

Report Finds Large State Disparities in Progress against Colorectal Cancer

Decrease in mortality rates correlated strongly with uptake of screening

ATLANTA – July 7, 2011 – Progress in reducing colorectal cancer (CRC) mortality rates varies significantly across states, with rates in the Northeast showing the most progress and those in the South showing the least progress, according to a new study. As a result, the highest burden of CRC mortality shifted from the Northeast in the early 1990s to the southern states along the Appalachian corridor in the mid 2000s. The decrease in CRC mortality rates by state correlated strongly with uptake of screening.

The study appears in *Cancer Epidemiology Biomarkers and Prevention*, and says improving screening rates through state-specific initiatives and/or expansion of the Colorectal Cancer Control Program of the Centers for Disease Control and Prevention to the Appalachian region and certain southern states could lessen the disproportionately high burden of CRC in these states.

Colorectal cancer mortality rates have been decreasing for many decades in the United States, with the decrease accelerating in the most recent time period. The extent to which this decrease varies across states and its influence on the geographic patterns of rates was previously unknown. To investigate, researchers led by American Cancer Society epidemiologist Ahmedin Jemal, Ph.D., analyzed trends in age-standardized CRC death rates for each state from 1990-2007. They found CRC mortality rates significantly decreased in all states except Mississippi between 1990-2007 based on the joinpoint model. The decrease in death rates between 1990-1994 and 2003-2007 ranged from 9% in Alabama to >33% in Massachusetts, Rhode Island, New York, and Alaska. Mississippi and Wyoming showed no significant decrease. Generally, the northeastern states showed the largest decreases, while southern states showed the smallest decreases. The highest CRC mortality rates shifted from the northeastern states during 1990-1994 to the southern states along the Appalachian corridor during 2003-2007. The decrease in CRC mortality rates by state correlated strongly with uptake of screening.

The authors conclude that progress in CRC mortality varies across states, with the Northeast showing the most progress and the South showing the least progress, and that the findings highlight the need for wider dissemination of CRC screening.

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