


## Colorectal Cancer in Vermont

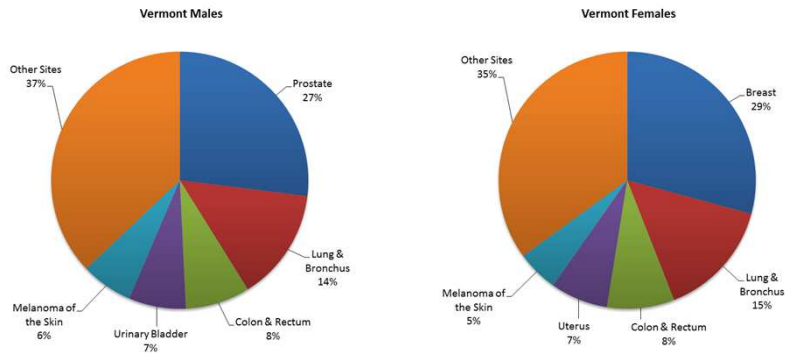
 VERMONT  
DEPARTMENT OF HEALTH

Leanne Shulman and Jennifer Kachajian  
November 15, 2014

### Objectives

- ❑ Incidence
- ❑ Mortality
- ❑ Stage
- ❑ Trends
- ❑ Screening Rates
- ❑ Disparities

## Leading Cancer Sites, 2007-2011



### Male Colorectal Cancer Incidence Rate

Vermont: 43.6  
U.S.: 50.1

### Female Colorectal Cancer Incidence Rate

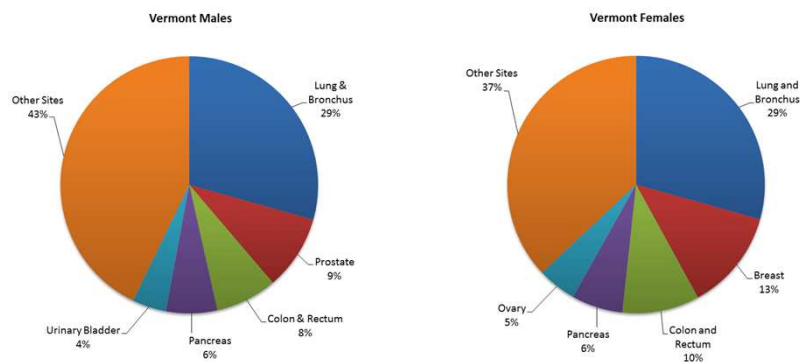
Vermont: 36.1  
U.S.: 37.9

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Note: Per 100,000. All rates are age adjusted to the 2000 U.S. standard population and exclude in situ (non-invasive) carcinomas. Data Source: Vermont Cancer Registry, 2007-2011. NPCR and SEER Incidence, 2007-2011.

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## Leading Cancer Deaths, 2007-2011



### Male Colorectal Cancer Mortality Rate

Vermont: 16.8  
U.S.: 19.1

### Female Colorectal Cancer Mortality Rate

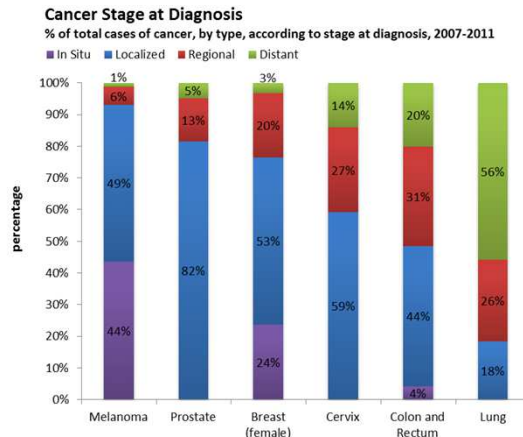
Vermont: 14.5  
U.S.: 13.5

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Note: Per 100,000. All rates are age adjusted to the 2000 U.S. standard population. Data Source: Vermont Cancer Registry, 2007-2011. Vital Statistics System of the United States Public Use Database.

