

Colorectal Cancer

fast facts

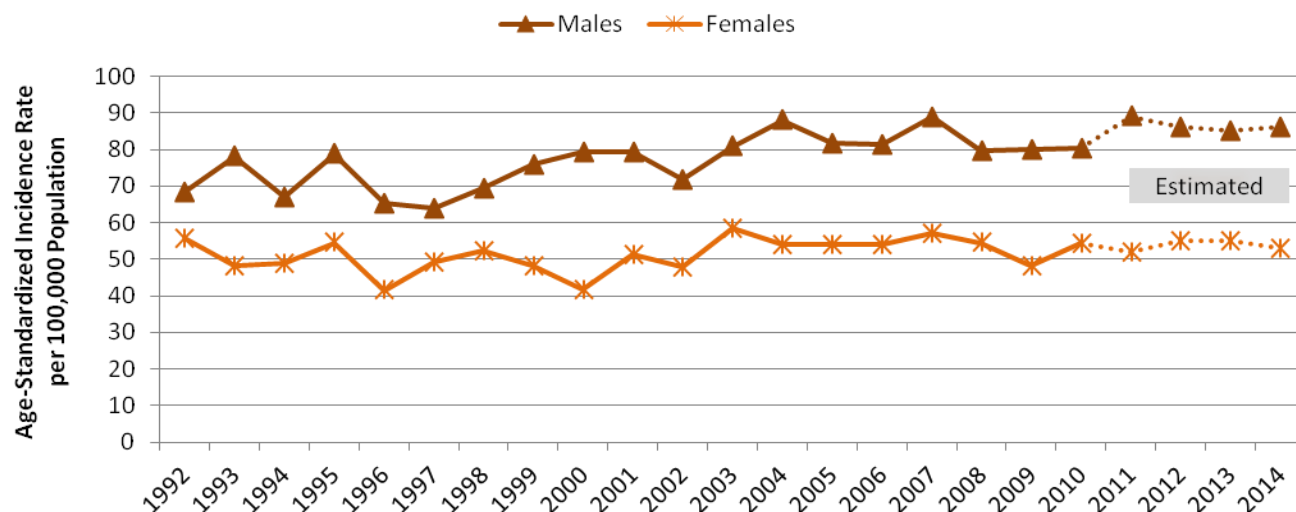
Colorectal cancer is the third most commonly diagnosed cancer and the second leading cause of cancer death in Canada. Newfoundland and Labrador has the highest colorectal cancer incidence rate (rate of new cases) for males and females in Canada. This report presents colorectal cancer trends for the province over the past 14 years.

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From 1992 to 2014, males had a significantly higher incidence rate of colorectal cancer than females in Newfoundland and Labrador. In addition, the incidence rate for males increased by 21% during this time. It is estimated that in 2014, 320 males and 230 females were diagnosed with colorectal cancer in this province.

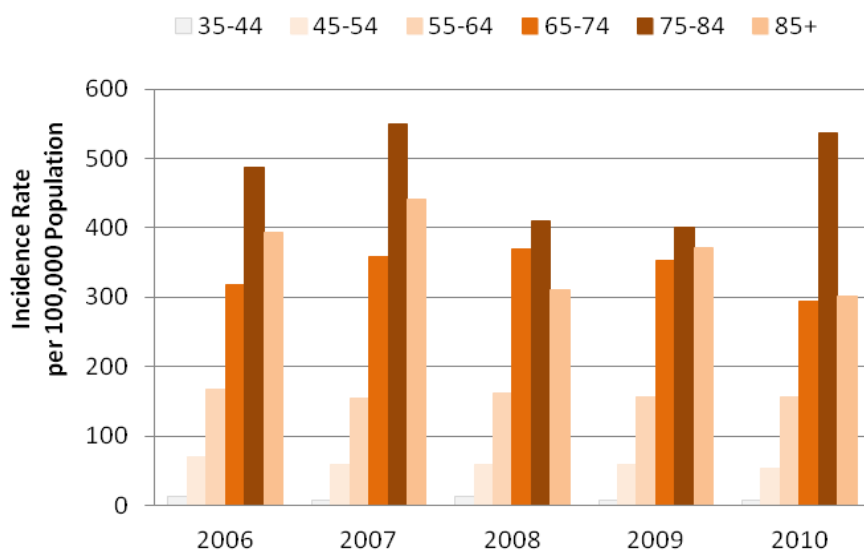
Age-Standardized Incidence Rates for Colorectal Cancer Newfoundland and Labrador, 1992-2014



