

# Utah Health Status Update:

## Colon Cancer in Utah

January 2007

Utah Department of Health

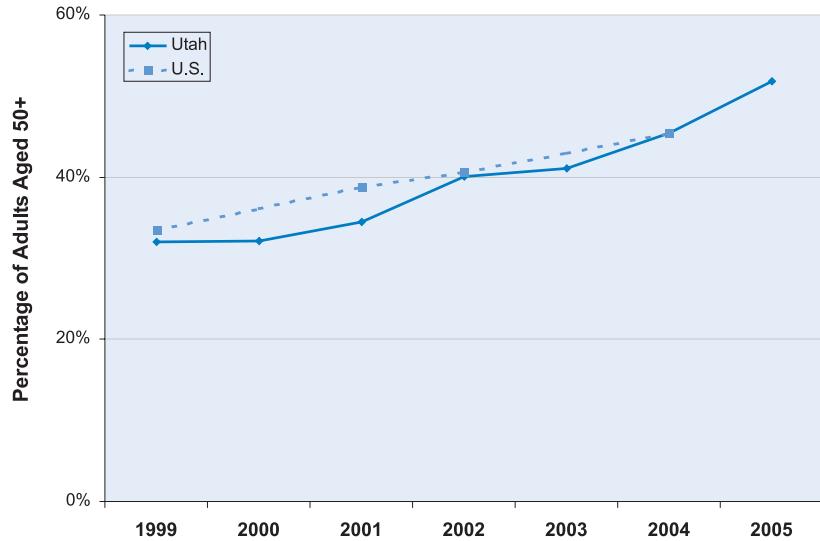
Colorectal cancer is the third most commonly diagnosed cancer in men and women. According to the American Cancer Society's Facts and Figures, there were an estimated 148,610 new cases of colorectal cancer in the United States in 2006, with an estimated 920 of those cases in Utah. Although the relative 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

### Utah vs. U.S.

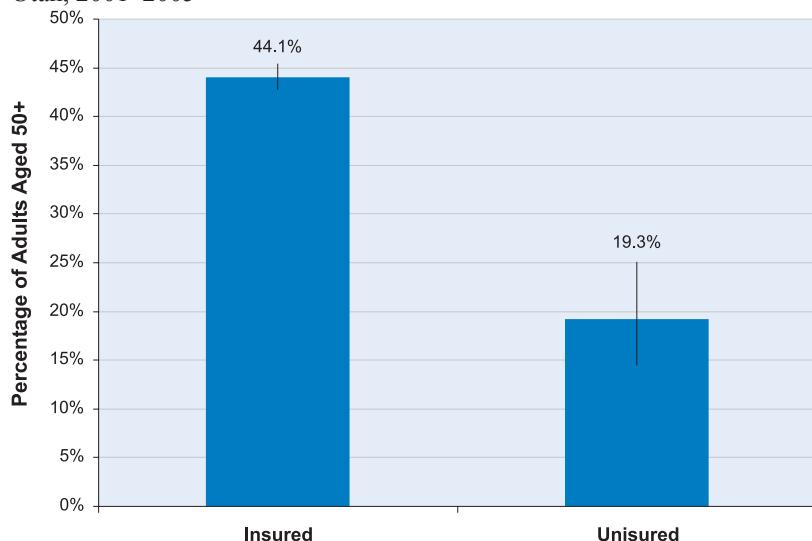
Figure 1. Percentage of adults aged 50 and older who reported having a colonoscopy or sigmoidoscopy in the past five years, Utah and U.S., 1999–2005



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

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

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).