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## Stage at Diagnosis



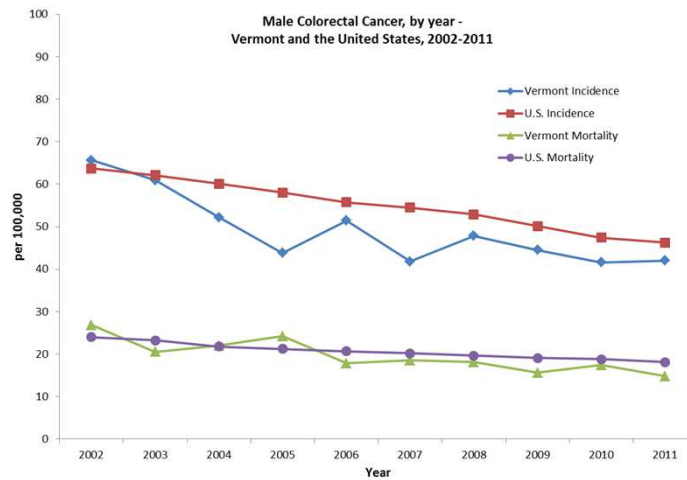
Note: in situ neoplasms of the cervix are not reportable.  
 Data Source: Vermont Cancer Registry, 2007-2011.

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## Colorectal Cancer: By Year, Males

Age adjusted incidence rate (per 100,000)



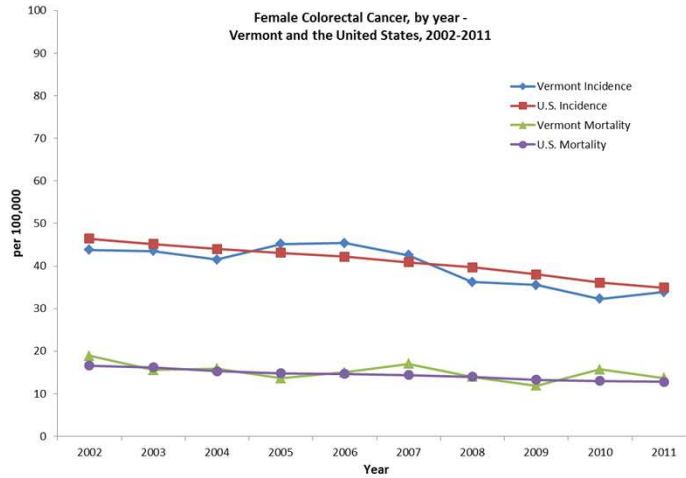
Note: Per 100,000. All rates are age adjusted to the 2000 U.S. standard population and exclude in situ (non-invasive) carcinomas.  
 Data Source: Vermont Cancer Registry, 2002-2011. NPCR and SEER Incidence, 2002-2011. Vital Statistics System of the United States Public Use Database.

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## Colorectal Cancer: By Year, Females

Age adjusted incidence rate (per 100,000)

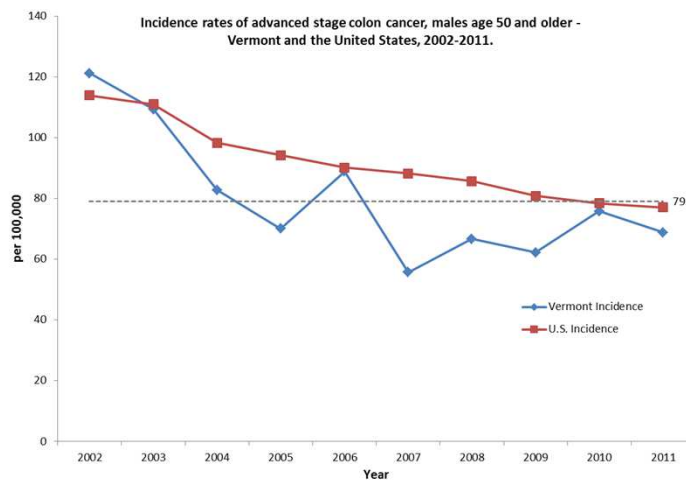


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Note: Per 100,000. All rates are age adjusted to the 2000 U.S. standard population and exclude in situ (non-invasive) carcinomas.  
Data Source: Vermont Cancer Registry, 2002-2011. NPCR and SEER Incidence, 2002-2011. Vital Statistics System of the United States Public Use Database.

