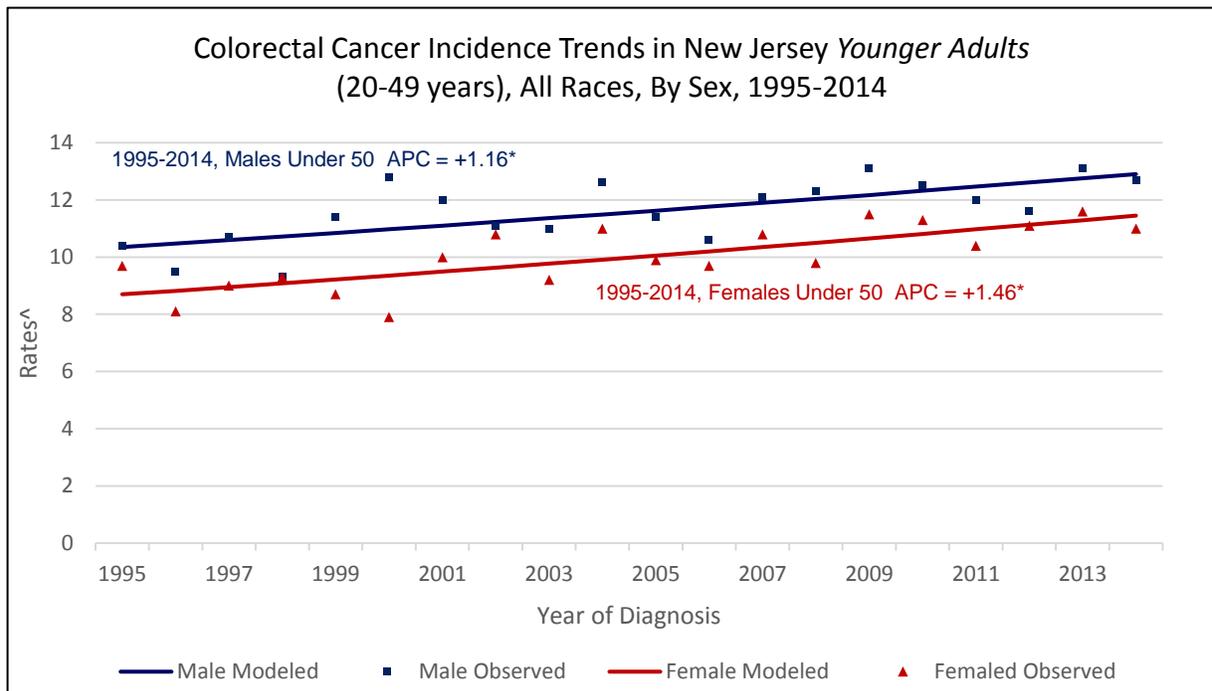
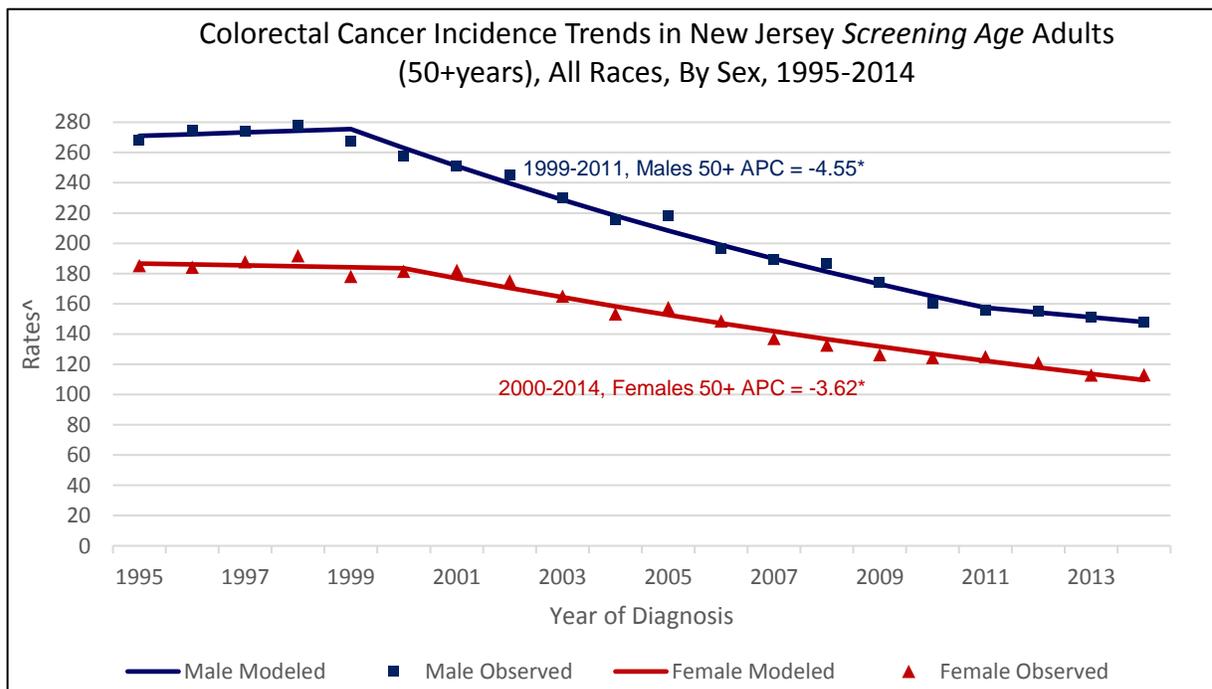