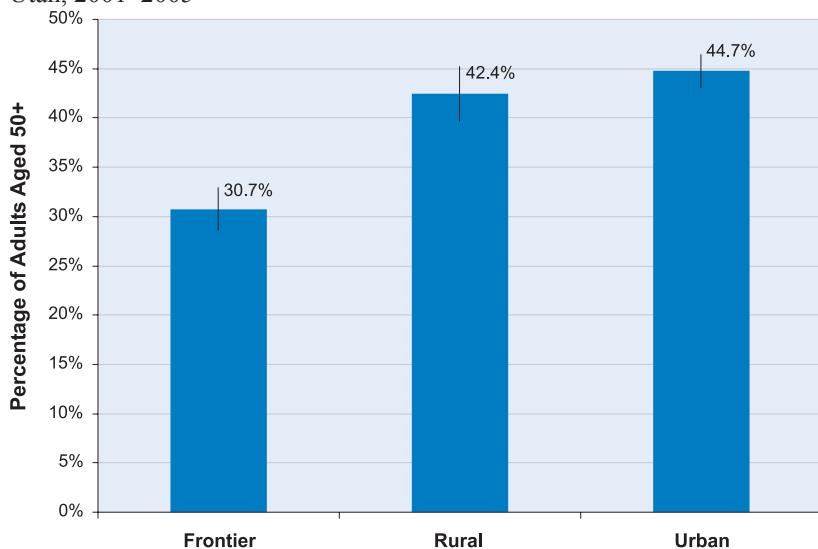
In 2005, of the 29 counties in Utah, 15 were classified as frontier (six or less persons per square mile), 10 were classified as rural (more than six and less than one hundred persons per square mile) and only four were classified as urban (one hundred or more persons per square mile). Utahns aged 50 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

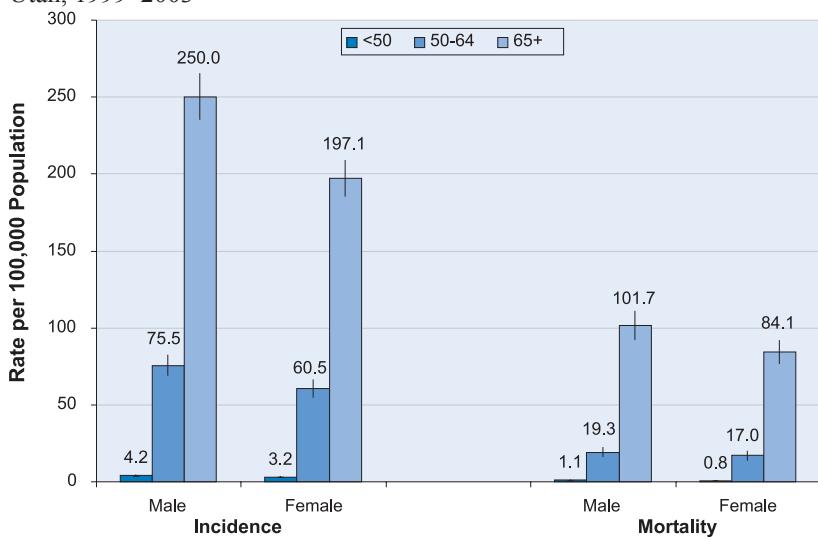
Figure 3. Percentage of adults aged 50 and older who reported having a colonoscopy or sigmoidoscopy in the past five years by county status, Utah, 2001–2005



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

## January 2007 Utah Health Status Update

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# Spotlights for November 2006

