiologist with the California Cancer Registry. Data is for Sacramento area, which is reflective of the overall population of California. Proportion of Colorectal Cancer Cases by SES Level and Stage of Diagnosis, All Races Combined, Sacramento Region, 2001-2005. Stage at Diagnosis of Colorectal Cancer Cases by Sex and Race, 2001-2005-Sacramento Region.

This material was produced by PainePR and made possible through a generous grant from Beckman Coulter.

Late-Stage Diagnoses – Economic and Ethnic Factors (continued)



Screening Methods

Early and regular screening is the key to survival, and should begin at age 50 for people with no family history of the disease.

The best test is the one you can get done.

Some of the screening tests available include:

- High-sensitivity Fecal Occult Blood Testing (FOBT) yearly
- High-sensitivity Fecal Immunochemical Test (FIT) yearly
- Flexible Sigmoidoscopy (FS) every 5 years
- Fecal Occult Blood Testing (FOBT) yearly+ Flexible Sigmoidoscopy (FS) every 5 years
- Colonoscopy every 10 years
- Double Contrast Barium Enema (DCBE) every 5 years
- CT colonography (CTC) every 5 years

C4 encourages individuals to discuss the screening test that is best for them with their doctor.

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