

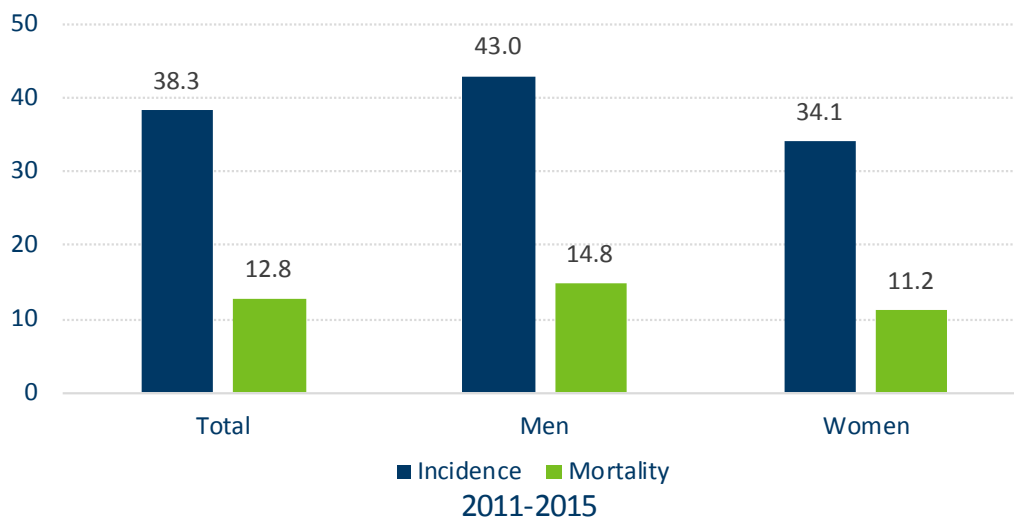
Colorectal Cancer Facts & Figures

INCIDENCE AND MORTALITY IN MINNESOTA

Colorectal cancer is the third most common cancer diagnosis in Minnesota¹

- Since 1988, more than 68,000 Minnesotans had a newly diagnosed colorectal cancer and nearly 25,000 Minnesotans died from colorectal cancer.
- Men have greater colorectal cancer incidence and mortality than women. The difference in rates between men and women may reflect differences in diet, smoking rates, colorectal cancer screening rates, and sex hormones².

Colorectal cancer incidence and mortality rates are greater for men than women



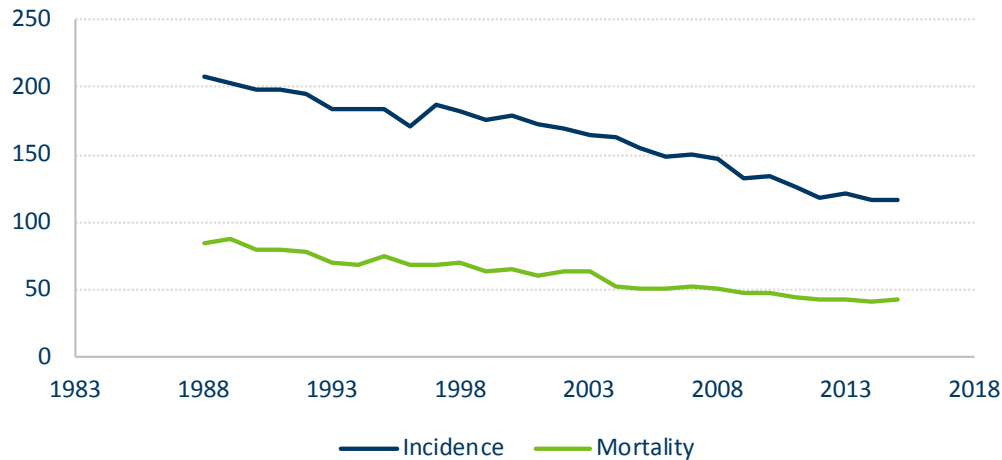
Trends in colorectal cancer incidence and mortality differ by age

- This cancer is common among adults. In fact, the majority (90%) of colorectal cancers are diagnosed people who are 50 or more years of age.
- For Minnesotans 50 or more years of age, the incidence and mortality of colorectal cancer has decreased since 2006 – with decreases of 3.1% per year for incidence and 2.8% per year for mortality.
- By contrast, for Minnesotans between ages 20 and 49 years, incidence and mortality of colorectal cancer has increased since 2006 – with increases of 2.0% per year for incidence and relatively stable for mortality.