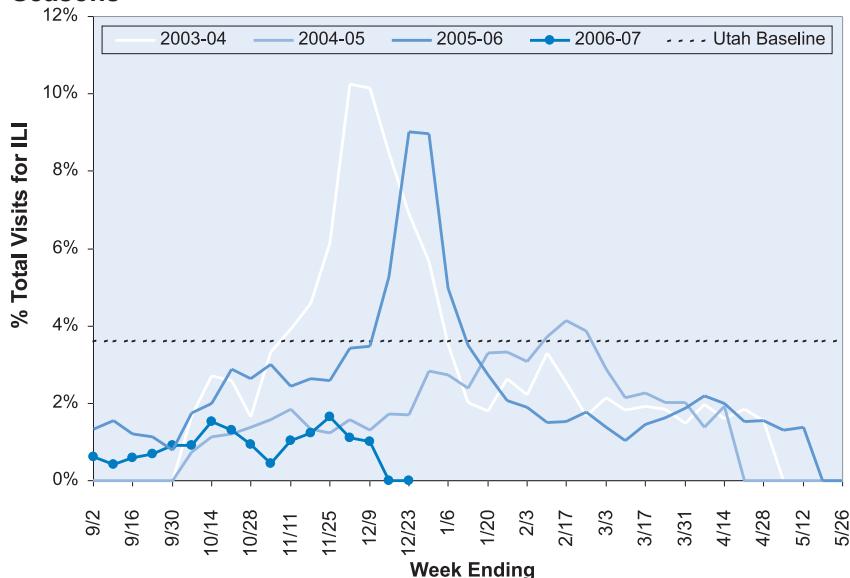
## Breaking News, December 2006

### 2006–2007 Influenza Season Start

Influenza activity in Utah is currently at low levels. Laboratory data suggests several respiratory viruses, including influenza, are circulating at this point in time. This includes parainfluenza, a virus very similar to influenza. Two waves of activity have been detected since September, most likely related to parainfluenza circulation. High levels of student absenteeism continue to occur throughout the state. Influenza circulation often begins among school-aged children.

As of December 15, 2006, 18 influenza-associated hospitalizations have been reported to the UDOH from Cache (1), Carbon (1), Davis (1), Salt Lake (3), Washington (1), and Weber (11) counties. Ten of these cases have been identified with influenza A viruses, five influenza B viruses, and two unknown. Hospitalizations are expected to occur in high-risk populations. As of present, the majority of these hospitalizations appear to be occurring in individuals at high-risk for complications due to age and/or comorbidities.

### Percentage of Visits for Influenza-like Illness (ILI) Reported by Sentinel Providers, Utah, 2006–2007 and Previous Three Influenza Seasons



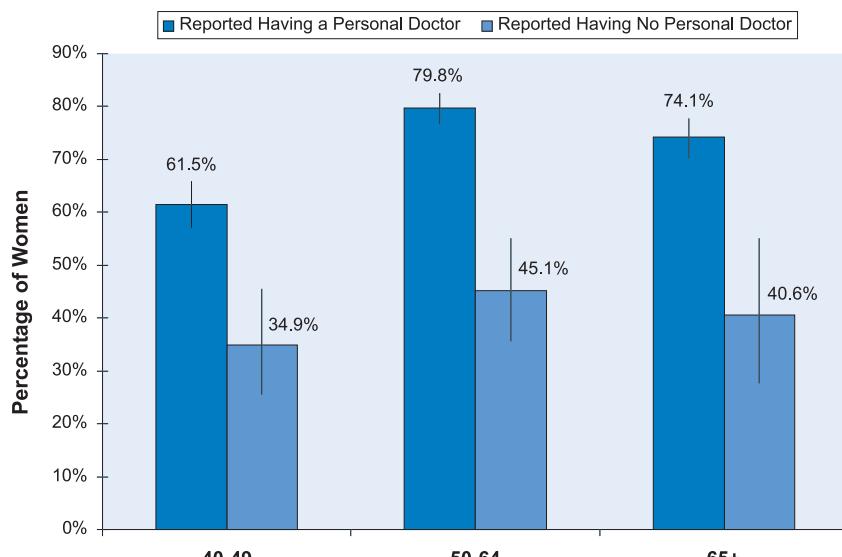
## Community Health Indicators Spotlight, December 2006

### Breast Cancer Screening in Utah

Breast cancer is the leading cause of female cancer death in Utah. In order to decrease breast cancer mortality, there is consensus that women aged 40 and older undergo routine screening with mammography at least every two years. The percentage of Utah women aged 40 and above who reported having a mammogram in the past two years has increased from 51.6% in 1989 to 66.4% in 2004. One factor that increases the likelihood of mammography utilization is a woman's access to a primary health care provider. Across every age group, women who reported having a personal doctor were significantly more likely to report having had a mammogram (see figure).

The Utah Cancer Control Program offers free breast and cervical cancer screenings to women who meet age and income requirements regardless of access to a primary health care provider. Call 1-800-717-1811 for more information.

### Percentage of Women Aged 40 and Older Who Reported Having a Mammogram in the Past Two Years by Access to a Personal Doctor and Age Group, Utah, 2002 and 2004



Source: Utah Behavioral Risk Factor Surveillance System

# Monthly Health Indicators Report

(Data Through November 2006)

