

COLORECTAL CANCER IN SOUTH CAROLINA

Where We Are

Colorectal cancer is the second leading cause of cancer death in the US and in South Carolina. Although colorectal cancer death rates have declined in both men and women over the past two decades, the decline was not experienced equally. Black men and women continue to have the highest colorectal cancer death rates as compared to any other racial or ethnic group.

Colorectal cancer is one of only four cancers (others include cervical, oral and skin) for which screening can actually prevent cancer as opposed to being simply a method of early detection. A colonoscopy allows the doctor to remove polyps that could become cancer.

Colorectal cancer in its early stages often does not have any symptoms; therefore, it is important to be screened at appropriate intervals.

South Carolina has several ongoing programs which provide screening colonoscopies for the underserved. The South Carolina Cancer Alliance also has a colorectal cancer workgroup including a messaging subcommittee.

Call to Action!

South Carolinians:

- Get screened for colon cancer starting at age 50.
- Get screened earlier if you have a family history of colorectal cancer or adenomatous polyps.

South Carolina Statistics

- Colorectal cancer is the 4th most common cancer diagnosed overall.
- It is the 3rd most commonly diagnosed cancer in both men and women.
- It ranks 2nd for cancer death rates overall.
- It is the 3rd leading cause of cancer death in both men and women.
- Men have a **42%** higher rate of new cases and **50%** higher death rate from this disease than women.
- Blacks are diagnosed at a **22%** higher rate for this disease than Whites.
- Blacks have a **47%** higher death rate than Whites from this disease.



- Consume a diet low in red meat* and processed meat.*
- Increase your daily physical activity.*
- Advocate for building environments that promote physical activity.
- Maintain a healthy weight.*
- Consume a diet high in calcium for men* and women** including drinking milk.
- Consume a diet high in dietary fiber.**
- Consume a diet high in garlic.**
- If diagnosed with colon cancer consider enrolling in a clinical trial.
- Support legislation for insurance companies to cover CRC screening.

Legislators: *in addition to the above*

- Appropriate funding for comprehensive cancer control.
- Appropriate funding for SCOPE SC to screen the uninsured.
- Raise constituents’ awareness about cancer prevention and control programs in your district.
- Ensure access to health care and to cancer early detection screening services.

Clinicians and Hospital or Medical Facility Administrators:

- Encourage participation in clinical trials and trials of innovative screening protocols.
- Encourage Blacks to begin recommended screening at age 45 and Whites at age 50.
- Assure that your cancer cases are reported to the hospital cancer registry or central cancer registry.

* AICR nutrition, physical activity panel risk factor conclusions were convincing

** AICR nutrition, physical activity panel risk factor conclusions were probable

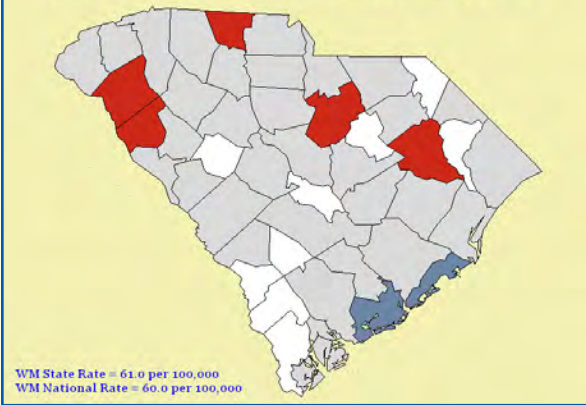
South Carolina Success

SCOPE/SC Program: For the first time in SC history, state dollars were allocated to create a colorectal cancer screening program. The SCOPE/SC (Screening

Colonoscopies on People Everywhere/South Carolina) project was initiated in 2008 and successfully piloted in four communities. The life-saving program provides colonoscopies to low-income, uninsured South Carolinians and is implemented through the SC Department of Health and Environmental Control (DHEC). In 2009, \$1 million dollars in funding was allocated by the state legislature, allowing expansion to seven communities in South Carolina. The SCCA Colorectal Workgroup, collaborating with SC DHEC, developed the initial proposal and served as an advisory committee for the program.

