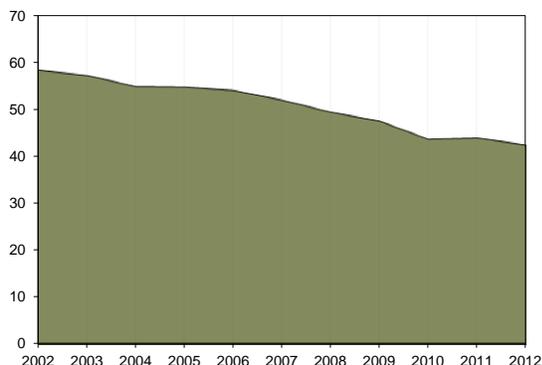


# Colorectal Cancer

## in Pennsylvania

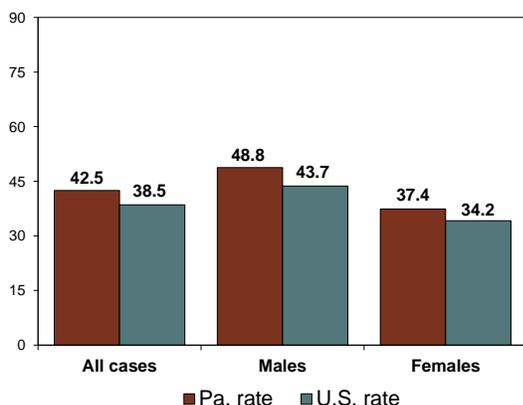
### INCIDENCE:

Age-Adjusted Incidence Rates, Colorectal Cancer  
Pennsylvania Residents, 2002-2012



In 2012, colorectal cancer was the third most common type of cancer diagnosed among both men and women in Pennsylvania. During that year, there were 6,851 cases of invasive colorectal cancer diagnosed among all residents and reported to the Pennsylvania Cancer Registry, for an age-adjusted incidence rate of 42.5 per 100,000. In 2002, there were 8,583 cases reported for a rate of 58.4. As shown in the above chart, age-adjusted rates have generally been declining since 2002, with the lowest rate occurring in 2012.

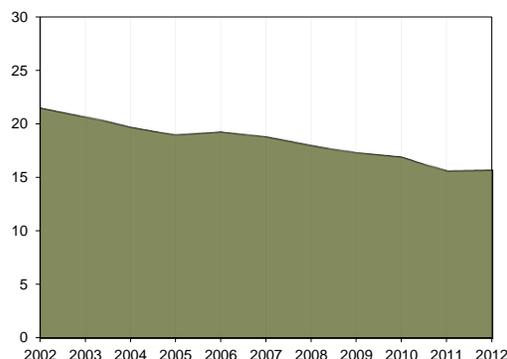
Age-Adjusted Incidence Rates, Colorectal Cancer  
United States and Pennsylvania Residents by Sex, 2012



The bar graph above shows that Pennsylvania's age-adjusted incidence rates for invasive colorectal cancer were considerably higher than comparable United States rates for all cases and among both males and females in 2012. Pennsylvania's rate for all cases was 10.4 percent higher than the United States rate. Pennsylvania's male rate was 11.7 percent higher, and the female rate was 9.4 percent higher compared to the U.S. rates.

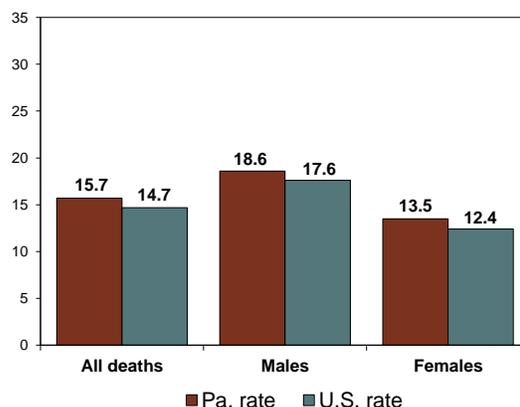
### MORTALITY:

Age-Adjusted Mortality Rates, Colorectal Cancer  
Pennsylvania Residents, 2002-2012



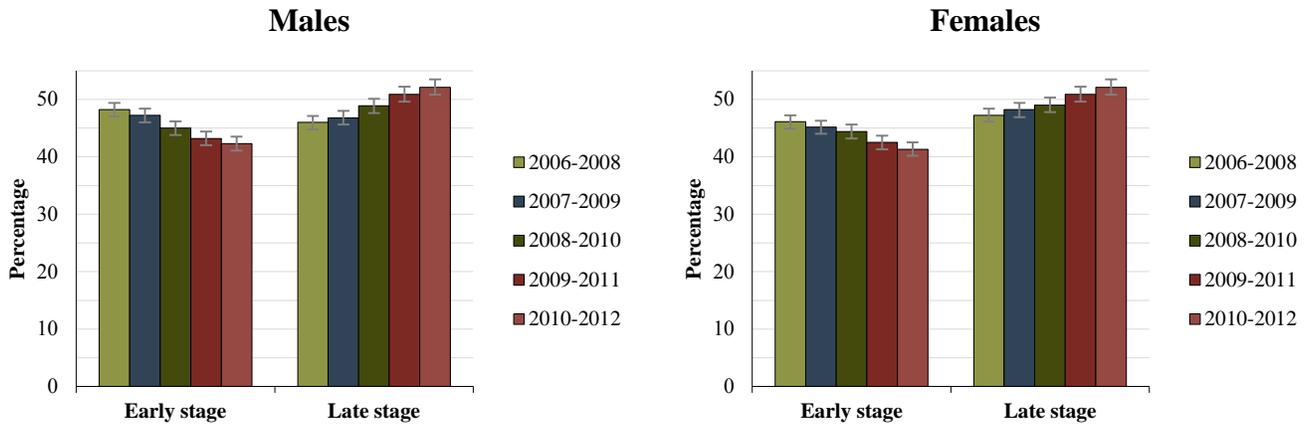
In 2012, for Pennsylvania residents, colorectal cancer was the third most common cause of cancer deaths among both men and women. During that year, there were 2,612 deaths due to colorectal cancer among residents for an age-adjusted mortality rate of 15.7 per 100,000. By comparison, there were 3,197 deaths reported for a rate of 21.6 in 2002. The annual numbers of deaths and age-adjusted mortality rates have rather consistently declined during the 11-year period of 2002-2012.

