

5

Colorectal cancer Colorectal cancer Colorectal cancer Colorectal cancer Colorectal cancer Colorectal cancer Colorectal cancer Colorectal cancer Colorectal cancer Colorectal cancer

Key findings:

- *Colorectal cancer is the leading type of cancer in Ireland.*
- *Colorectal cancer is the second leading cause of cancer-related death in Ireland.*
- *Incidence and mortality rates for men are significantly higher than those for women.*
- *Colorectal cancer ranks second among cancers in years of life lost. Nearly one-third of those diagnosed are under age 65.*
- *Ireland's incidence and mortality rates are significantly higher than in the EU or the US.*
- *Ireland's survival rate is significantly lower than in the US.*
- *Incidence and mortality rates for all Ireland and Northern Ireland are decreasing. Rates in the Republic of Ireland remain unchanged.*
- *The northern region has significantly fewer deaths than expected.*
- *The eastern seaboard region and the south have significantly more cases and/or significantly higher incidence or mortality rates than expected.*
- *The magnitude of this disease, and the fact that it is preventable and often curable when caught early, suggest that prevention programmes addressing diet and early detection should be promoted.*

Colorectal cancer Colorectal cancer Colorectal cancer Colorectal cancer Colorectal cancer Colorectal cancer Colorectal cancer Colorectal cancer Colorectal cancer Colorectal cancer

5. Colorectal cancer

Risks and interventions

- Regular exercise and low-fat, high-fruit-and-vegetable diets help prevent colorectal cancer.
- If detected early, colorectal cancer can often be cured.
- Various options for detecting early-stage colorectal cancer exist including better patient education and screening

Colorectal cancer is the leading cause of cancer in Ireland. It is the second leading cause of cancer death. Each year approximately 2700 new cases are diagnosed and more than 1500 lives are taken by this disease.

Variation by gender

Although the incidence and mortality rates for men are significantly higher than for women, colorectal cancer is a major concern for both sexes.

For women, it ranks second in new cases diagnosed and third in cancer death. For men it is third in new cases and second in deaths.

International comparisons

The incidence rates for men and women in Ireland are higher than in the EU. Men here also have a significantly higher rate than in the US.

For both sexes the mortality rates in Ireland are significantly higher than in the EU or the US. Ireland's overall mortality rate is one and a half times the US rate.

Half the patients diagnosed in Ireland and Europe are still alive after 5 years. So, too, are nearly two-thirds of the US patients. Early diagnosis through active screening may explain the higher US survival rate. Aggressive treatment may also be a factor.

table 5.1

colorectal incidence and mortality

1998 - 2000 average annual incidence		
all-ireland	cases	age-adjusted rate per 100,000 with 95% ci
male	1488	61.8
female	1232	40.1
total	2720	49.8
european union (1998 only)		
male		54.7
female		35.9
total		44.0
united states (11 seer regions)		
male		54.1
female		40.2
total		46.3

1998 - 2000 average annual mortality		
all-ireland	deaths	age-adjusted rate per 100,000 with 95% ci
male	840	34.8
female	716	21.3
total	1556	27.2
european union (1998 only)		
male		26.9
female		17.4
total		21.4
united states (11 seer regions)		
male		20.0
female		14.0
total		16.6

table 5.2

colorectal cancer 5-year relative survival (%)

	male		female	
	rate	95% ci	rate	95% ci
ireland	49.8	47.9, 51.7	50.9	49.2, 52.7
europe (eurocare)	47.6	46.7, 48.4	50.5	49.7, 51.3
united states (seer)	62.5	61.7, 63.3	62.0	61.2, 62.7

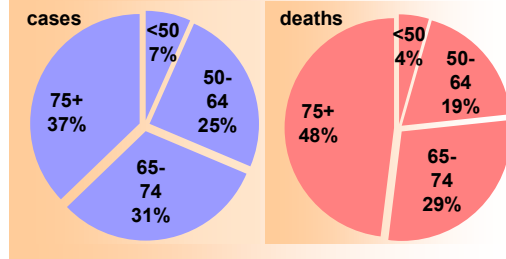
Age distribution

More than 30% of the cases—or nearly 900 people per year—are under age 65 when they are diagnosed with colorectal cancer. Approximately half the people with colorectal cancer are under age 70.