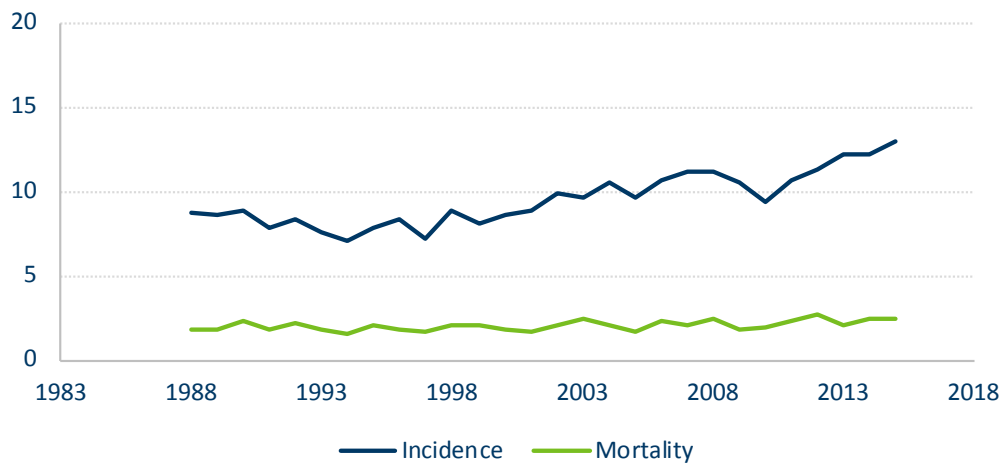
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- Trends in national data for colorectal cancer incidence and mortality show similar patterns by age³. The exact reasons for the increased incidence among younger adults are unknown. But possible explanations include increases in the prevalence of diabetes and obesity, and other factors that increase the risk of developing colorectal cancer.⁴

Colorectal cancer incidence and mortality rates for Minnesotans age 50 or more years have decreased



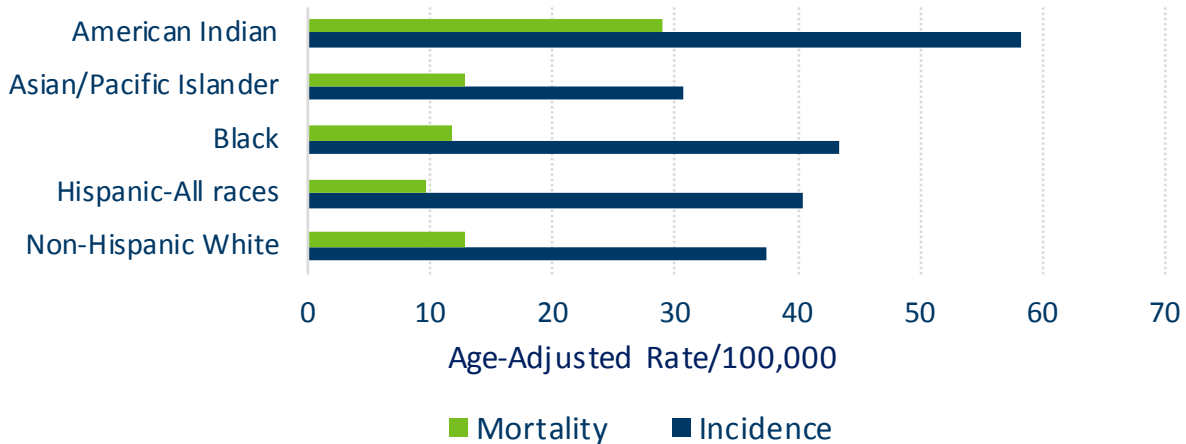
Colorectal cancer incidence and mortality rates for Minnesotans age 20-49 years have increased



Racial and ethnic disparities in colorectal cancer exist

- Minnesotans of different races and ethnicities have varying rates of cancer. Many of these differences may reflect differences in risk factors as well as access to care.