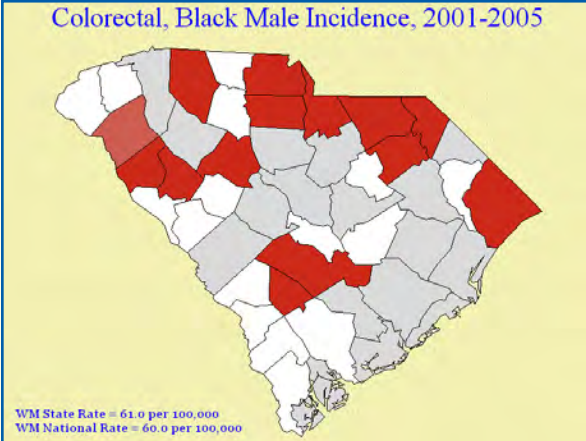


Colorectal, White Male Incidence, 2001-2005



** Counties that are not shaded have fewer than 20 cases/deaths of cancer over the 5 year period (2001-2005). Working with small numbers can lead to instability in the calculated age-adjusted rates for mortality and incidence. As a result statistics for these counties are not displayed.*

Colorectal, Black Male Incidence, 2001-2005

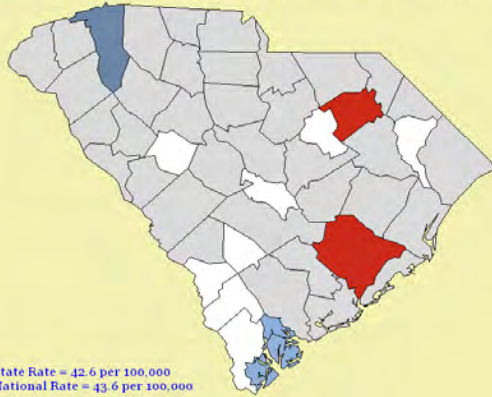


GRADING SCALE

A B C D F NS*

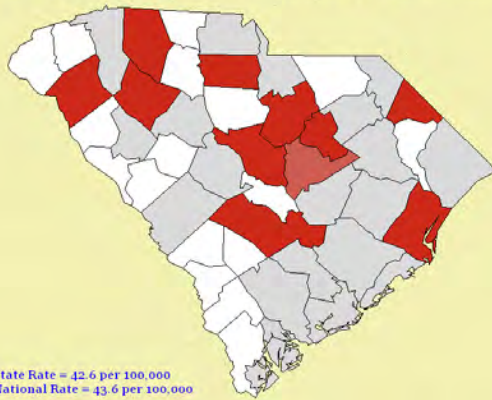
- **White Males:** Charleston County ranked better than the state/nation (Grade A). Abbeville, Anderson, Cherokee, Florence, and Kershaw counties rated worst (Grade F). All other counties rated no different than the state/nation.
- **Black Males:** No counties rated better than the state/nation. Fourteen counties rated worse: Anderson (Grade D), and Abbeville, Bamberg, Chester, Chesterfield, Darlington, Greenwood, Horry, Lancaster, Marlboro, Newberry, Orangeburg, Spartanburg, and York (Grade F).

Colorectal, White Female Incidence, 2001-2005



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Colorectal, Black Female Incidence, 2001-2005

