



The Multiethnic Cohort Study

Colorectal Cancer

The third most common cancer in both men and women in the United States

Risk Factors

You can change:

Being overweight or obese;
Physical inactivity; Heavy alcohol use;
Smoking; Certain types of diets



You cannot change:

Being older
History of colorectal polyps or cancer, and inflammatory bowel disease
Family history of colorectal cancer or adenomatous polyps
Inherited syndrome (Lynch syndrome, familial adenomatous polyps)
Race/ethnicity (African Americans, Ashkenazi Jews)
Having type 2 diabetes

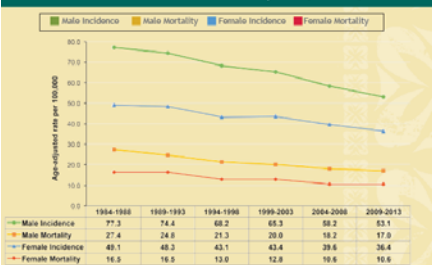
Incidence and Mortality in Hawaii

Higher incidence and lower mortality in Hawaii compared to the U.S.

Incidence			Mortality		
HI	U.S.	Rank among 50 States	HI	U.S.	Rank among 50 States
44.3	40.6	11	13.5	15.1	44

Average annual rates per 100,000

Colon & Rectum Cancer Incidence & Mortality Rates, Hawai'i, 1984-2013



Colon & Rectum Cancer Incidence & Mortality, Hawai'i, 2009-2013

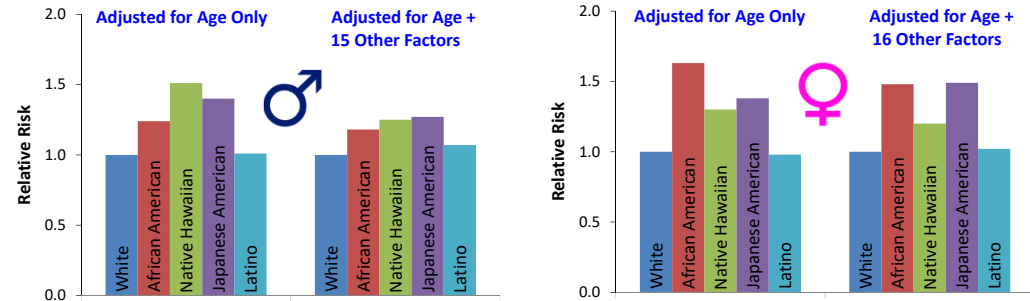


- An average of 722 new cases are diagnosed in Hawaii each year.
- An average of 224 die of colon or rectal cancer in Hawaii each year.
- In 2009-2013, 43% of colon and rectal cancers were diagnosed at early stages, and 50% at late stages.



Major Findings in the MEC

Racial/ethnic variation in colorectal cancer risk, 1993-2004



Other factors considered: family history of colorectal cancer, history of colorectal polyp, body mass index, pack-years of cigarette smoking, multivitamin use, non-steroidal anti-inflammatory drug use, alcohol consumption, physical activity, history of diabetes, menopausal hormone therapy use (for women only), and intakes of total energy, red meat, dietary fiber, calcium, folate and vitamin D.

- Higher levels of vitamin B6 and vitamin D in blood were associated with a lower risk of colorectal cancer by 51% and 40%, respectively.
- Current use of aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) was associated with a 23% lower risk in men but not in women.
- Ever use of menopausal hormone therapy was associated with a 19% lower risk among postmenopausal women.
- Higher diet quality (higher Healthy Eating Index-2010 scores) was associated with a lower risk (31% in men and 18% in women).
- Various genetic variants were found associated with colorectal cancer risk.

Recommendations for Colorectal Cancer Screening



For people at average risk: start regular screening at age 45 and continue through age 75.

For people at higher risk: might need to start screening before age 45.

Start colorectal cancer screening at age 50 and continue until age 75.

For people ages 76 through 85, the decision to screen should be based on a person's preferences, life expectancy, overall health, and prior screening history.