Colorectal cancer incidence and mortality is highest among American Indians

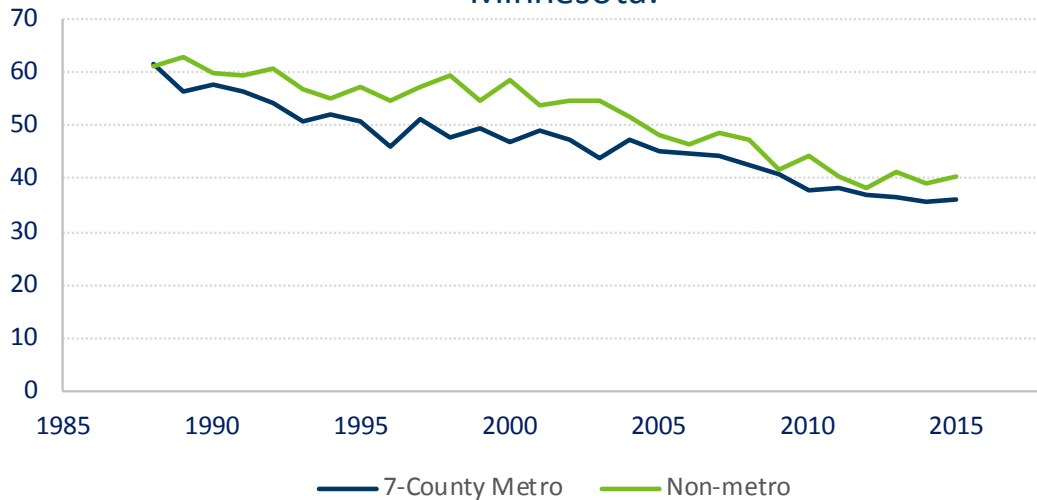


Colorectal cancer incidence and mortality differ across Minnesota regions

- The rates for colorectal cancer incidence and mortality rates are lower in the 7-county metropolitan area compared to the rest of Minnesota. Based on 2011-2015 data, the overall incidence and mortality rates for colorectal cancer in the seven-county Metro were 36.6 per 100,000 and 12.1 per 100,000, compared to the incidence and mortality rates of 39.7 per 100,000 and 13.5 per 100,000 for the remaining 80 counties of Minnesota.
- Urban-rural health disparities are a long-standing public health problem in Minnesota. Differences seen in colorectal cancer incidence and mortality likely stem from a combination of low colorectal cancer screening rates in rural areas,⁵ the availability of physicians in urban vs. rural areas,⁶ and sociodemographic factors such as income and education that contribute to barriers to access to care.⁷

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Colorectal cancer incidence has been historically lower in the Twin Cities Metro compared to Greater Minnesota.



Colorectal cancer symptoms

- Symptoms vary from person to person⁸. They can include:
 - A change in bowel habits, including: diarrhea, constipation, or a change in stool consistency that lasts longer than 4 weeks
 - Rectal bleeding or blood in your stool, including black, tarry stools
 - Persistent abdominal discomfort such as a cramps, gas, or pain
 - A feeling that your bowel doesn't empty completely
 - Weakness or fatigue
 - Unexplained weight loss

Colorectal cancer risk factors

- As we age, our risk of colorectal cancer increases because of accumulated errors in replication and exposure to mutagens over our lifetime.
- Lifestyle behaviors can increase the risk of colorectal cancer. These include alcohol consumption, poor diet, physical inactivity, and smoking.
- Various conditions such as diabetes and obesity also increase the risk of colorectal cancer.
- Certain genetic diseases predispose people to higher rates of colorectal cancer, including: ulcerative colitis, Crohn's, Familial Adenomatous Polyposis (FAP), or Lynch syndrome.
- Your risk of colorectal cancer also increases if a family member has had colon cancer⁹.

Ways to prevent or lower your risk of colorectal cancer

- According to the guidelines from the U.S. Preventative Services Task Force (USPSTF), men and women of average risk (those without genetic risk factors or a family history of colorectal cancer) should be screened beginning at age 50 through age 75.
- Based on new recommendations from the American college of Gastroenterology, African Americans should begin screening at age 45 due to their higher national incidence rate of colorectal cancer¹⁰.
- Screening should begin earlier based on a doctor’s recommendation for those at increased risk, such as a personal history of inflammatory bowel disease, a family or personal history of colorectal cancer, or a known family history of a hereditary syndrome such as Familial Adenomatous Polyposis (FAP), or Lynch syndrome.
- Screening can be performed in a variety of ways including:
 - A colonoscopy every 10 years
 - A flexible sigmoidoscopy or CT colonography every 5 years
 - Stool DNA test every 1-3 years
 - Fecal occult blood test or fecal immunochemical test every year¹¹

SAGE [Scopes Colorectal Cancer Screening Program](https://www.health.state.mn.us/diseases/cancer/scopes/index.html) (<https://www.health.state.mn.us/diseases/cancer/scopes/index.html>) offers free colonoscopies for eligible men and women who meet age, insurance and income criteria. For more information, please see [Sage Cancer Screening](https://www.health.state.mn.us/diseases/cancer/sage/index.html) (<https://www.health.state.mn.us/diseases/cancer/sage/index.html>).

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Minnesota Department of Health
Minnesota Cancer Reporting System
PO Box 64882
St. Paul, MN 55164-0822
651-201-5900
health.mcrs@state.mn.us
www.health.state.mn.us

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