Utah Health Status Update:

Colon Cancer in Utah

January 2007

Utah Department of Health

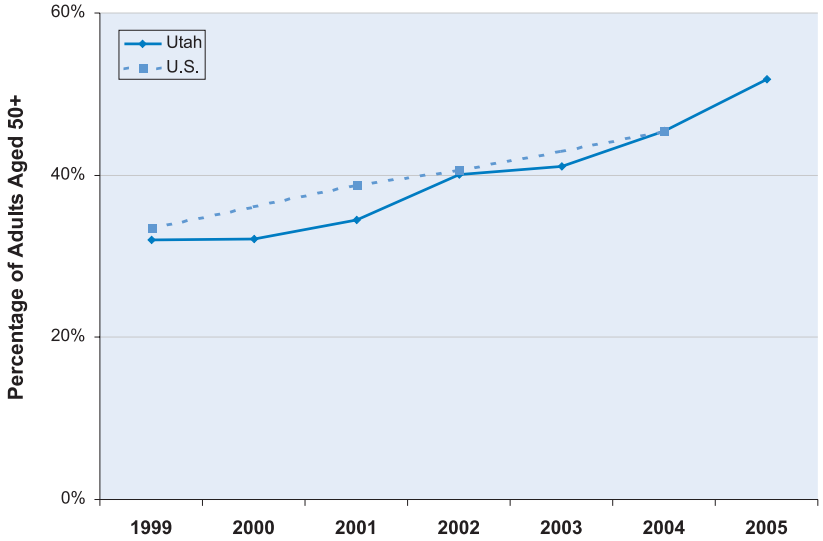
Colorectal cancer is the third most commonly diagnosed cancer in men and women. According to the American Cancer Society's Facts and Figures, there were an estimated 148,610 new cases of colorectal cancer in the United States in 2006, with an estimated 920 of those cases in Utah. Although the relative 5-year survival rate increases from 67 to 90 percent when colorectal cancer is diagnosed and treated in its early stages, disparities exist in the percentage of Utahns who report having a sigmoidoscopy or colonoscopy in the last five years. According to the 2005 Utah BRFSS survey, insurance status and geographic location are two factors that may contribute to differences in screening rates.

Colorectal cancer almost always develops from precancerous polyps (abnormal growths) in the colon or rectum. Screening tests can detect polyps so they can be removed before they turn into cancer. Screening tests can also detect colon cancer in its early stages when it is most treatable. The three most widely used types of colon cancer screening are fecal occult blood testing (FOBT), sigmoidoscopy, and colonoscopy. In the home FOBT test, a person collects several stool samples, places the samples on special cards, and then sends the cards back to the physician or a lab to be tested. During the in-office FOBT, the physician collects a single sample from a patient during a digital rectal exam. A sigmoidoscope is a flexible tube 13.3mm in diameter with an attached camera that is inserted through the rectum and into colon allowing examination of the bottom third of the colon. The difference between colonoscopy and sigmoidoscopy is the invasiveness of the procedure. While a sigmoidoscope is approximately two feet (61cm) long, colonoscopes can be up to six feet (183cm) in length, allowing a physician to examine the entire colon. If a polyp or colorectal cancer is found during a sigmoidoscopy, a colonoscopy will need to be done to remove polyps found during the sigmoidoscopy and to look for other polyps or cancer throughout the entire colon.

The U.S. Preventive Services Task Force recommends that beginning at age fifty, both men and women at average risk have an FOBT every year, a flexible sigmoidoscopy every 5 years, or a colonoscopy every 10 years. Although a combination of FOBT and sigmoidoscopy may detect more cancers and large polyps than either test alone, an FOBT should

Utah vs. U.S.

