

# Declining trends in colon cancer incidence and mortality

By ACSH Staff — March 17, 2014



The National Cancer Institute Surveillance, Epidemiology, and

End Results (SEER) program, the North American Association of Central Cancer Registries, and the National Center for Health Statistics released data analysis demonstrating a dramatic decline in colon cancer incidence and mortality. In the United States, colorectal cancer (CRC) ranks as both the third most prevalent and deadly cancer. The decreasing rates are therefore reassuring, emphasizing the value of screening, in beating this treatable yet still dangerous cancer.

The report detailed a 3.4% drop in CRC incidence from 2001 to 2010: driven by a 3.9% annualized decline in people >50 [and] was offset to some extent by a 1.1% annual increase in younger people, says Rebecca Siegel, MPH, from the American Cancer Society (ACS) in Atlanta. The mortality rates followed a similar trend within the same nine-year time frame. Charles Bankhead from MedPage Today described in [his article](#) <sup>[1]</sup> that lower incidences in CRC corresponded with more individuals adhering to routine colonoscopies. Among patients 50 to 75, colonoscopy screening increased from 19% in 2000 to 55% in 2010, [according to an] issue of [CA: A Cancer Journal for Clinicians](#) <sup>[2]</sup>.

Adults 50 years old and older witnessed the most dramatic decline in cancer rates. The American Cancer Society's journal, *CA: A Cancer Journal for Clinicians*, highlighted that particularly among those aged 65 years and older [the annual percent decline in distal tumors accelerated from 5.2% during 2001 to 2008 to 9.5% during 2008 to 2010. The report from the journal attributed greater drops in this elderly population to better access and coverage for routine screening, especially among Medicare-eligible seniors. In 2010, 55% of adults aged 50 to 64 years reported having undergone a recent colorectal cancer screening test, compared with 64% of those age 65 years and older."

On whole, the numbers point to decreasing rates in CRC incidence and mortality. However, the data also suggests a significant disparity in incidence and mortality. CRC incidence was highest in non-Hispanic blacks (63.8 cases per 100,000 in men and 47.8 per 100,000 in women), and lowest in Asian/Pacific Islanders (40.8 per 100,000 in men, and 31 per 100,000 in women). Likewise, analysis of mortality rates showed black men and women (29.4 per 100,000 men, and 19.4 per

100,000 women) affected more than Asian Pacific Islander men and women (13.1 per 100,000 men and 9.7 per 100,00 women) by CRC.

Although epidemiological studies depict a positive outlook, CRC will still remain the third most common and deadly cancer in the United States. Current improvements are strongly linked to progress in routine screening. However, Dr. Richard Wender, chief cancer control officer from ACS calls attention to, an estimated 23 million Americans between ages 50 and 75 !not benefiting !because they are not up to date on screening. He concludes, Sustaining this hopeful trend will require concrete efforts to make sure all patients, particularly those who are economically disenfranchised, have access to screening and to the best care available.

ACSH s Dr. Gil Ross had this comment: While this is not proof-positive of the lifesaving benefit of CRC screening, the declining CRC rates strongly correlating with increasing screening is highly suggestive. We here at ACSH continue to urge everyone 50 and over, as well as those with risk factors, to get CRC screening as recommended. Unlike other common screenings for breast and prostate cancers, especially colonoscopy saves lives and accounts for little in needless procedures and adverse effects.

---

COPYRIGHT © 1978-2016 BY THE AMERICAN COUNCIL ON SCIENCE AND HEALTH

---

**Source URL:** <https://www.acsh.org/news/2014/03/17/declining-trends-colon-cancer-incidence-mortality>

**Links**

[1] <http://www.medpagetoday.com/HematologyOncology/ColonCancer/44787>

[2] <http://www.ca-journal.org/>