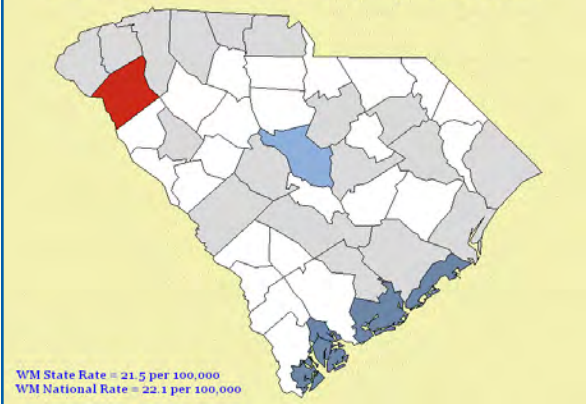


GRADING SCALE

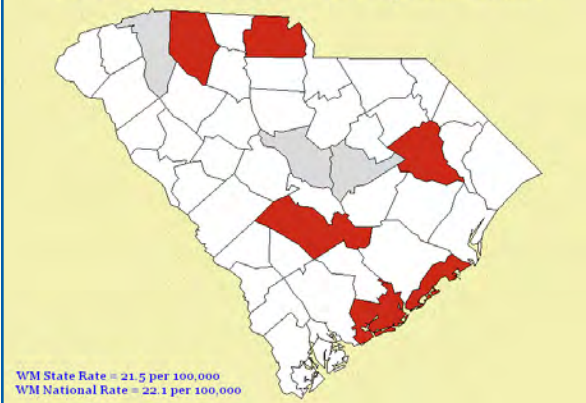
A B C D F NS*

- **White Females:** Two counties rated better: Greenville (Grade A) and Beaufort (Grade B). Two counties rated worst: Berkeley and Darlington (Grade F). All other counties rated no different.
- **Black Females:** No counties rated better than the state/nation. Sumter (Grade D), and Anderson, Chester, Georgetown, Kershaw, Laurens, Lee, Orangeburg, Richland, and Spartanburg (Grade F) rated worse.

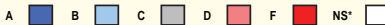
Colorectal, White Male Mortality, 2001-2005



Colorectal, Black Male Mortality, 2001-2005



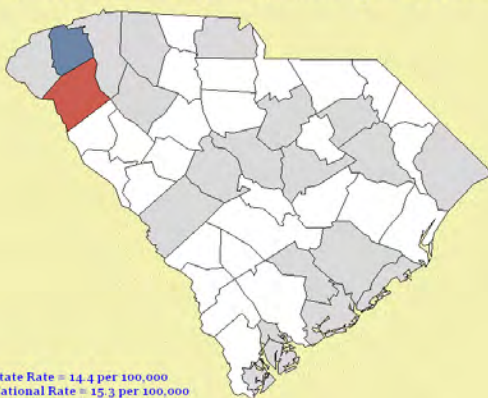
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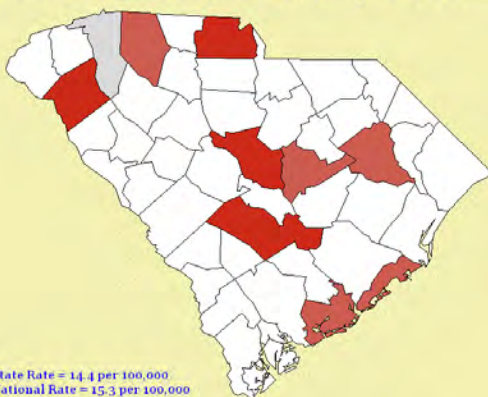
- **White Males:** One county rated better: Richland (Grade B). Two counties rated best: Beaufort and Charleston (Grade A). Anderson County rated worst (Grade F). All other counties rated no different (Grade C).
- **Black Males:** No counties rated better. Of the eight counties measured, five counties rated worst: Charleston, Orangeburg, Florence, Spartanburg, and York (Grade F).

Colorectal, White Female Mortality, 2001-2005



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Colorectal, Black Female Mortality, 2001-2005



GRADING SCALE

A B C D F NS*

- **White Females:** Pickens County rated best (Grade A), and Anderson County rated worst (Grade F). All others rated no different.
- **Black Females:** Of the nine counties measured, eight counties rated worse than the state/nation: Charleston, Florence, Sumter, and Spartanburg (Grade D), and Anderson, Orangeburg, Richland, and York (Grade F).