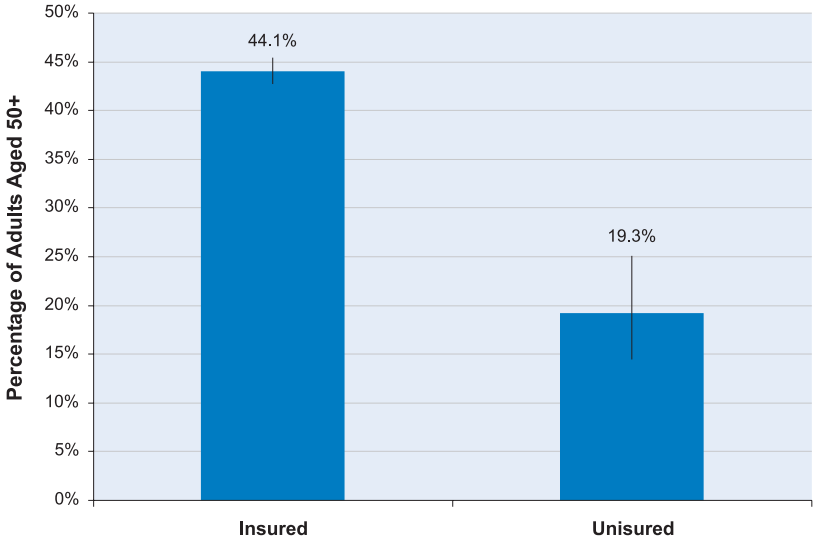
Figure 1. Percentage of adults aged 50 and older who reported having a colonoscopy or sigmoidoscopy in the past five years, Utah and U.S., 1999–2005



Source: Utah Behavioral Risk Factor Surveillance System

Insurance Status

Figure 2. Percentage of adults aged 50 and older who reported having a colonoscopy or sigmoidoscopy in the past five years by insurance status, Utah, 2001–2005



Source: Utah Behavioral Risk Factor Surveillance System

precede sigmoidoscopy, because a positive test result is an indication for colonoscopy, eliminating the need for sigmoidoscopy. For those at high risk, including those who have inflammatory bowel disease or a personal or family history of colon cancer, more frequent screenings are recommended.

In Utah, the percentage of adults who reported having a colonoscopy or sigmoidoscopy in the last five years reflects national statistics, increasing from 32.0 in 1999 to 51.8 in 2005 (Figure 1).

Lack of health insurance coverage is associated with lower colorectal cancer screening rates. Insured Utahns 50 or older were twice as likely to report having a colonoscopy or sigmoidoscopy in the past five years than those without insurance (Figure 2).

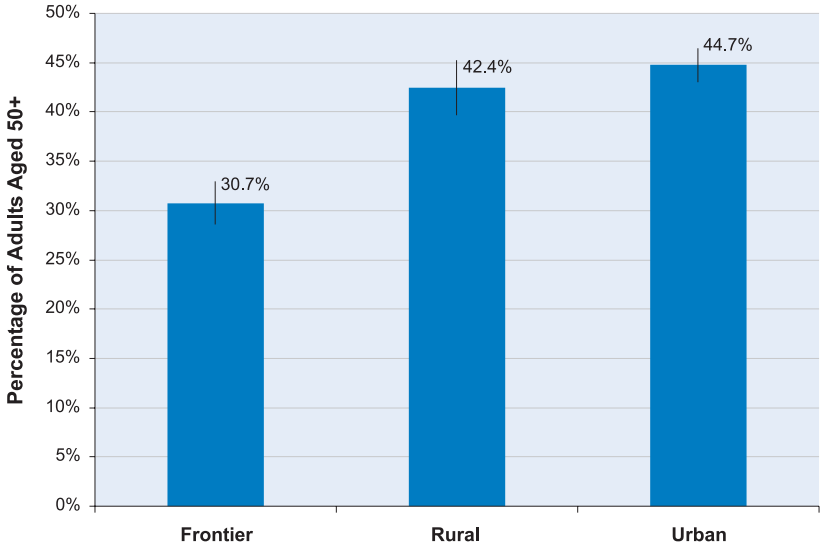
In 2005, of the 29 counties in Utah, 15 were classified as frontier (six or less persons per square mile), 10 were classified as rural (more than six and less than one hundred persons per square mile) and only four were classified as urban (one hundred or more persons per square mile). Utahns aged 50 and older living in rural and frontier counties were less likely to be screened for colon cancer, which may indicate that geographic access to care was a barrier to being screened (Figure 3).