Colorectal cancer ranks second among the major cancers in terms of years of life lost.

More than a fifth of the people who die from colorectal cancer are under age 65.

figure 5.1
colorectal cancer age at diagnosis & death
1998-2000



Time trends

Little change is seen in the incidence and mortality rates between 1994 and 2000. For men and women separately there is no significant change in either rate.

For both sexes combined, however, there is a modest but significant downward trend by 1% per year for incidence and by about 2% per year for mortality.

figure 5.2
colorectal cancer incidence rates by sex and year (1994-2000)

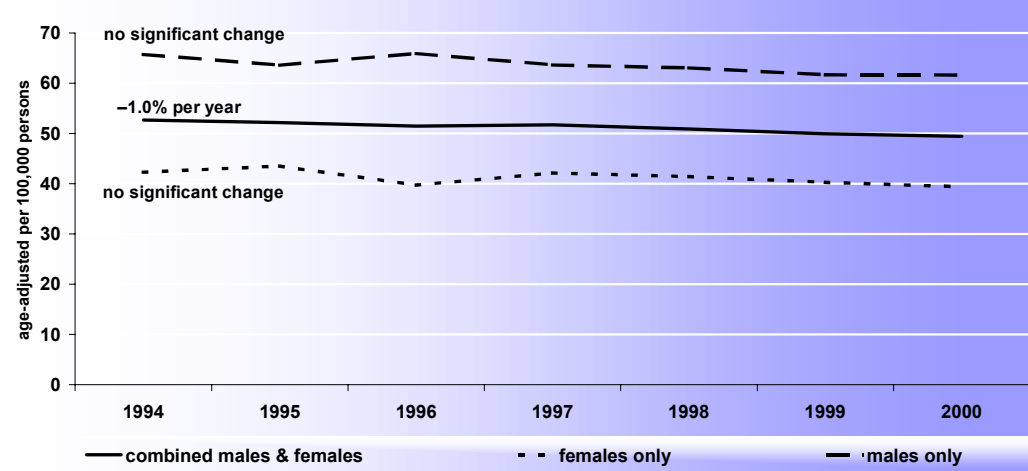
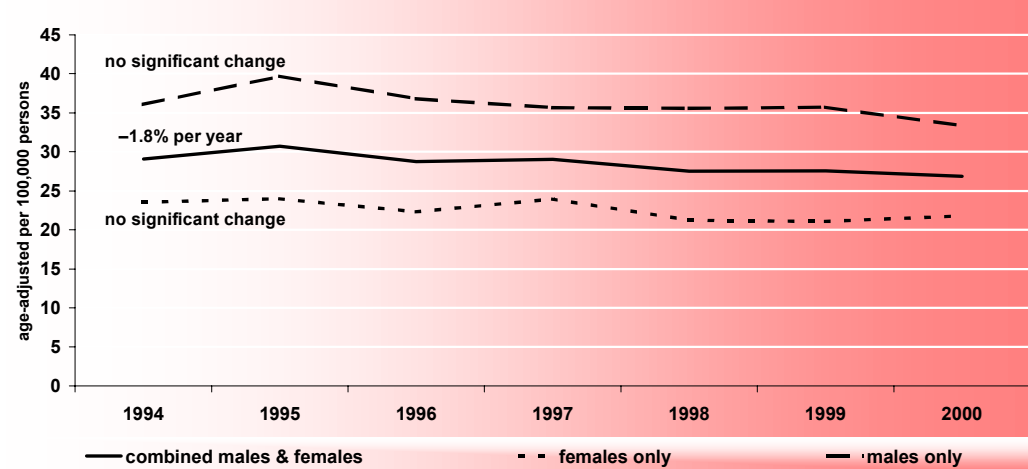
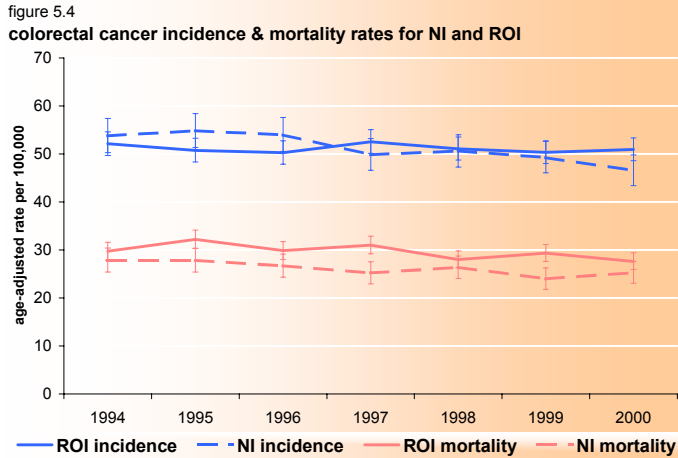


figure 5.3
colorectal cancer mortality rates by sex and year (1994-2000)



