

# Colorectal Cancer in West Virginia

## Risk Factors<sup>2</sup>

According to the Centers for Disease Control & Prevention (CDC), research shows that certain risk factors increase the chance a person will develop cancer.

**Age** – more common in people over the age of 50.

**Race** – African-American men and women are at a higher risk.

**Ethnicity** – About 6% of American Jews who are of eastern European descent have DNA changes that increase their risk of colon cancer.

**Inflammatory bowel disease** – Crohn's disease or ulcerative colitis.

**Family history** of colorectal cancer or colorectal polyps.

**Genetic syndrome** such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (Lynch Syndrome).

**Lifestyle** – overweight, smoking, heavy alcohol use, lack of regular physical activity, low fruit and vegetable intake, a low-fiber and high-fat diet.

While many risk factors are beyond control, there are steps to take to lessen chances of developing cancer.

**For more information, please contact the West Virginia Division of Health Promotion and Chronic Disease**

<http://www.dhhr.wv.gov/hpcd>  
**304-356-4193**

## What is colorectal cancer?<sup>1</sup>

Colorectal cancer is cancer that occurs in the colon or rectum. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus. The wall of the colon and rectum is made up of several layers.

Before colorectal cancer develops, it usually begins as a non-cancerous polyp on the inner lining of the colon or rectum. Though most polyps will not become cancerous, detecting and removing them through screening can actually prevent cancer from occurring.



If cancer forms in a polyp, it can eventually begin to grow into the wall of the colon or rectum which can then grow into blood or lymph vessels.

Once cancer cells spread into the blood or lymph vessels, they can travel to nearby lymph nodes or to distant parts of the body, such as the liver.

Being screened increases the likelihood that when colorectal

cancer is present, it will be detected at an earlier stage, when it is more likely to be cured, treatment is less extensive, and the recovery is much faster.

## Symptoms<sup>2</sup>

- Blood in or on your stool (bowel movement)
- Stomach pain, aches or cramps that don't go away
- Unexplained weight loss
- Change in bowel habits
- Unexplained weakness or fatigue

## Screening<sup>3</sup>

Screening is the process of looking for cancer or pre-cancer in people who have no symptoms of the disease. Regular colorectal cancer screening is one of the most powerful weapons for early detection and prevention of colorectal cancer. There are different screening methods available depending on what you and your physician decide is right for you.

- A **sigmoidoscopy** is a procedure to look inside the rectum and lower colon for polyps or cancer. A **colonoscopy** is a procedure to look inside the rectum and the entire length of the colon for polyps or cancer. Polyps or tissue samples may be taken for biopsy with both of these procedures.
- A **fecal occult blood test (FOBT)** is a test to check solid waste for blood that can only be seen with a microscope.
- A **barium enema** is a series of x-rays of the lower gastrointestinal tract. A liquid that contains barium (a silver-white metallic compound) is put into the rectum. The barium coats the lower gastrointestinal tract and x-rays are taken. Screening can also result in finding colorectal cancer early, when it is highly curable.

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## Colorectal Cancer Screening Rates<sup>2</sup>

Percentage of people 50 and over who have ever had a sigmoidoscopy or colonoscopy:

**West Virginia: 63.5%**      **United States: 66.8%**

## Screening Recommendations<sup>3</sup>

To help doctors and patients decide together whether a preventive screening service is right for a person's needs, the U.S. Preventive Services Task Force (USPSTF) developed recommendations based on a review of high-quality scientific evidence.

New recommendations are to be released in 2015, but the USPSTF currently recommends the following:

<b>Summary of Recommendations for Colorectal Screening</b>	
<b>Release date: October 2008</b>	
<b>Population</b>	<b>Recommendation</b>
Adults beginning at age 50 years and continuing until age 75 years	The USPSTF recommends screening for colorectal cancer using FOBT, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.
Adults age 76 to 85 years	The USPSTF recommends against routine screening for colorectal cancer in adults 76 to 85 years of age. There may be considerations that support colorectal cancer screening in an individual patient.
Adults older than age 85 years	The USPSTF recommends against screening for colorectal cancer in adults older than age 85 years.
The USPSTF concludes that the evidence is insufficient to assess the benefits and harms of computed tomographic colonography and fecal DNA testing as screening modalities for colorectal cancer.	

## West Virginia Screening Coverage and Reimbursement<sup>6</sup>

In West Virginia, for persons age 50 and over and for symptomatic persons less than 50 years of age, insurance carriers must cover and reimburse for the following screenings: an annual FOBT, a flexible sigmoidoscopy repeated every five years, a colonoscopy repeated every ten years, and a double contrast barium enema repeated every five years.

The same deductibles, coinsurance, network restrictions and other limitations for covered services found in the policy, provision, contract, plan or agreement of the covered person may apply to colorectal cancer examinations and laboratory testing.<sup>7</sup>

## References

1. American Cancer Society. Topic Page. <http://www.cancer.org/cancer/colonandrectumcancer/>. January 2015.
2. Centers for Disease Control and Prevention. Topic Page. <http://www.cdc.gov/cancer/colorectal/>. January 2015.
3. United States Preventive Services Task Force. Topic Page. <http://www.uspreventiveservicestaskforce.org/uspstf/uspscolo.htm>. January 2015.
4. West Virginia Cancer Registry, 2007-2011.
5. West Virginia Health Statistics Center, Vital Statistics System, 2011.
6. NCSL (National Conference of State Legislatures). Topic Page. <http://www.ncsl.org/research/health/mandated-health-insurance-benefits-and-state-laws.aspx>. January 2015.
7. WV Code, §33-24-7f.

## West Virginia Colorectal Cancer Incidence and Mortality Rates

### Incidence Rates<sup>4</sup>

The average yearly incidence rate for invasive colorectal cancer for the years 2007-2011 was:

**West Virginia: 49.2**

**United States: 43.3**

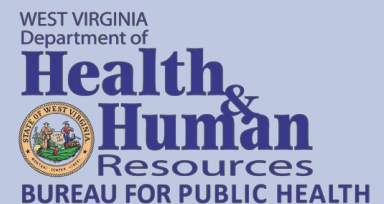
### Mortality Rates<sup>5</sup>

As of October 2014, among adults in West Virginia<sup>1</sup>

**Death among all adults 23.6 per 100,000**

**Death among male adults 27.5 per 100,000**

**Death among female adults 19.8 per 100,000**



This document was produced by the West Virginia Department of Health and Human Resources, Bureau for Public Health, Division of Health Promotion and Chronic Disease, in partnership with the West Virginia Cancer Registry and the West Virginia Health Statistics Center.

The Division of Health Promotion and Chronic Disease of the West Virginia Department of Health and Human Resources provided funding for this document with support from Cooperative Agreement Number 1U58DP003898-02 from the Centers for Disease Control and Prevention.