Although colorectal cancer is no longer considered exclusively a "man's disease," men have had a higher age-adjusted incidence rate of colorectal cancer than women across all age groups from 1999–2003. As would be expected, both male and female incidence and mortality increased with age (Figure 4).

Although colorectal cancer screening rates have steadily increased over the past five years, additional education on colorectal cancer screening as well as an explanation of available services for all Utahns aged 50 and over is needed, particularly in rural and frontier communities. In addition, a discrepancy exists between those with health insurance and the uninsured, suggesting that to reduce the incidence and mortality of colorectal cancer the problem of health insurance coverage must be addressed. In an effort to improve screening rates for colon cancer, the Utah Department of Health and the Utah Cancer Action Network have joined to educate Utahns about the importance of colorectal cancer screening.

Geographic Location

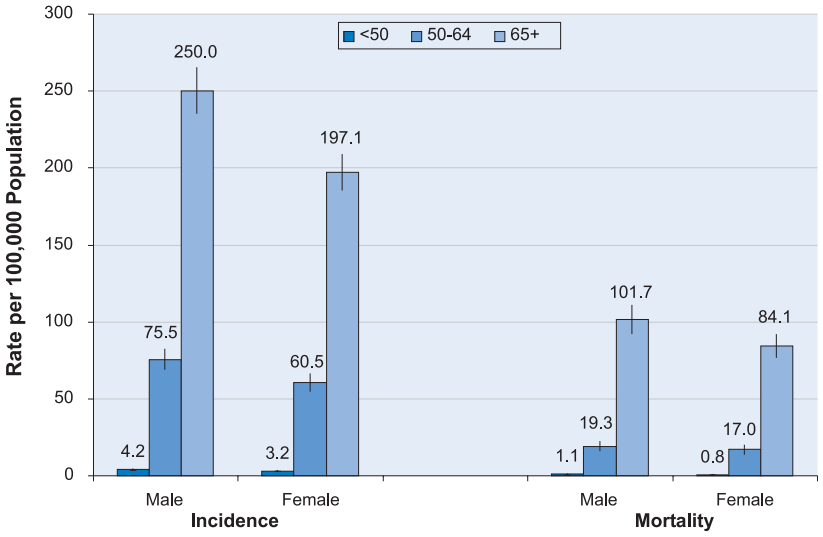
Figure 3. Percentage of adults aged 50 and older who reported having a colonoscopy or sigmoidoscopy in the past five years by county status, Utah, 2001–2005



Source: Utah Behavioral Risk Factor Surveillance System

Incidence and Mortality

Figure 4. Age-specific colorectal cancer incidence and mortality rates by sex, Utah, 1999–2003



Source: Office of Vital Records and Statistics and Utah Cancer Registry

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Monthly Health Indicators Report

(Data Through November 2006)

Monthly Report of Notifiable Diseases, November 2006	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (Campylobacter)	16	7	263	260	1.0
Enterotoxigenic Escherichia coli (E. coli)	10	3	143	78	1.8
Hepatitis A (infectious hepatitis)	0	3	12	42	0.3
Hepatitis B (serum hepatitis)	1	4	24	39	0.6
Influenza†	Weekly updates at http://health.utah.gov/epi/diseases/flu				
Measles (Rubeola, Hard Measles)	0	0	0	0	--
Meningococcal Diseases	0	1	5	7	0.7
Norovirus	5	0*	10	11*	0.9
Pertussis (Whooping Cough)	53	29	747	221	3.4
Salmonellosis (Salmonella)	15	5	255	244	1.0
Shigellosis (Shigella)	8	3	73	47	1.6
Varicella (Chickenpox)	119	56*	815	485*	1.7
Viral Meningitis	8	7	73	159	0.5