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## Late Stage by Year - Male

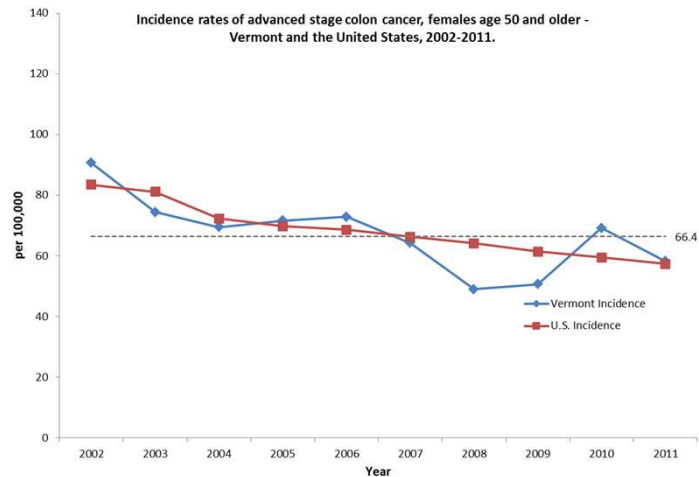


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Note: Per 100,000. All rates are age adjusted to the 2000 U.S. standard population and exclude in situ (non-invasive) carcinomas.  
Data Source: Vermont Cancer Registry, 2002-2011. NPCR and SEER Incidence, 2002-2011.

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## Late Stage by Year - Female



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Note: Per 100,000. All rates are age adjusted to the 2000 U.S. standard population and exclude in situ (non-invasive) carcinomas.  
Data Source: Vermont Cancer Registry, 2002-2011. NPCR and SEER Incidence, 2002-2011.

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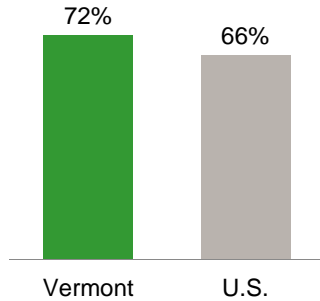
### Current (2008) United States Preventive Services Task Force (USPSTF) Colorectal Cancer Screening Guidelines:

Men and Women ages 50-75 should have one of the following:

- FOBT every year
- A Sigmoidoscopy every 5 years AND an FOBT every 3 years
- A Colonoscopy every 10 years

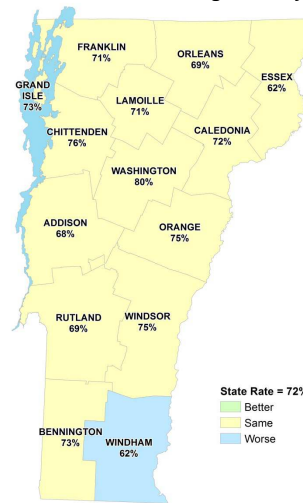
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## Met USPSTF Colorectal Cancer Screening Recommendations: (Ages 50-75 years)



The colorectal screening rate is significantly higher in Vermont, compared to the U.S.

Colorectal Cancer Screening Rates by County



State Rate = 72%  
 Better (Green)  
 Same (Yellow)  
 Worse (Blue)

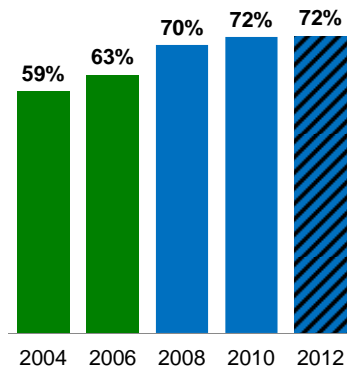
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Note: All rates are age adjusted to the 2000 U.S. standard population.

Source: BRFSS, 2012

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## Colorectal Screening Trend in Vermont



- 2008, 2010 & 2012 (Ages 50-75):
  - An FOBT in 1 year OR
  - A Sigmoidoscopy in 5 years and an FOBT in 3 years OR
  - A colonoscopy in 10 years
  
- 2004 & 2006 (Ages 50+):
  - An FOBT in 1 year OR
  - A sigmoidoscopy/colonoscopy in 5 years
  - Note: These screening measures do not exactly match the guidelines that USPSTF endorsed at the time, due to limitations in survey construction.