Sources: 1) Statistics Canada. Table 103-0553— New cases and age-standardized rate for primary cancer (based on the February 2014 CCR tabulation file), by cancer type and sex, Canada, provinces and territories, annual, CANSIM (database); 2) Canadian Cancer Society's Advisory Committee on Cancer Statistics. Canadian Cancer Statistics 2011-2014. Toronto, ON: Canadian Cancer Society, 2011-2014.

Incidence rates of colorectal cancer in Newfoundland and Labrador vary across age groups. From 2006 to 2010, the incidence rate among those aged 35 to 64 years remained relatively stable, but the rate varied among the older age groups. The colorectal cancer incidence rate is highest among individuals aged 75 to 84 years. In 2010, the colorectal cancer incidence rate for seniors aged 75 to 84 years was 535.9 per 100,000 population.

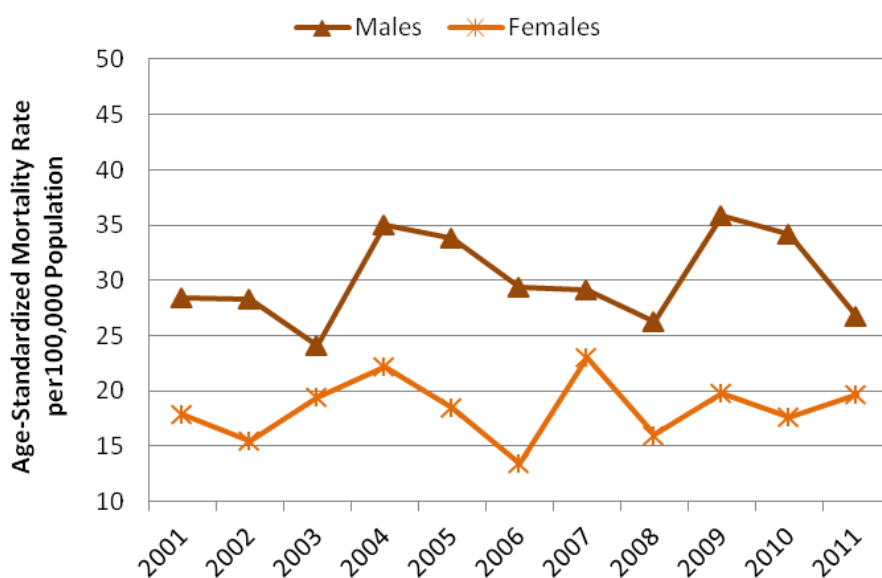
Colorectal Cancer Incidence Rate per 100,000 Population by Age, Newfoundland and Labrador, 2006-2010



Sources: 1) Statistics Canada. CANSIM Table 103-0553; 2) Statistics Canada, Population Estimates 2006-2010