<b>Monthly Report of Notifiable Diseases, November 2006</b>		<b>Current Month # Cases</b>	<b>Current Month # Expected Cases (5-yr average)</b>	<b># Cases YTD</b>	<b># Expected YTD (5-yr average)</b>	<b>YTD Standard Morbidity Ratio (obs/exp)</b>	<b>Medicaid Expenditures (in Millions) for the Month of November 2006</b>		<b>Current Month</b>	<b>Expected/Budgeted for Month</b>	<b>Fiscal YTD</b>	<b>Budgeted Fiscal YTD</b>	<b>Variance - over (under) budget</b>
Campylobacteriosis (Campylobacter)	16	7	263	260	1.0		Capitated Mental Health	\$ 5.6	\$ 7.8	\$ 38.45	\$ 40.66	(\$ 2.2)	
Enterotoxigenic Escherichia coli (E. coli)	10	3	143	78	1.8		Inpatient Hospital	\$ 15.1	\$ 18.7	\$ 47.34	\$ 48.14	(\$ 0.8)	
Hepatitis A (infectious hepatitis)	0	3	12	42	0.3		Outpatient Hospital	\$ 5.6	\$ 7.0	\$ 21.26	\$ 20.75	\$ 0.5	
Hepatitis B (serum hepatitis)	1	4	24	39	0.6		Long Term Care	\$ 13.2	\$ 14.5	\$ 57.16	\$ 56.84	\$ 0.3	
Influenza <sup>†</sup>	Weekly updates at <a href="http://health.utah.gov/epi/diseases/flu">http://health.utah.gov/epi/diseases/flu</a>						Pharmacy	\$ 9.9	\$ 13.4	\$ 39.32	\$ 40.42	(\$ 1.1)	
Measles (Rubeola, Hard Measles)	0	0	0	0	--		Physician/Osteo Services	\$ 8.9	\$ 4.8	\$ 20.39	\$ 20.63	(\$ 0.2)	
Meningococcal Diseases	0	1	5	7	0.7		TOTAL HCF MEDICAID	\$ 117.3	\$ 120.26	\$ 422.93	\$ 436.60	(\$ 13.7)	
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								
<b>Notifiable Diseases Reported Quarterly, 3rd Qtr 2006</b>		<b>Current Quarter # Cases</b>	<b>Current Quarter # Expected Cases (5-yr average)</b>	<b># Cases YTD</b>	<b># Expected YTD (5-yr average)</b>	<b>YTD Standard Morbidity Ratio (obs/exp)</b>	<b>Health Care System Measures</b>	<b>Number of Events</b>	<b>Rate per 100 Population</b>	<b>% Changes From Previous Year</b>	<b>Total Charges in Millions</b>	<b>% Changes From Previous Year</b>	
HIV	20	19	130	60	2.2		Overall Hospitalizations (2005)	268,652	10.0%	-1.3%	\$ 3,501.7	+8.6%	
AIDS	13	12	50	38	1.3		Non-maternity Hospitalizations (2005)	161,474	5.8%	-1.6%	\$ 2,914.5	+8.2%	
Chlamydia	1,348	1,042	3,717	2,577	1.4		Emergency Department Encounters (2004)	627,078	24.2%	-4.2%	\$ 456.6	+14.7%	
Gonorrhea	190	128	623	316	2.0		Outpatient Surgery (2004)	303,123	11.7%	+6.0%	\$ 845.3	+15.6%	
Tuberculosis	8	12	25	27	0.9								
<b>Program Enrollment for the Month of November 2006</b>		<b>Current Month</b>	<b>Previous Month</b>	<b>% Change<sup>§</sup> From Previous Month</b>	<b>1 Year Ago</b>	<b>% Change<sup>§</sup> From 1 Year Ago</b>	<b>Annual Community Health Measures</b>	<b>Current Data Year</b>	<b>Population at Risk</b>	<b>Number Affected</b>	<b>Percent/Rate</b>	<b>% Changes From Previous Year</b>	
Medicaid	165,56	165,357	+0.1%	179,000		-7.6%	Overweight and Obesity (Adults 18+)	2005	1,740,474	942,900	54.2%	-3.9%	
PCN (Primary Care Network)	17,028	17,372	-2.0%	12,287		+38.6%	Cigarette Smoking (Adults 18+)	2005	1,740,474	200,600	11.5%	+9.7%	
CHIP (Children's Health Ins. Plan)	34,074	35,270	-3.4%	34,008		+0.2%	Influenza Immunization (Adults 65+)	2005	212,582	148,300	69.7%	-7.6%	

\* 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.