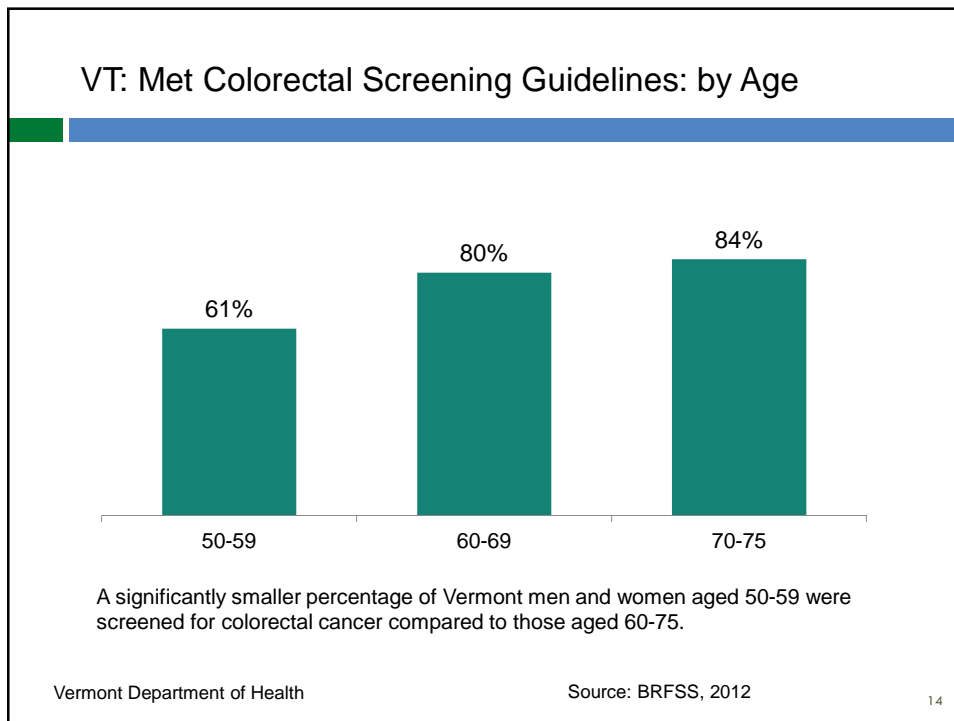
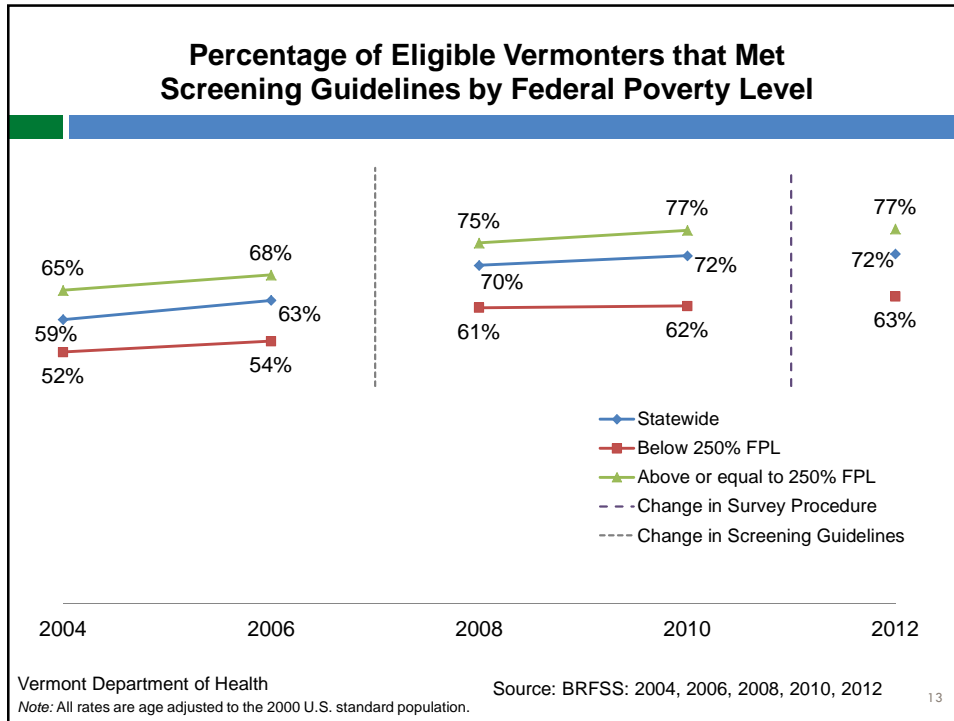
Source: BRFSS, 2004, 2006, 2008, 2010, 2012\*

