CITY OF CLEVELAND
COLORECTAL CANCER

2008-2017 PROFILE
July 2019

**cdph** Cleveland Department of Public Health

What is Colorectal Cancer?

Colorectal Cancer occurs in the colon or the rectum. These cancers often begin as **polyps** that grow along the inner lining of the colon or rectum. It is the **2nd leading cause** of cancer-related deaths among men and women in the U.S.
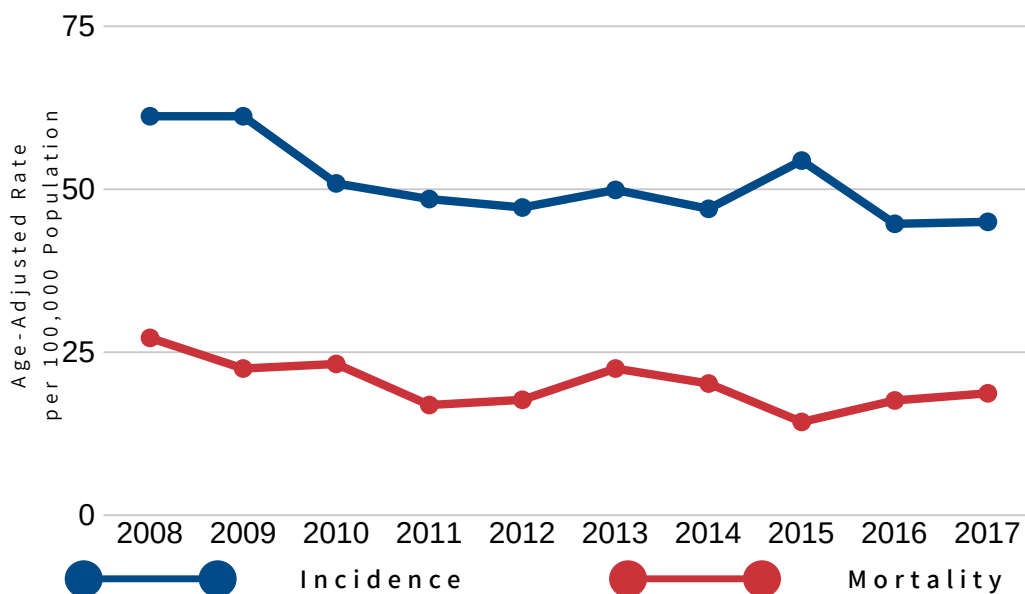

Image Source: Blausen Medical Communications, Inc. Image was cropped to fit this space.

In 2017,

188
Cleveland residents were diagnosed with Colorectal Cancer

78
Cleveland residents died from Colorectal Cancer
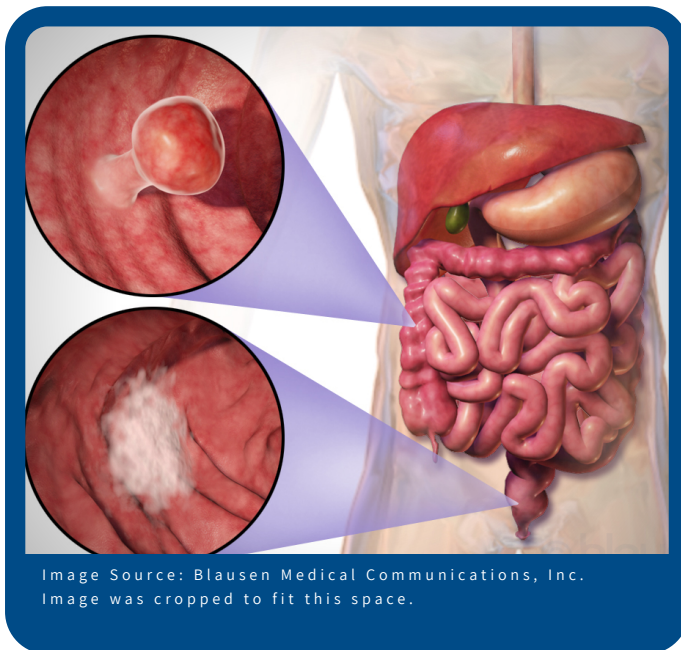
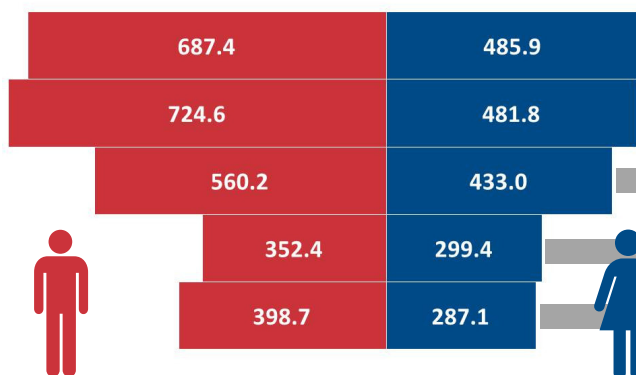# Incidence & Mortality Rates of Colorectal Cancers in Cleveland, 2008-2017