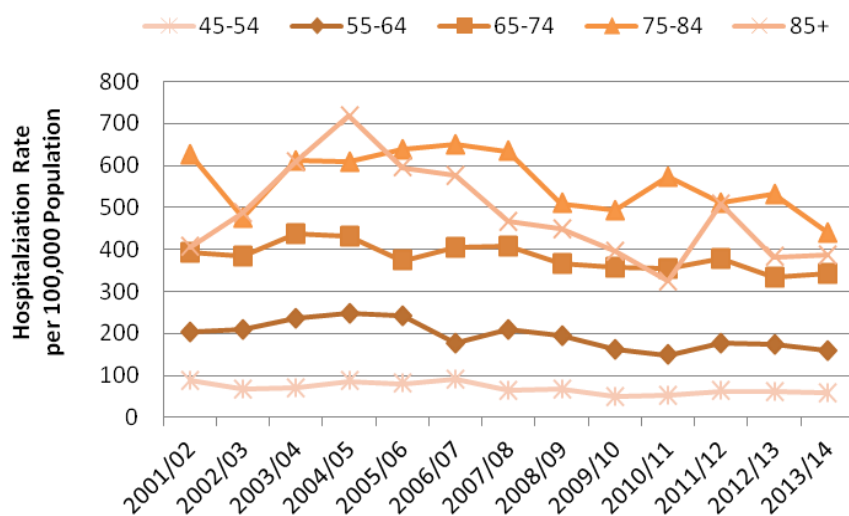
The age-standardized mortality rate for colorectal cancer varied from 2001 to 2011 for both males and females. Males had a higher mortality rate due to colorectal cancer than females during this time period. The highest mortality rate for males was 35.9 per 100,000 population in 2009. The highest mortality rate for females was 23.0 per 100,000 population in 2007.

Age-Standardized Mortality Rates due to Colorectal Cancer, Newfoundland and Labrador, 2001-2011



Source: Statistics Canada, Canadian Vital Statistics, Birth and Death Databases (CANSIM table 102-0552).

Hospitalization Rates for Colorectal Cancer by Age Group, Newfoundland and Labrador, 2001/02-2013/14

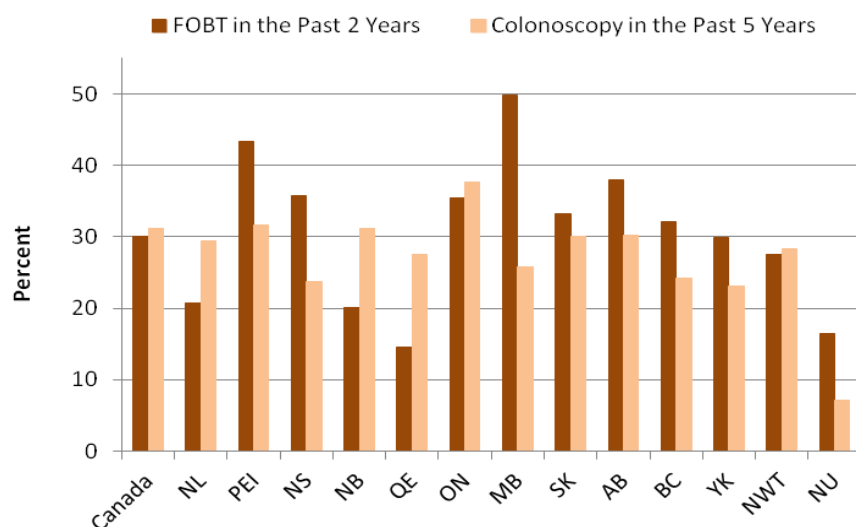


Source: NLCHI Clinical Data Management System, 2001/02-2013/14

- Includes acute care hospitalizations with the most responsible diagnosis of colon cancer (ICD-10-CA diagnosis code C18, C19, C20, C21)

The highest hospitalization rates for colorectal cancer are found among individuals aged 65 years and older. Between 2001/02 and 2013/14, the hospitalization rates for colorectal cancer decreased. The colorectal cancer hospitalization rates for individuals aged 75 to 84 years decreased by 30% over this period.