Age-Adjusted Mortality Rates, Colorectal Cancer  
United States and Pennsylvania Residents by Sex, 2012



The bar graph shows that Pennsylvania's age-adjusted mortality rates for colorectal cancer were higher than comparable United States rates for all deaths and among both sexes in 2012. Mortality rates for colorectal cancer have been consistently higher among males compared to females in both Pennsylvania and the United States. During 2012, male rates were over 37 percent higher than female rates in both Pa. and the U.S.

# STAGE of DISEASE at Time of Diagnosis by Sex, 2006-2012

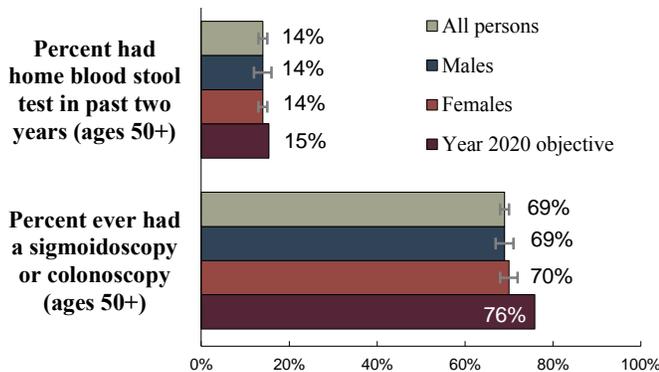


Note: Early stage is the combination of both in situ and local stages; late stage is the combination of both regional and distant stages. Unknown stage is not shown. The symbol represents the 95% confidence interval.

**MALES** - The percentage of colorectal cancers diagnosed at the early stage among male residents has decreased in each successive three-year period from 2006-2008 to 2010-2012, falling from 48.2 in 2006-2008 to a low of 42.3 in 2010-2012. The late stage case percentages have naturally shown an inverse pattern. The late stage percentage has increased in each successive period analyzed, from 46.0 in 2006-2008 to 52.1 in 2010-2012.

**FEMALES** - Among female residents, the percentage of early stage colorectal cancers also decreased in each successive three-year period, falling from 46.1 in 2006-2008 to 41.3 in 2010-2012. Late stage case percentages have increased in each successive three-year period, from a low of 47.2 in 2006-2008 to a high of 52.1 in 2010-2012.

## BEHAVIORAL RISK FACTORS for Colorectal Cancer by Sex Pennsylvania Residents Aged 50 and Older, 2012



NOTE: The symbol represents the 95% confidence interval. Percentages are age-adjusted to the 2000 standard population.

NOTES: This pamphlet was produced by the Division of Health Informatics, Pennsylvania Department of Health. The Division can be contacted by FAX (717-783-3695) or in writing (2150 Herr St., 2nd Floor, Harrisburg, PA 17103). Website is at [www.statistics.health.pa.gov](http://www.statistics.health.pa.gov). The department is an equal opportunity provider of grants, contracts, services and employment. Call the department toll free at 1-877-PA-HEALTH. All the age-adjusted rates that appear here were calculated by the direct method using the 2000 United States standard million population. United States incidence rates are based on data collected by the SEER (Surveillance, Epidemiology, and End Results) program of the National Cancer Institute from nine cancer registries throughout the country that are considered to be reasonably representative subsets of the United States population.

The U.S. Preventative Services Task Force (USPSTF) guidelines recommend screening for colorectal cancer, for persons 50 to 75 years old, by either using a home fecal occult blood test annually, getting a sigmoidoscopy every five years and fecal occult blood testing every three years, or getting a colonoscopy every 10 years.

**HOME BLOOD STOOL TEST** - Results from the 2012 statewide sample telephone survey conducted by the Pennsylvania Department of Health's Behavioral Risk Factor Surveillance System (BRFSS) showed that the age-adjusted percentage of Pennsylvania adults aged 50 and older who had taken a home fecal occult blood test in the past two years was 14 percent. The objective is to reach 15.4 percent by 2020.

**SIGMOIDOSCOPY OR COLONOSCOPY** - According to 2012 BRFSS data, the age-adjusted percentage of Pennsylvania adults aged 50 and older have ever had a sigmoidoscopy or colonoscopy was 69 percent. Among males aged 50 and older, 69 percent reported having ever had such an examination, while among females, 70 percent reported ever having had the exam. The objective is to increase the percentage of adults aged 50 and older who have ever had a sigmoidoscopy or colonoscopy by 10 percent between 2012 and 2020 to 75.9 percent.