



Colorectal Cancer in Maine

KEY FINDINGS

- Colorectal cancer is 3rd most commonly diagnosed cancer and the 3rd leading cause of cancer-related death in Maine.
- Colorectal cancer incidence and death rates in Maine have significantly declined between 2000 and 2010.
- In 2012, more than 70% of Maine adults ages 50 and older were up-to-date with colorectal cancer screening.

MORTALITY

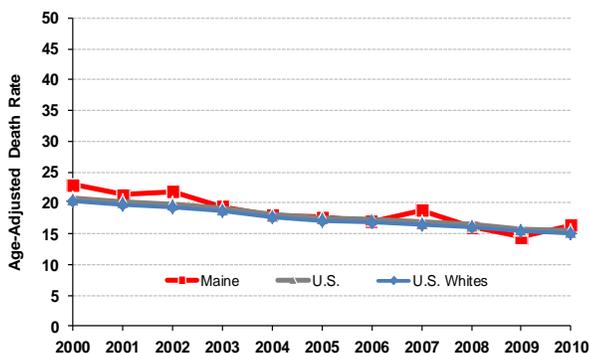
In Maine, colorectal cancer is the 3rd leading cause of cancer-related death.

- In 2010, **290** Mainers died from colorectal cancer. Maine's age-adjusted colorectal cancer death rate (**16.4 per 100,000 population**) was similar to rates among U.S. overall and U.S. whites (Figure 1).¹

Colorectal cancer death rates in Maine have declined significantly since 2000 and are similar to U.S. rates.

- Maine's age-adjusted colorectal cancer death rate declined significantly from **23.0 per 100,000 population** in 2000 to **16.4** in 2010, representing a **28.7%** decline and an average annual decline of **2.9%**. This rate of decline was similar for U.S. overall and U.S. whites (Figure 1).¹
- From 2000-2010, the age-adjusted colorectal cancer rates in Maine were similar to (and not significantly different from) rates for the U.S. overall. During this time, Maine's rates were significantly higher than the rate among U.S. whites only in 2000, 2002, and 2007, but no other years in this decade (Figure 1).¹

Figure 1. Colorectal Cancer Death Rates by Year (Rate per 100,000 population), Maine and U.S., 2000-2010¹



INCIDENCE AND STAGING

Colorectal cancer is the 3rd most commonly diagnosed cancer in Maine.

- During 2008-2010, an average of **724** Maine adults were diagnosed with colorectal cancer each year. Maine's age-adjusted colorectal cancer incidence rate (**43.1 per 100,000 population**) was similar to U.S. rates.^{2,3}
- During 2008-2010, new colorectal cancer cases were significantly more likely to be diagnosed at a late stage (**49.2%**) than an early stage (**44.7%**) in Maine.²

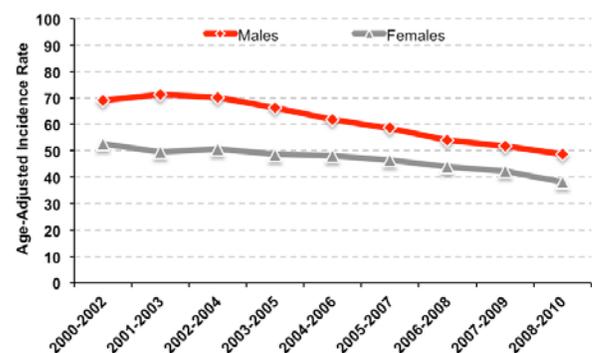
Maine's colorectal cancer incidence rates have significantly declined, and are now similar to U.S. rates.

- Maine's age-adjusted colorectal cancer incidence rate declined significantly from **59.5 per 100,000 population** during 2000-2002 to **43.1** during 2008-2010, a **27.6%** decline (average annual decline of **3.9%**). This rate of decline was higher in Maine than in the U.S.^{2,3}
- For most of the 2000s decade, Maine's age-adjusted colorectal cancer incidence rates were significantly higher than U.S. rates; since 2008, Maine's rates were similar to U.S. rates.^{2,3}

Maine's colorectal cancer incidence rates are consistently higher among males than females, but rates among females are declining more slowly than among males.