Percentage of Population Aged 50 and Older Having Had a Fecal Occult Blood Test (FOBT) or Colonoscopy, by Province and Territory, self-reported, 2012



Source: Canadian Community Health Survey, Share File, 2012

¹ A fecal occult blood test (FOBT) is a test to check for blood in stool

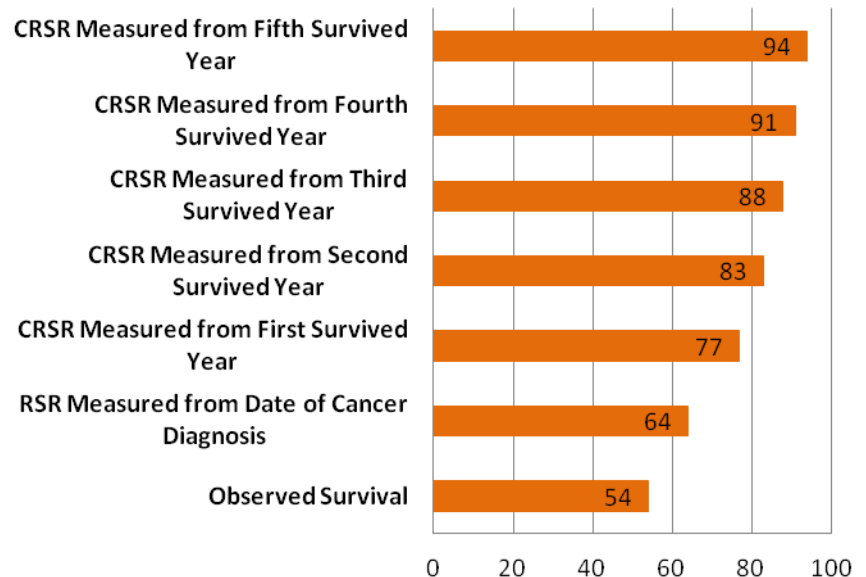
² A colonoscopy is when a tube is inserted into the rectum to view the bowel for early signs of cancer and other health problems

According to the Canadian Community Health Survey, in 2012, only 20.7% of Newfoundland and Labrador residents aged 50 years and older reported having had an FOBT¹ in the past two years. This was below the national self-reported rate (30.0%) and was the fourth-lowest rate across Canada. In addition, 29.5% of Newfoundland and Labrador residents aged 50 years and older reported having had a colonoscopy² in the past five years, which was also below the national self-reported rate (31.2%).

Between 2006 and 2008, the observed survival rate for Canadians diagnosed with colorectal cancer was 54%. The five-year relative survival ratio (RSR¹) for Canadians diagnosed with colorectal cancer was 64%. This means that Canadians with colorectal cancer have a 64% chance of surviving at least five years after diagnosis compared to the general population (who is free from colorectal cancer).

Survival of patients with colorectal cancer generally improves with increased time since diagnosis. The five-year conditional relative survival ratio (CRSR²) was 77% for those patients who survived the first year after diagnosis and increased to 94% for those who had survived five years since diagnosis. Survival varies by age, sex, stage of cancer at diagnosis, treatments and response to treatment.

Five-Year Observed, Relative¹ and Conditional² Survival for Colorectal Cancer, Aged 15-99 Years at Diagnosis, Canada, 2006-2008



Source: Canadian Cancer Society's Advisory Committee on Cancer Statistics. Canadian Cancer Statistics 2014. Toronto, ON: Canadian Cancer Society, 2014.

1. Five-year relative survival ratio (RSR) is defined as the ratio of the observed survival in a group of people diagnosed with cancer to the expected survival in a comparable group of people—free from the cancer under study—in the general population.
2. Five-year conditional relative survival ratio (CRSR) is defined as a measure that reflects the likelihood a person will survive an additional five years once he or she has already survived a fixed number of years since a cancer diagnosis, compared to the expected survival in a comparable group of people—free from the cancer under study—in the general population.

About the Centre for Health Information

The Newfoundland and Labrador Centre for Health Information (NLCHI) provides quality information to health professionals, the public, researchers and health system decision-makers. Through collaboration with the health system, NLCHI supports the development of data and technical standards, maintains key health databases, prepares and distributes health reports, and supports and carries out applied health research and benefits evaluations. The NLCHI's mandate also includes the development and implementation of a confidential and secure provincial electronic health record, including the change management required to support adoption by end user clinicians.