Colorectal Cancer and Nevada

2016

Introduction

Colorectal cancer (CRC) is the fourth most commonly reported cancer in Nevada and the second leading cause of death behind lung cancer for men and women in both Nevada and the United States.[1] The risk of developing colorectal cancer increases with age. More than 90% of cases occur among individuals aged 50 or older. Nevada's 2011 morbidity and mortality rates show that both incidence and death due to colorectal cancer are slightly higher among males. Non-Hispanic Blacks in Nevada have the lowest proportion of people screened for colorectal cancer and a larger proportion diagnosed at later stages of colorectal cancer compared to other racial/ethnic groups.

According to the Centers for Disease Control and Prevention (CDC), regular CRC screening among individuals age 50 years and older can prevent as many as 60% of deaths from colorectal cancer. Screening can find precancerous polyps (abnormal growths) so they can be removed before they turn into cancer. The US Preventive Services Task Force (USPSTF) recommends three CRC screening tests that are effective at saving lives: colonoscopy, fecal occult blood tests (FOBT) or fecal immunochemical test (FIT), and sigmoidoscopy.[2]

Screening saves lives, but only if people get screened. About one in three adults between 50 and 75 years old are not getting screened as recommended. People at-risk for not being screened include those with low income, low education level, and those without health insurance.[3]

[1] Nevada 2011 CRC incidence and mortality
Data provided by the Office of Public Health Informatics and Epidemiology

[2] CDC Colorectal Cancer Vital Signs (2011)
http://www.cdc.gov/vitalsigns/cancerscreening/colorectalcancer/

[3] Colorectal Cancer Tests Save Lives, CDC Vital Signs, November 2013
http://www.cdc.gov/vitalsigns/colorectalcancerscreening/

Problem Statement

While Nevada mortality and incidence trend data shows a decline in colorectal cancer rates from 1995 – 2011, data from the Nevada Central Cancer Registry (NCCR) for 2011 indicates colon cancer incidence rate of 42.4 per 100,000 which remains higher than the national average of 39.9 per 100,000 with Non-Hispanic Black and Non-Hispanic White showing the highest incidence rates. Nevada's mortality rate is also higher at 16.6 per 100,000 as opposed to US rate of 15.1 per 100,000 with males showing the highest mortality rate of 20.9 per 100,000 and Non-Hispanic Blacks having the highest rates among race/ethnicity at 24.5 per 100,000.

In addition, Nevada is greatly affected by a health workforce shortage with 14 counties designated as Primary Medical Care Health Professional Shortage Areas. These counties also lack CRC diagnostic services where clients may have to drive an average of 115 miles to access these services.

The USPSTF recommends adults 50 – 75 years of age be screened for CRC using one of three tests which include fecal occult blood testing annually, sigmoidoscopy every 5 years, or colonoscopy every 10 years. The Guide to Community Preventive Services recommends the use of evidence-based intervention strategies to improve CRC screening rates. Recommendations include use of small media, one-on-one education, reduction of structural barriers, and client reminders. The Colorectal Cancer Control Program (CRCCP) is based on USPSTF guidelines and regularly implements the client interventions mentioned previously.

Strategies

To improve health outcomes related to CRC, the Centers for Disease Control and Prevention (CDC) set a goal to increase screening rates to 80% by 2018. Appropriate screening is defined as having had a fecal occult blood test (FOBT)

within the past year, a sigmoidoscopy within the past 5 years, or a colonoscopy within the past 10 years. Nevada is working to increase CRC screening rates by implementing evidence-based public health (EBPH) interventions to meet the national goal.

EBPH practice integrates science-based interventions with community preferences for improving the community's health. Nevada is currently working to incorporate sustainable strategies and practices such as client reminder protocols into its programs and projects. Examples of other EPBH strategies incorporated into Nevada's CRC program include:

- Small media outreach,
- Provider assessment and feedback
- One-on-one education.

Reminder systems are an evidence-based intervention shown to improve colorectal cancer screening rates for eligible patients. They can be implemented in a variety of ways, do not need to be complex to be effective, and can be used directly with patients, as well as in medical offices to prompt physicians to refer patients for screening. [4]

minder intervention to meet this goal. Client reminders are one EBPH intervention supported by the CDC's CRC Control Program logic model and by the Guide to Community Preventive Services to increase CRC screening. [5] Client reminders can come in many forms: letters, postcards, e-mails, and phone calls; furthermore, these reminders can be general for mass appeal or customized to appeal to a specific patient population. Culturally appropriate, customized reminders are most effective in increasing colorectal cancer screening by FOBT.

Recommendations

Although Nevada faces many challenges, the CRCCP Program is committed to reduce incidence and mortality of colorectal cancer by increasing the screening rates for all Nevadans aged 50 – 75 years as recommended by USPSTF; thus, the CRCCP recommends the client re-

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[4] Sarfaty M. (2008) How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Toolbox and Guide, 2008. (Atlanta, GA: American Cancer Society.) www.cancer.org/acs/groups/content/documents/document/acspc-024588.pdf

[5] Task Force on Community Preventive Services. Recommendations for client-and provider-directed Interventions to Increase breast, cervical, and colorectal cancer screening. Am J Prev Med 2012; 35 (IS):21-5 www.thecommunityguide.org/cancer/screening/ClientProviderOriented2012_Findings.pdf