Geographic variations

For each year individually, the incidence rates in Northern Ireland (NI) and the Republic of Ireland (ROI) are essentially the same.



Over time, there is no change in the incidence rates in ROI. In NI the rates are falling by 2.5% per year.

Mortality rates in ROI remain unchanged. In NI, they are going down by 2% per year.

For each individual year the mortality rates in NI are below those in ROI, although the differences are significant in 1997 and 1999 only.

Among the counties and district councils, Cork and Newry & Mourne have significantly high incidence rates. In Carrickfergus, Clare, Kilkenny and Laois the incidence rates are significantly low. Mortality rates in Cork, Kildare and Moyle are significantly high. In Carrickfergus and Cookstown the rates are significantly low. (See figures 5.7 and 5.8)

Counties in the northern midlands of ROI tend to be in the upper quintile for incidence, mortality or both. Cork is also in the upper quintile for both. Counties and district councils in the central region or the north tend to be in the lower quintile for incidence. Many of those in the north are also in the lower quintile for mortality rates. (See figures 5.5 and 5.6)

The eastern counties and district councils in figure 5.5 are identified through the spatial scan statistic as a region with 8% more cases than expected. No region was found to have fewer cases or more deaths than expected. However, the northern region is seen to have about 8% fewer deaths than expected. (See figure 5.6)

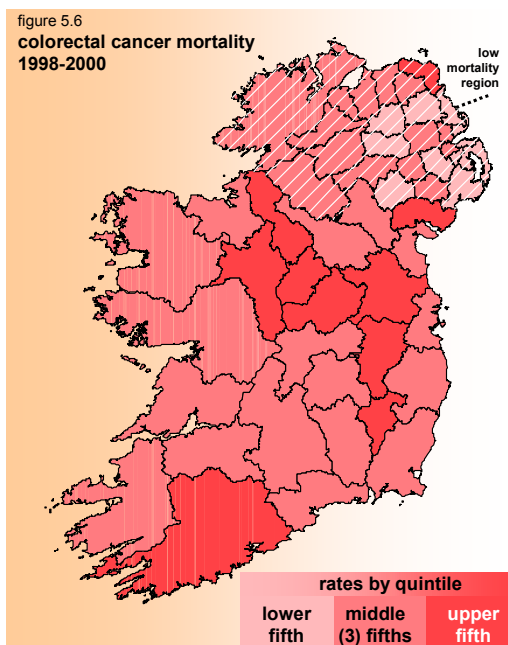
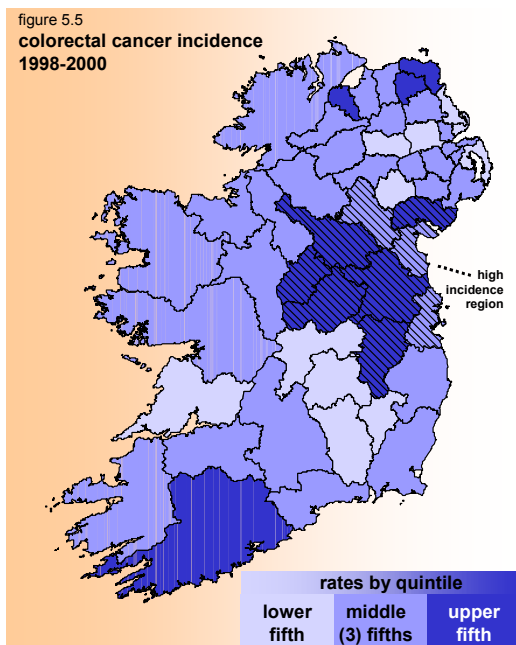