Note: All rates are age adjusted to the 2000 U.S. standard population.

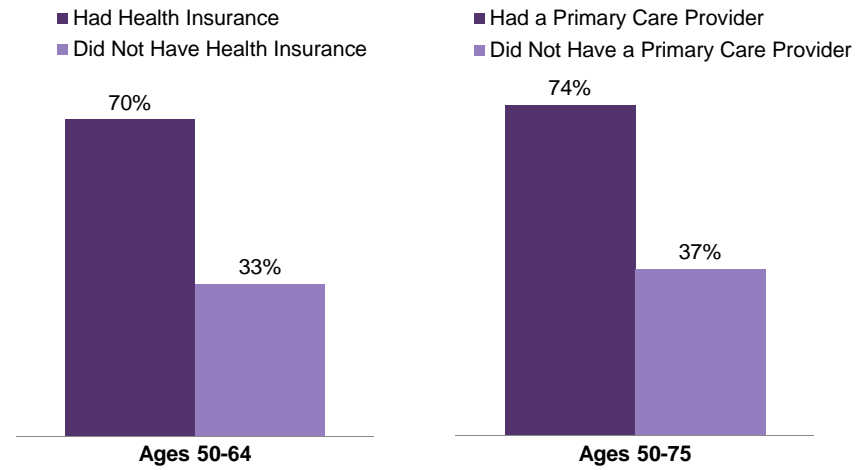
\*The Behavioral Risk Factor Surveillance System (BRFSS) survey methodology changed in 2011. As a result, caution must be used when comparing data from 2011 to prior years.

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### VT: Met Colorectal Screening Guidelines: By Personal Doctor and Insurance



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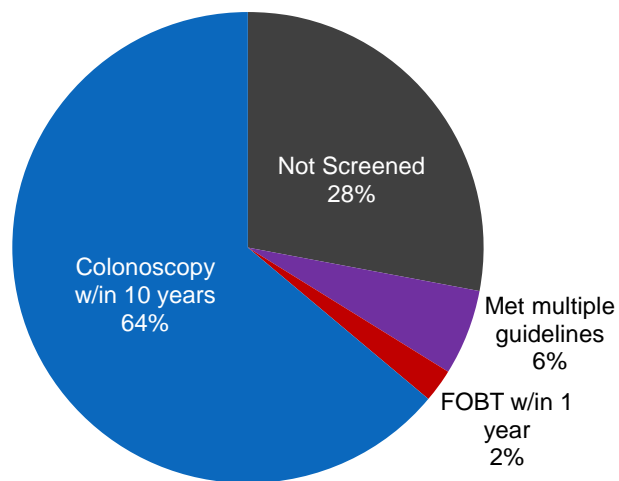
Note: All rates are age adjusted to the 2000 U.S. standard population.

Source: BRFSS, 2012

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### Colorectal Cancer Screening of Vermonters Aged 50-75: by Modality

Too small to report:  
% that had  
sigmoidoscopy w/in 5  
years and FOBT w/in 3  
years



