

Decrease in Incidence of Colorectal Cancer Among Individuals 50 Years or Older After Recommendations For Population-based Screening



States since screening was formally recommended in the 1980s. However, whether or how much of this decrease is due to screening programs, as opposed to changes in risk factors, is the subject of debate. Murphy et al examined age- and race-related differences in colorectal cancer incidence over a 40-year period (1975–2013). Using the SEER database, they calculated incidence for different age groups across 5-year time periods. Their analysis revealed a peak incidence during the 1980s, with a subsequent decline that began around 1990 and continued through 2013. As shown in the [Figure 1](#), the

decrease in the incidence of colorectal cancer between the time periods 1980–1984 (peak incidence) and 2010–2013 (most recent time period available), was more pronounced in whites compared to blacks (40% vs 26%), and it was limited to subjects 50 years or older (the screening population). These findings support the importance of screening as a way to reduce colorectal cancer incidence.

This article is highlighted by an editorial by Caitlin C. Murphy and John A. Baron (page 901).

See page 903.

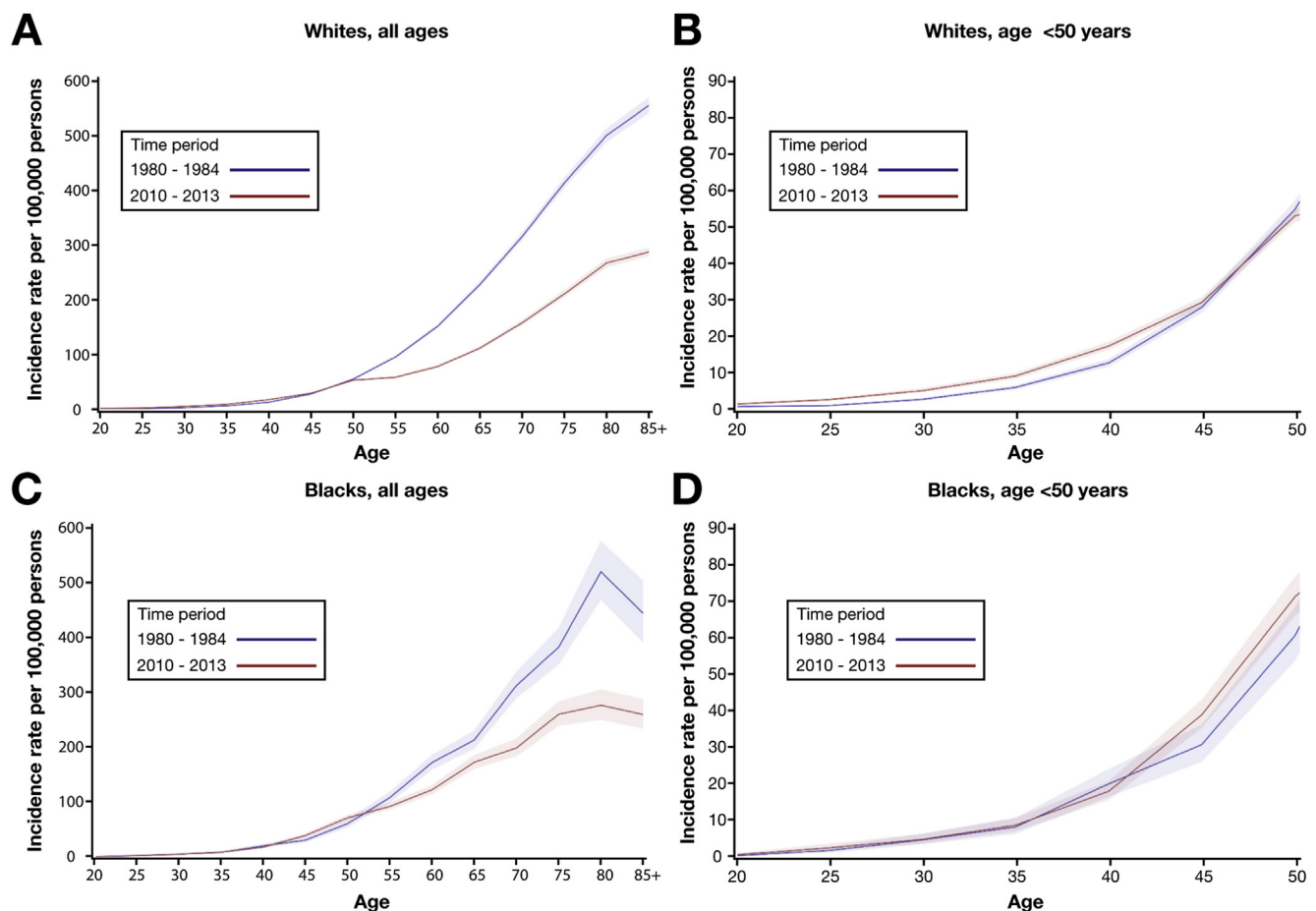


Figure 1. Age-adjusted (2000 U.S. standard population) incidence of colorectal cancer by age group and time period (1980–1984 vs 2010–2013^a) for (A) whites, all ages; (B) whites, age <50; (C) blacks, all ages; and (D) blacks, age <50, SEER 9, 1975–2013. ^aWe chose to compare incidence rates from the most recent time period (2010–2013) with 1980–1984 in the figure because incidence peaked in 1980–1984 and subsequently declined through to 2013. Shaded regions in figure denote 95% confidence intervals.