- The age-adjusted colorectal cancer incidence rate among Maine males (**48.8 per 100,000 population**) was **28%** higher than the female rate (**38.1**) during 2008-2010 (Figure 2).²

Figure 2. Colorectal Cancer Incidence Rates by 3-Year Period and Sex (Rate per 100,000 population), Maine, 2000-2010²



- Maine's age-adjusted colorectal cancer incidence rates declined significantly among males (**69.1 to 48.8 per 100,000 population; 29.4%** decline) and females (**52.5 to 38.1; 27.4%** decline) between 2000 and 2010, but the average annual decline was slower for females than males (**3.9%** vs. **4.2%**; Figure 2).²

SCREENING

Screening for colorectal cancer can help prevent the disease by detecting precancerous cells or growths (polyps) in the colon or rectum and detecting existing cancer at an early stage when treatment is most beneficial. Screening has been shown to reduce the number of new cancer cases and deaths due to colorectal cancer.

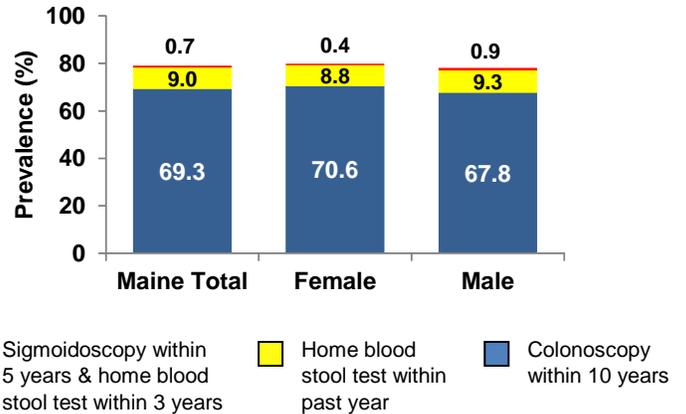
More than 70% of Maine adults ages 50 years and older are up-to-date with colorectal cancer screening.

- In 2012, the prevalence of up-to-date colorectal cancer screening among Maine adults ages 50 years and older was **72.2%** (Figure 3).⁴
- In 2012, among Maine adults ages 50 years and older, colonoscopy was the most common screening method (**69.3%**) followed by home blood stool test (**9.0%**). There was no significant difference in the prevalence of colorectal cancer screening or the type of screening method used between females and males (Figure 3).⁴
- In Maine, the prevalence of colorectal cancer screening has remained fairly constant since 2008.⁴

The prevalence of colorectal cancer screening is lowest among Maine adults ages 50–64 years and those with lower education and household income.

- In 2012, a significantly lower percentage of Maine adults ages 50–64 years (**69.3%**) had up-to-date colorectal cancer screening compared to adults ages 65–74 years (**79.8%**).⁴
- In 2012, the prevalence of up-to-date colorectal cancer screening was lowest among Mainers with less than a high school education (**60.0%**) and those with an annual household income less than \$15,000 (**61.4%**).⁴
- While Franklin, Knox, Somerset, Waldo, and Washington counties had the lowest prevalence rates of up-to-date colorectal cancer screening in the state during 2012, only Waldo County’s prevalence (**61.2%**) was significantly lower than the state overall.⁴

Figure 3. Adults Who Were Up-to-Date with Colorectal Cancer Screening by Type of Screening Method and Sex, Maine, 2012⁴



RISK FACTORS

Maine adults who are at higher risk for colorectal cancer include:

- People who are 50 years and older
- People who use tobacco products
- People who are overweight or obese
- People who are heavy drinkers
- People who are less physically active
- People who have a personal or family history of colorectal cancer or colorectal polyps
- People with inflammatory bowel disease, Crohn’s disease, ulcerative colitis or certain genetic or hereditary conditions

Reference: *Maine Cancer Surveillance Report 2014*. Augusta, ME: Maine Center for Disease Control and Prevention; 2014.

Technical Notes: Age-adjusted rates are adjusted to the year 2000 United States population. Definition: Up-to-date with colorectal cancer screening = Percentage of Maine adults ages 50 years and older who reported that they had a home blood stool test within the past year OR sigmoidoscopy within the past 5 years and home blood stool test within the past 3 years OR a colonoscopy within the past 10 years.

Data Sources: 1. Underlying mortality data, National Center for Health Statistics; 2. Maine CDC Cancer Registry; 3. U.S. data: Surveillance, Epidemiology, and End Results Program 9 (SEER 9); 4. Maine Behavioral Risk Factor Surveillance System.

Maine CDC Comprehensive Cancer Control Program

Maine Center for Disease Control and Prevention, Maine Department of Health and Human Services

For more information, please contact Program Director Jessica Shaffer at (207) 287-4715 or Jessica.Shaffer@Maine.gov

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