Notifiable Diseases Reported Quarterly, 3rd Qtr 2006	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV	20	19	130	60	2.2
AIDS	13	12	50	38	1.3
Chlamydia	1,348	1,042	3,717	2,577	1.4
Gonorrhea	190	128	623	316	2.0
Tuberculosis	8	12	25	27	0.9

Program Enrollment for the Month of November 2006	Current Month	Previous Month	% Change§ From Previous Month	1 Year Ago	% Change§ From 1 Year Ago
Medicaid	165,56	165,357	+0.1%	179,000	-7.6%
PCN (Primary Care Network)	17,028	17,372	-2.0%	12,287	+38.6%
CHIP (Children's Health Ins. Plan)	34,074	35,270	-3.4%	34,008	+0.2%

Medicaid Expenditures (in Millions) for the Month of November 2006	Current Month	Expected/ Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	$ 5.6	$ 7.8	$ 38.45	$ 40.66	($ 2.2)
Inpatient Hospital	$ 15.1	$ 18.7	$ 47.34	$ 48.14	($ 0.8)
Outpatient Hospital	$ 5.6	$ 7.0	$ 21.26	$ 20.75	$ 0.5
Long Term Care	$ 13.2	$ 14.5	$ 57.16	$ 56.84	$ 0.3
Pharmacy	$ 9.9	$ 13.4	$ 39.32	$ 40.42	($ 1.1)
Physician/Osteo Services	$ 8.9	$ 4.8	$ 20.39	$ 20.63	($ 0.2)
TOTAL HCF MEDICAID	$ 117.3	$ 120.26	$ 422.93	$ 436.60	($ 13.7)

Health Care System Measures	Number of Events	Rate per 100 Population	% Change§ From Previous Year	Total Charges in Millions	% Change§ From Previous Year
Overall Hospitalizations (2005)	268,652	10.0%	-1.3%	$ 3,501.7	+8.6%
Non-maternity Hospitalizations (2005)	161,474	5.8%	-1.6%	$ 2,914.5	+8.2%
Emergency Department Encounters (2004)	627,078	24.2%	-4.2%	$ 456.6	+14.7%
Outpatient Surgery (2004)	303,123	11.7%	+6.0%	$ 845.3	+15.6%

Annual Community Health Measures	Current Data Year	Population at Risk	Number Affected	Percent/ Rate	% Change§ From Previous Year
Overweight and Obesity (Adults 18+)	2005	1,740,474	942,900	54.2%	-3.9%
Cigarette Smoking (Adults 18+)	2005	1,740,474	200,600	11.5%	+9.7%
Influenza Immunization (Adults 65+)	2005	212,582	148,300	69.7%	-7.6%
Health Insurance Coverage (Uninsured)	2005	2,528,926	292,800	11.6%	+13.5%
Motor Vehicle Crash Injury Deaths	2005	2,528,926	292	11.6 / 100,000	-4.5%
Suicide Deaths	2005	2,528,926	344	13.6 / 100,000	-11.1%
Diabetes Prevalence	2005	2,528,926	104,200	4.1%	+8.7%
Coronary Heart Disease Deaths	2005	2,528,926	1,567	62.0 / 100,000	-4.6%
All Cancer Deaths	2005	2,528,926	2,512	99.3 / 100,000	+0.4%
Births to Adolescents (Ages 15-17)	2005	58,374	917	15.7 / 1,000	+5.8%
Early Prenatal Care	2005	51,517	40,587	78.8%	+1.0%
Infant Mortality	2005	51,517	231	4.5 / 1,000	-13.3%
Childhood Immunization (4:3:1:3:3)	2005	50,043	37,100	74.1%	+3.9%

* Due to limited historical data, the average is based upon 3 years of data for norovirus, varicella, and West Nile virus infections.
† Influenza surveillance has begun for the 2006 season. Low levels have been detected. More information can be found at http://health.utah.gov/epi/diseases/flu
§ % Change could be due to random variation.
Note: Active surveillance has ended for West Nile Virus until the 2007 season.