

Colon cancer deaths falling, but three US regions lag behind

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Rates aren't improving as much in parts of the Mississippi Delta, Appalachia and eastern Virginia, study finds.

(HealthDay)— There's reason to celebrate declines in deaths from colon cancer in the United States—unless you live in three areas that are still lagging behind, a new report finds.

People living in 94 counties spread across the lower Mississippi Delta region, in 107 counties in west-central Appalachia, and in 37 counties in eastern Virginia/North Carolina, haven't seen as much change in lives lost to [colon cancer](#) as elsewhere in the country, the study found.

Better education about, and access to, regular [colon cancer screening](#) could improve matters, experts said.

"These three 'hot spots' for [colorectal cancer](#) in the U.S. demonstrate

what can happen in the event that effective screening is not in place or not available," said Dr. Raymond DuBois, executive director of the Biodesign Institute at Arizona State University in Tempe.

"It illustrates some of the problems overall with the U.S. health care system, in which there is such highly variable care delivered in different regions of the country," said DuBois, who is also scientific advisor to the Stand Up To Cancer initiative.

The study, published July 8 in the journal *Cancer Epidemiology, Biomarkers & Prevention*, was led by Rebecca Siegel, director of surveillance information at the American Cancer Society.

Her team used special "geospatial" mapping software to separate out regions in the United States that had very high rates of colon cancer deaths from 1970 through 2011.

The researchers found that between 2009-2011, colon [cancer death](#) rates in the lower Mississippi Delta were still 40 percent higher than in non-"hot spot" regions, while rates were 18 percent higher in west central Appalachia and 9 percent higher in eastern Virginia/North Carolina.

Certain demographics seemed to play a role, as well. Between 1970 and 1990, the colon cancer death rate rose by 3.5 percent a year among black men in the lower Mississippi Delta and has since remained unchanged, the researchers noted.

All of this means that while the U.S. colon cancer death rate has declined by half over the past few decades, there are still large differences between states.

So those three hot spots "are low-hanging fruit for colorectal [cancer](#)

[screening](#) interventions," Siegel said in a journal news release.

"Although we've made great strides against colorectal cancer in a fairly short time period, there are a lot of vulnerable populations that aren't benefiting," she added. "Now that these groups have been identified, there is a moral obligation to do something about it.

"Targeted interventions, like using people within the community to talk to their neighbors about screening, are likely to be effective," Siegel said. "We know interventions work because we have an example in Delaware, where they implemented statewide [colorectal cancer screening](#) and effectively eliminated disparities in less than a decade."

Dr. Arun Swaminath directs the Inflammatory Bowel Disease Program at Lenox Hill Hospital in New York City. He agreed with DuBois that the new study "speaks to the importance of access to affordable health care, not just to reduce colon cancer mortality, but for any number of afflictions which we have the power to mitigate as a society."

More information: The U.S. National Cancer Institute has more about [colon cancer](#).

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