New Jersey State Cancer Registry Data Brief - Colorectal Cancer Time Trends by Age Group



Source: New Jersey State Cancer Registry December 2016 file, New Jersey Department of Health. Joinpoint analysis was used to calculate Annual Percent Change (APC) in incidence rates and identify points in time when incidence trends changed significantly. ^Rates are per 100,000 and age-adjusted to the 2000 US Std Population. *Trends are statistically significant ($p < 0.05$).



Source: New Jersey State Cancer Registry December 2016 file, New Jersey Department of Health. Joinpoint analysis was used to calculate Annual Percent Change (APC) in incidence rates and identify points in time when incidence trends changed significantly. ^Rates are per 100,000 and age-adjusted to the 2000 US Std Population. *Trends are statistically significant ($p < 0.05$).

New Jersey State Cancer Registry Data Brief - Colorectal Cancer Time Trends by Age Group (*cont.*)

- Colorectal Cancer (CRC) is the third most commonly diagnosed cancer in both New Jersey (NJ) men and women (4,317 new cases in 2014).
- The incidence of CRC in 2014 for adults aged 20 years and older was higher in NJ men at 65.1 per 100,000 persons than NJ women at 50.5 per 100,000 persons.
- CRC screening is recommended for average risk adults starting at age 50 years and continuing to age 75 years¹.
- Each year, approximately 10% of CRC diagnoses are made in NJ residents aged 20-49 years.
- There has been a subtle, yet steadily significant increase in CRC incidence for NJ younger adult (20-49 years) men (+1.16% per year) and women (+1.46% per year) over the past two decades.
- By contrast, NJ adults of screening age (50 years and older) have experienced a decline in CRC; most notably between 1999 and 2011 for NJ men, at a rate of -4.55% per year, and between 2000 and 2014 for NJ women, at a rate of -3.62% per year.
- CRC in younger adults is still rare by comparison to their older counterparts. In 2014, the CRC incidence rate for NJ adults aged 20-49 years was 13 per 100,000 persons, compared to 148 per 100,000 persons in NJ adults of screening age.
- CRC risk increases with age, as well as with a personal history of colorectal polyps, prior CRC, inflammatory bowel disease, and/or type 2 diabetes. Family history of CRC or adenomatous polyps, and certain inherited syndromes are also thought to raise the risk of developing CRC².
- Lifestyle factors thought to raise the risk of developing CRC include being overweight or obese, physical inactivity, diet high in red meats, smoking, and heavy alcohol use².

References:

1. *Colorectal Cancer: Screening (2016, June)*. U.S. Preventives Services Task Force, Rockville, MD. Available online at <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening2>, accessed February 17, 2017.
2. *Colorectal Cancer Risk Factors (2016, June)*. American Cancer Society, Atlanta, GA. Available online at <https://www.cancer.org/cancer/colon-rectal-cancer/early-detection/risk-factors-for-crc.html>, accessed February 17, 2017.



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