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Colorectal Cancer Awareness Month

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WA CARES About Cancer Partnership CRC Awareness Month Information

DEAR WA CARES,

March is Colorectal Cancer Awareness Month!

On March 3rd we organized the first meeting of our colorectal cancer task force. Thank you everyone who participated in the first meeting, we value your insights! No worries if you could not make it to the first meeting, we are looking forward to meeting you in our next meeting on June 23rd. Contact Katie Treend at Katie.Treend@doh.wa.gov to join or to learn more about our next meeting.

This blast provides an overview of current state of and disparities in colorectal cancer data, strategies to address the barriers in colorectal cancer screening, and hereditary risk factors of colorectal cancer, especially the Lynch Syndrome. We have included some helpful resources from the toolkits developed by our partners to support your efforts to prevent colorectal cancer and increase screening. We highly encourage you to forward this information to your partners alongside your own plans to engage in this work.

Partners interested in engaging on social media are encouraged to follow WA Dept. of Health and Fred Hutch on Facebook and Twitter to re-post or re-tweet our messages.

Sincerely,

Katie Treend
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Current Colorectal Cancer Statistics

In 2021, 59% of adults of age 45 years and older were reported to have up-to-date CRC screening. However, the screening rate was lowest among ages 45-49 years (20%), while a 1% annual increase in colorectal cancer death rates was reported among individuals younger than 50 years of age, from 2011- 2020.

The American Cancer Society estimated that around 153,020 individuals would be diagnosed with colorectal cancer, of which 19,550 cases will be in individuals younger than 50 years of age, in 2023. Read more about the current statistics of colorectal cancer in [Colorectal Cancer Facts and Figures 2023](#).

Colorectal Cancer Racial Disparities



The [2015-2019 data](#) show that Colorectal cancer incidence is highest in American Indian and Alaska Native individuals (48.6 per 100,000), followed by non-Hispanic Black individuals (41.7), and lowest in Asian Americans/Pacific Islander people.

Addressing Barriers- what can you do?

Multiple barriers prevent people from getting their colorectal cancer screening, including transportation, lack of health coverage and access to care, discrimination and bias within the health care system, and other social and economic barriers. The COVID-19 pandemic also might have caused a decrease or delay in cancer screening, according to researchers.

Communicating effectively with culturally and linguistically diverse audience, identifying their needs, and providing appropriate services are important to eliminate the barriers in colorectal cancer screening.



Check out the following resources to learn more about:

- [Communicating with Diverse Audiences](#) about colorectal cancer
- [Colorectal cancer educational materials](#) in multiple languages
- [Insurance coverage for colorectal cancer screening](#)
- [Rural Health Clinic Colorectal Cancer Screening Toolkit](#)
- [Together. Equitable. Accessible. Meaningful \(TEAM\) Training](#) to provide patient centered cancer care.

Resources to Support Screening

A few resources that can support individuals to get cancer screenings including:

- **Medicaid Transportation:** A non-emergency service to help people get to their doctor's appointment. Call **1-800-860-6812** to see if you qualify.
- **National Cancer Institute's Cancer Information Service:** Speak with an Information Specialist to answer cancer-related questions. Call **1-800-422-6237** or use Live Chat at [cancer.gov/contact](#).

Hereditary Risk Factor- Lynch Syndrome

Lynch syndrome is an inherited condition that leads to increased risks for colorectal and other cancers. If your family health history includes stories about cancers running in the family, multiple

COLORECTAL CANCER RISK*



Find out more at www.doh.wa.gov/LynchSyndrome

cases of colorectal cancer and certain other cancers such as endometrial, ovarian, and stomach cancers diagnosed at younger ages, you are more likely to have [Lynch Syndrome](#).

A complete diagnosis including genetic testing is crucial not only for tailoring individual preventive treatment but also to give patients vital risk information to share with

their first- and second-degree relatives (a process known as [cascade screening](#)). Since family members who inherit Lynch syndrome usually share the same mutation, if one of your family members has a known Lynch syndrome gene mutation - other family members should be checked for that mutation, so they too may take action to prevent future Lynch syndrome-related cancers.

If you are concerned that you could have Lynch syndrome, or another mutation related to colorectal cancer, the first step is to collect your [cancer family health history](#) and share this information with your doctor.

Prevention of Colorectal Cancer

A screening looks for cancer before a person has signs or symptoms. The United States Preventive Services Task Force's (USPSTF) recommends colorectal cancer screening for adults ages 45 to 75 years. Take the [Quiz: Are you at risk for colorectal cancer?](#) to find out your level of risk for colorectal cancer.

To learn more about risk factors for colorectal cancer and ways to reduce it, visit:

- [How to reduce the risk of colorectal cancer](#)
- [Types of colorectal cancer screening test](#)

Contact Us

For questions about any of the information or resources provided please contact us.

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