Predicted Increases in Incidence of Colorectal Cancer in Developed and Developing Regions, in Association With Ageing Populations



Health Organization's International Agency for Research on Cancer. They focused their analysis on jurisdictions that reported 20-year incidence since 1988, constructing time series models to project cancer incidence to 2030, adjusting for changes in ageing populations. Their analysis projects fairly stable rates of colorectal cancer incidence in Western countries: a 16% decrease in the United States, with a roughly 5% increase in both Sweden and the United Kingdom. In contrast, colorectal cancer incidence rates are predicted to surge in developing countries, with increases of 61% in China, 47% in Croatia, and 19% in Costa Rica (Figure 2). These results alert us to the fact that colorectal cancer will continue to increase in most

of the world, due to changes in population growth and age demographics. They are also a call to increase screening efforts worldwide.

This article is highlighted by editorials by Caitlin C. Murphy and John A. Baron (page 901) and Charles J. Kahi (page 910).

See page 892.

While colorectal screening programs can be expected to lead to a decreased incidence of colorectal cancer, this may be counterbalanced by an increase in the overall elderly population, because of this cancer's preponderance in older subjects. The impact of changing population demographics may differ for developed versus developing countries. To explore these future trends, Tsoi et al gathered cancer and population data from the World

Fecal Immunochemical Test Detects Sessile Serrated Adenomas and Polyps With a Low Level Of Sensitivity



Sessile serrated adenomas, also known as sessile serrated polyps (SSA/P), can evolve into

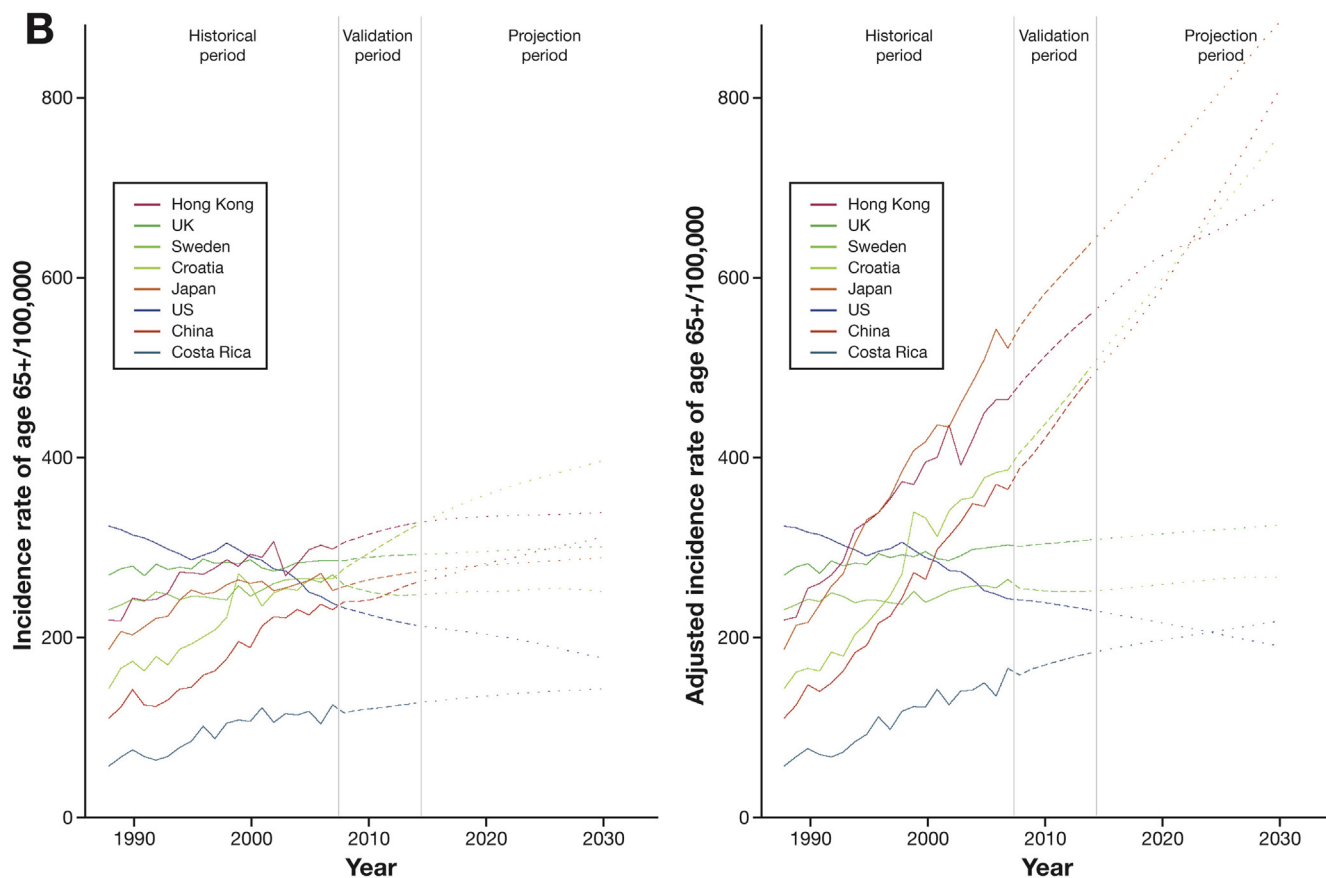


Figure 2. Projections of ageing-adjusted incidence rates.

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