figure 5.7

**1998-2000 age-adjusted incidence rates
colorectal cancer by county/district council**

with average annual incidence in ()'s and 95% confidence intervals shown by |—|

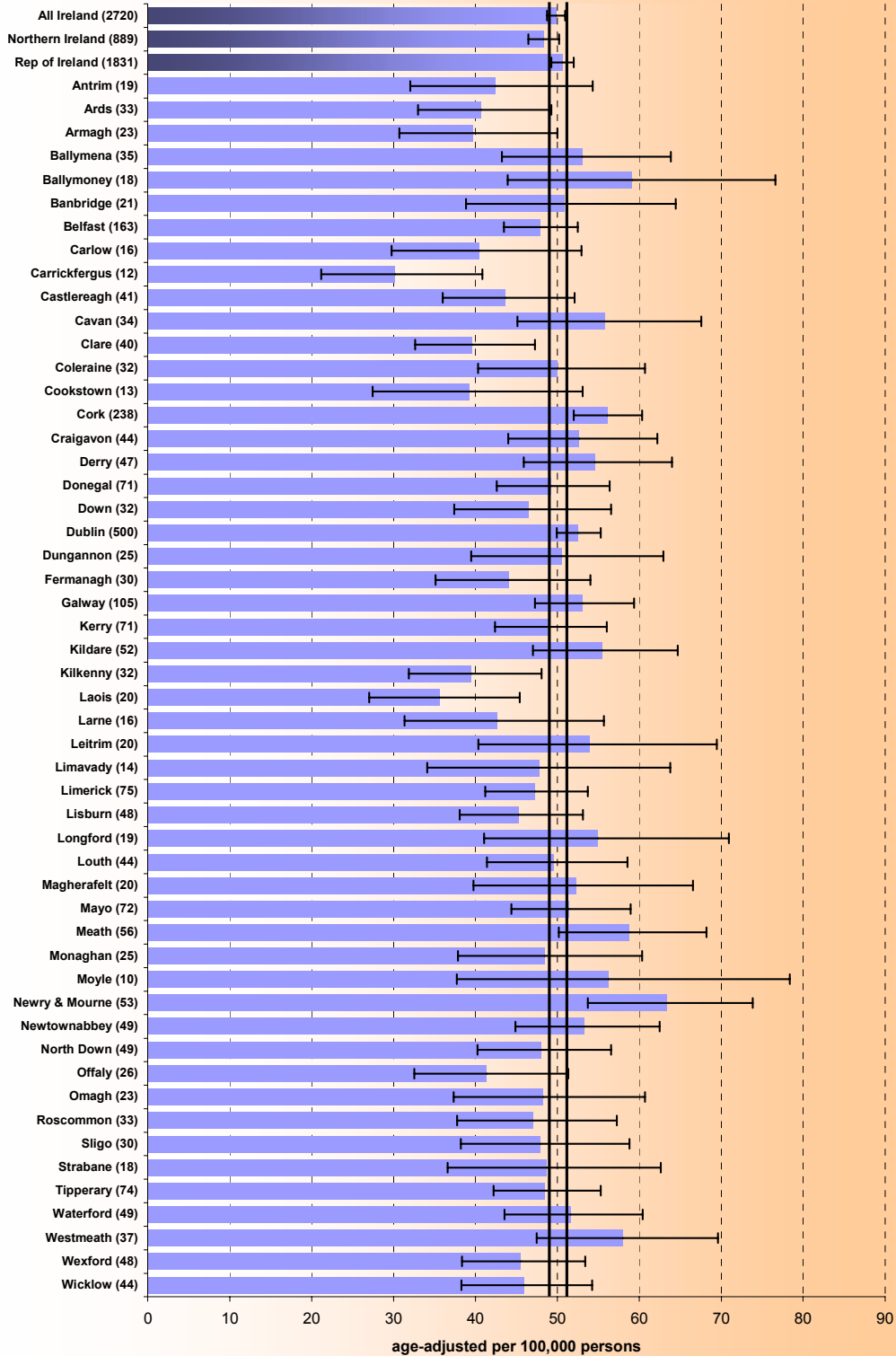


figure 5.8

**1998-2000 age-adjusted mortality rates
colorectal cancer by county/district council**

with average annual deaths in ()'s and 95% confidence intervals shown by |—|