Age-Adjusted Rate per 100,000 Population

—— Incidence   —— Mortality

Between 2008 and 2017, the rate of those dying from colorectal cancers decreased by
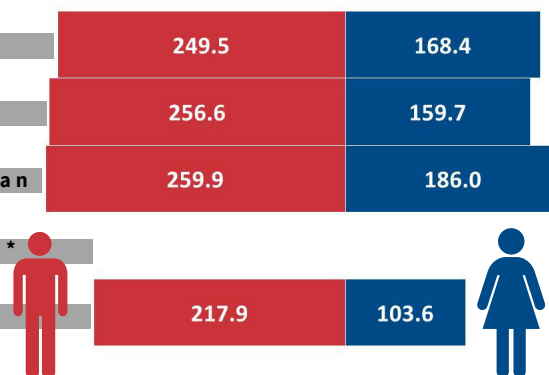
31%

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Incidence
(Newly Diagnosed Cases)
Age-Adjusted Rate per 100,000 People

Mortality
(Death)
Age-Adjusted Rate per 100,000 People

| Incidence (Male)	Incidence (Female)	Group	Mortality (Male)	Mortality (Female)
687.4	485.9	All Persons	249.5	168.4
724.6	481.8	Caucasian	256.6	159.7
560.2	433.0	African American	259.9	186.0
352.4	299.4	Asian American*		
398.7	287.1	Hispanic	217.9	103.6

*Mortality rates among Asian Americans were suppressed due to fewer than 10 deaths being observed

Cancer Stages

In Situ — Non-invasive cancer

Localized — Confined to colon & rectum

Regional — Cancer has spread further through the colon & rectum and/or regional lymph nodes

Distant — Cancer has spread to other organs and distant lymph nodes

% of Cleveland Residents Diagnosed in the Distant Stage

Bar chart categories: All Persons, Asian American, African American, Caucasian, Hispanic