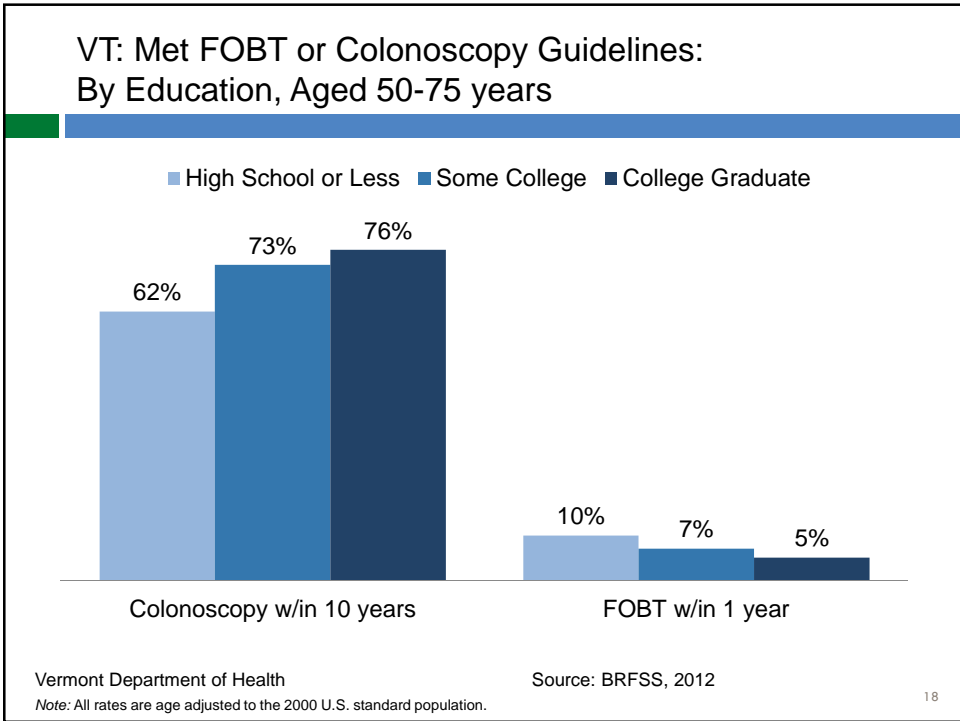
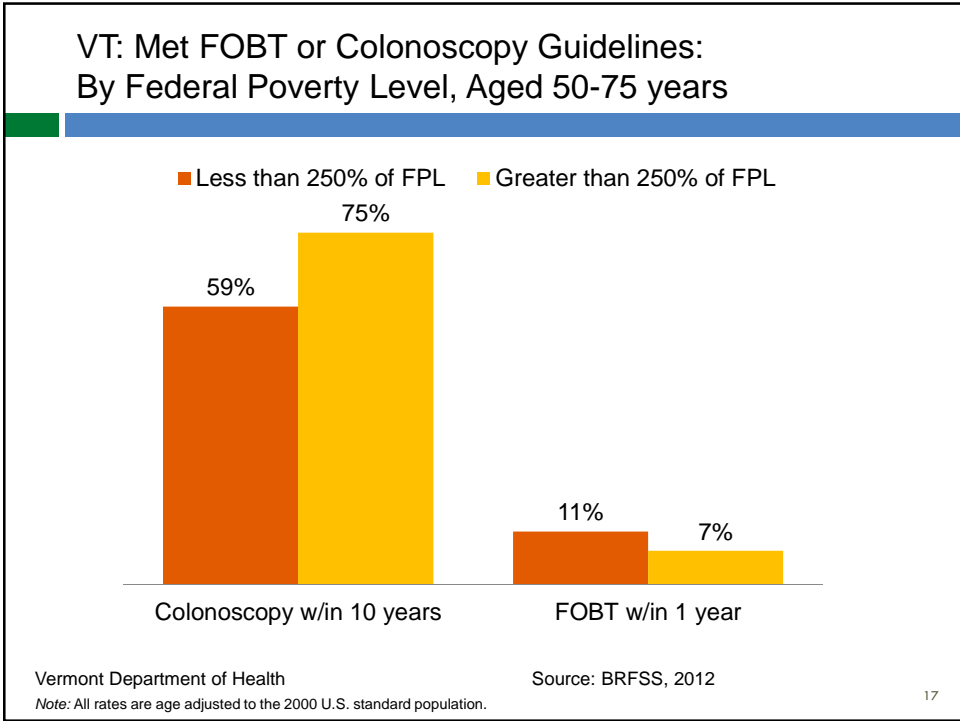
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Note: All rates are age adjusted to the 2000 U.S. standard population.

Source: BRFSS, 2012

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## Any Questions?

Contact information for questions or for a copy of this presentation:

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