Nebraska Colorectal Cancer Quick Facts:

- Between 2007 and 2011, 4,845 Nebraska residents were diagnosed with colorectal cancer, while 1,795 Nebraska residents died from it.
- The rate at which colorectal cancer occurs (incidence) and the rate at which people die from it (mortality) increase with age (Figure 1).
- Colorectal cancer incidence and mortality in Nebraska and the United States followed a downward trend in recent years (Figures 2 & 3).
- Colorectal cancer incidence and mortality rates are higher in Nebraska compared to the United States (Figures 2 & 3).
The purpose of the Nebraska Cancer Registry (NCR) is to gather data that describe how many Nebraska residents are diagnosed with cancer, what types of cancer they have, the treatment they receive, and survival after diagnosis. The NCR collects this information from every hospital in the state (excluding US Veteran’s Administration facilities), pathology laboratories, radiation therapy sites, outpatient surgery facilities, physicians’ offices, death certificates, and cancer registries in neighboring states. The NCR works closely with the Comprehensive Cancer Control Program of the Nebraska Department of Health and Human Services (NDHHS) and the Nebraska Cancer Coalition to provide data for planning and evaluating cancer control initiatives throughout the state, and has provided data critical for developing the Nebraska Comprehensive Cancer Control Plan. The NCR is managed by NDHHS and data are collected by the Nebraska Methodist Hospital of Omaha.

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To learn more about the Nebraska Cancer Registry, or to view additional fact sheets and reports, visit: [http://dhhs.ne.gov/publichealth/Pages/ced_cancer_data.aspx](http://dhhs.ne.gov/publichealth/Pages/ced_cancer_data.aspx).

**Colorectal Cancer Risk Factors and Screening**

- Between 2007 and 2011, the majority of colorectal cancer cases in Nebraska were diagnosed at the local (37%) or regional stage (36%) (Figure 4).

- Stage of disease at diagnosis strongly affects the prognosis for colorectal cancer patients. The most recent national data show that the 5-year survival rates for colorectal cancer are over 90% for early stage (local and in situ) diagnoses, while rates for later stage cases fall to 70% for regional diagnoses and 12.5% for distant diagnoses.

- Risk factors for colorectal cancer include age, African American race, personal or family history of colorectal cancer or polyps, chronic inflammatory bowel disease, inherited syndromes, physical inactivity, obesity, type 2 diabetes, smoking, heavy alcohol consumption, and a high-fat diet (especially fat from animal sources).

- The most current colorectal cancer screening recommendations advise people 50-75 years of age to have either 1) a high-sensitivity fecal occult blood test (FOBT) every year, or 2) a sigmoidoscopy every 5 years combined with a high-sensitivity FOBT every 3 years, or 3) a colonoscopy every 10 years.

- According to data collected by the Behavioral Risk Factor Surveillance System (BRFSS) in 2012, 58.9% of Nebraska residents 50-75 years of age reported that they had one of the three recommended screening tests.

- If you are a Nebraska resident between 50 and 75 years of age and meet certain income guidelines, you may be eligible for free or low-cost colorectal cancer screening tests. For more information, visit the Nebraska Colon Cancer Screening Program at [http://StayInTheGameNE.com/](http://StayInTheGameNE.com/) or call (800) 532-2227.

**Figure 4. Colorectal Cancer Percentage of Cases, by Stage of Disease at Diagnosis, Nebraska, 2007-2011**

- Local (37%)
- Regional (36%)
- In situ (3%)
- Distant (17%)
- Unstaged (7%)

About the Nebraska Cancer Registry

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