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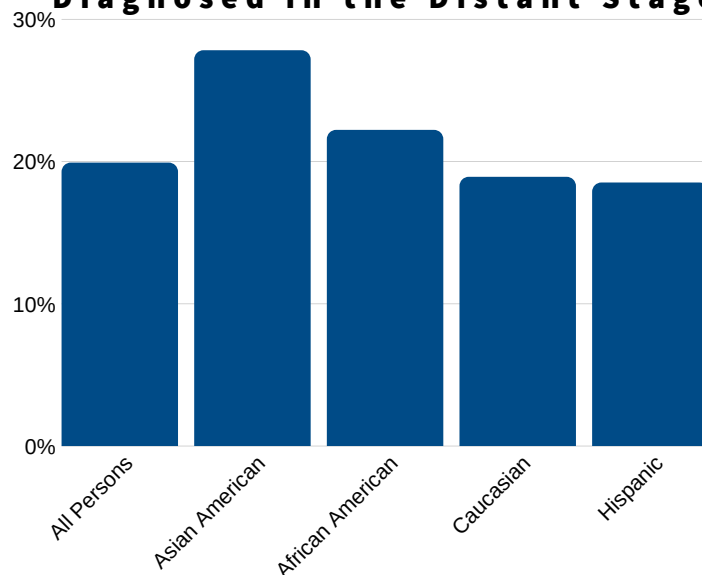
Men are **1.5x** more likely than women to die from Colorectal Cancer
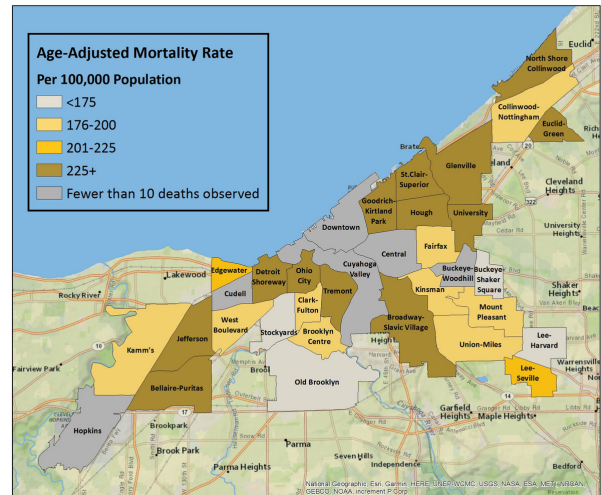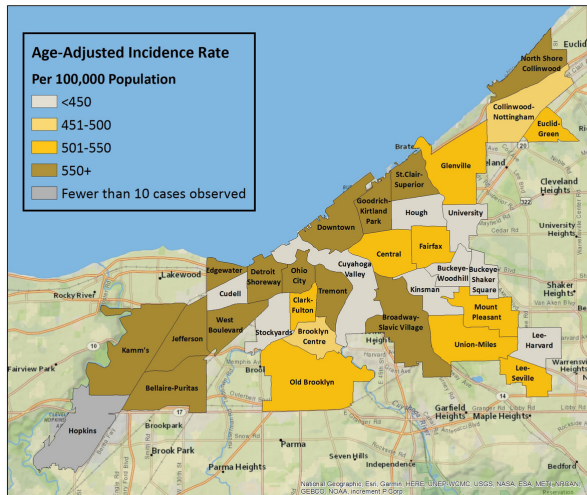
African Americans are **less** likely to be **diagnosed** but **more** likely to **die** than Caucasians

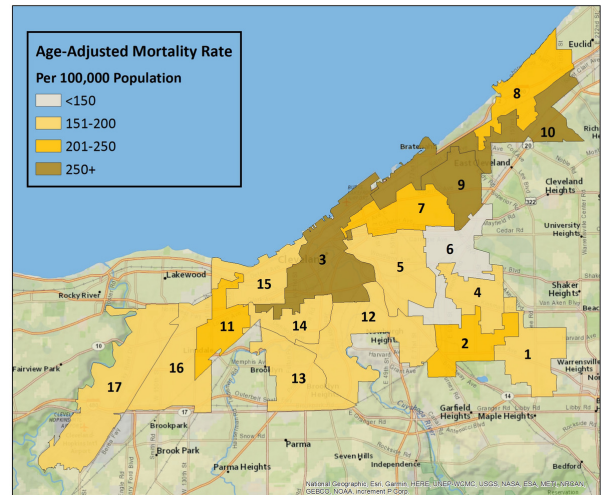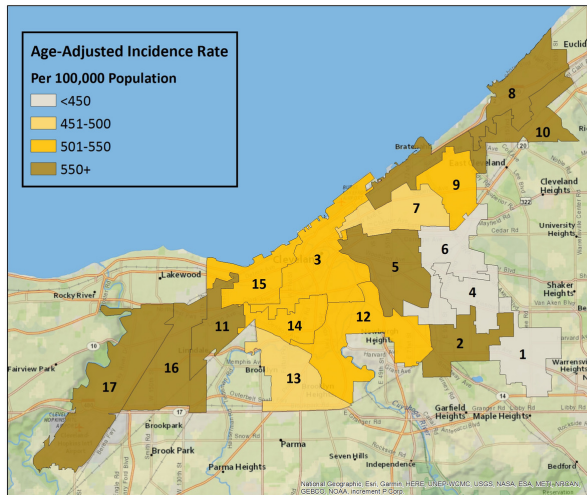**1** out of **4** cancers diagnosed among Asian residents is in the Distant stage

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Incidence
(Newly Diagnosed Cases)

Mortality
(Death)

Cleveland Neighborhood

Age-Adjusted Incidence Rate
Per 100,000 Population
- <450
- 451-500
- 501-550
- 550+
- Fewer than 10 cases observed

Age-Adjusted Mortality Rate
Per 100,000 Population
- <175
- 176-200
- 201-225
- 225+
- Fewer than 10 deaths observed

Cleveland Ward

Age-Adjusted Incidence Rate
Per 100,000 Population
- <450
- 451-500
- 501-550
- 550+

Age-Adjusted Mortality Rate
Per 100,000 Population
- <150
- 151-200
- 201-250
- 250+

Regional Trends in Colorectal Cancer, 2016*

Incidence Rate
Age-Adjusted Rate per 100,000 People

Cleveland	Cuyahoga	Ohio
44.7	41.2	40.2
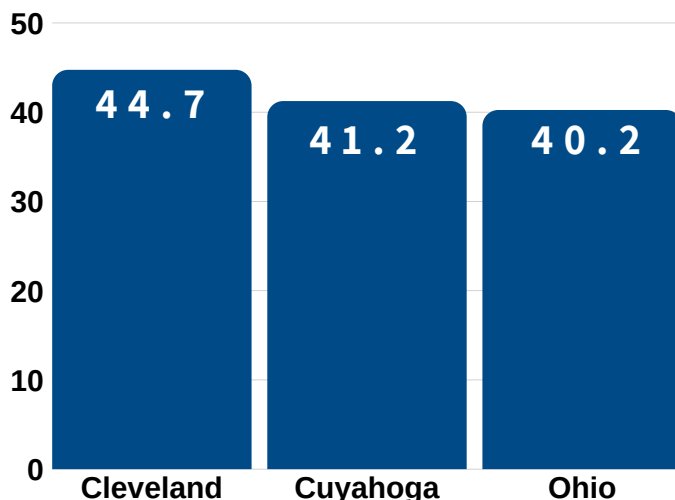
Mortality Rate
Age-Adjusted Rate per 100,000 People

Cleveland	Cuyahoga	Ohio
17.6	14.3	15.5
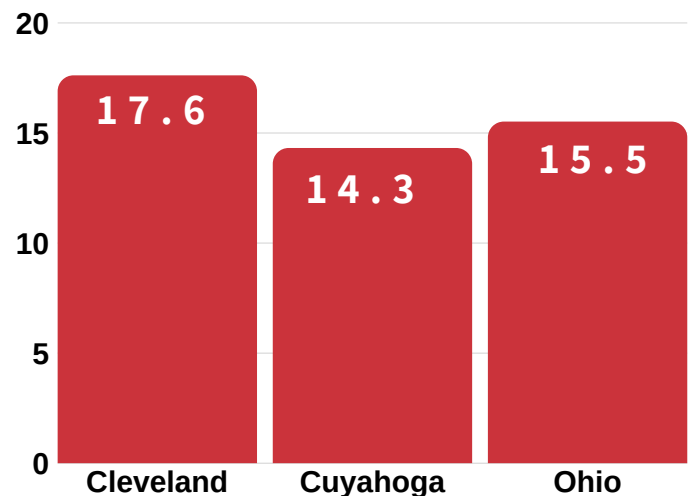
*Regional data are only available for 2016 based on the 2019 Ohio Annual Cancer Report. All other data presented is for 2008-2017.

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What are the risk factors?

Things you can change

- Being overweight or obese
- Physical inactivity
- Having a diet that is high in red meat or processed meat
- Smoking
- Heavy alcohol use

Things you cannot change

- Being older
- Being African American or Ashkenazi Jewish
- Having a personal history of:
  - Colorectal polyps or cancer
  - Inflammatory bowel disease
- Having a family history of colorectal cancer
- Having an inherited syndrome

How it is detected:

Colorectal Cancers can be tested through several screening options including stool-based tests as well as with a visual exam (e.g., colonoscopy or sigmoidoscopy) of the colon and rectum.

Types of screening:

Stool-based tests should be done every year. Any abnormality should be followed up with a colonoscopy.

Visual exams should be done every 5-10 years

When to get screened:

For those who do **not** have any risk factors (e.g., factors that cannot be change), it is recommended that screening begins at age 45 and is routinely completed through age 75.

For those at-risk, it is recommended that screening begins before age 45 and is done more frequently.

45 years old